BOXGROVE C of E PRIMARY SCHOOL

Flourishing a community of

Curious Minds, Kind Hearts and Resilient Learners,

Rooted by God's Love

Supporting Pupils with Medical Conditions

Monitoring and Review of Policy

Last Update (Reviewed at FGB): January 2026

Next Update Due: January 2027

Statement of intent

The governing board of Boxgrove CE Primary School is committed to ensuring effective arrangements are in place to support pupils with medical conditions.

Our aim is to enable all pupils—whether their needs are physical or mental—to participate fully in school life, stay healthy, access all educational opportunities (including trips and PE), and achieve their academic potential.

We strive to give parents confidence that their children's medical needs are supported and ensure pupils feel safe at school.

Some pupils may be considered disabled under the Equality Act 2010, and the school will comply with its requirements. Others may have SEND and an Education, Health and Care (EHC) plan; in these cases, we follow the DfE's SEND Code of Practice: 0 to 25 years and our SEND Policy.

To meet pupils' needs effectively, we work in partnership with health and social care professionals, pupils, and their parents.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE 'Special educational needs and disability code of practice: 0-25 years'
- DfE 'School Admissions Code'
- DfE 'Supporting pupils at school with medical conditions'
- DfE 'First aid in schools, early years and further education'
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Administering Medicines Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Asthma Policy
- Complaints Policy
- Equality Policy
- Attendance and Absence Policy

- Admissions Policy

2. Roles and responsibilities

The governing board will be responsible for:

- Review this policy with the headteacher and ensure it is accessible to staff and parents.
- Fulfil statutory duties and ensure arrangements support pupils with medical conditions.
- Guarantee equal access to education and opportunities for affected pupils.
- Work with the LA, health professionals, and support services to provide full education.
- Ensure effective reintegration after long-term or frequent absence.
- Focus on individual needs and instil confidence in parents and pupils.
- Ensure staff are trained and have access to necessary resources.
- Prevent denial of admission due to medical needs and safeguard health risks (e.g., infectious disease).
- Implement policies, plans, and procedures effectively, defining roles and responsibilities.
- Include healthcare plans in policy and review them annually or when needs change.

The headteacher will be responsible for:

- Review this policy with the governing board and school nurse.
- Oversee its implementation and ensure stakeholder engagement.
- Make staff aware of the policy and their roles.
- Ensure relevant staff know each child's condition.
- Provide sufficient trained staff to deliver the policy and IHPs, including in emergencies.
- Address recruitment needs to support pupils with medical conditions.
- Take overall responsibility for developing IHPs.
- Ensure staff are insured and informed of insurance arrangements.
- Contact the school nurse for additional support when needed.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.

- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

- Support pupils with medical conditions when requested, including administering medicines (not mandatory and only if trained).
- Consider pupils' needs when planning lessons and deciding whether to volunteer for medication administration.
- Complete training and achieve competency before taking responsibility.
- Respond appropriately when a pupil with a medical condition needs help.

Integrated Care Board (ICB) will be responsible for:

- Ensure commissioning meets pupils' needs and supports school cooperation.
- Arrange joint commissioning for EHC provision for pupils with SEND.
- Respond to LAs and schools to strengthen health–school links.
- Provide clinical support for pupils with long-term conditions and disabilities.
- Guarantee ongoing support to safeguard vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.

- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services must cooperate with the school by ensuring clear communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHCP provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

3. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, we will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks. (subject to limitations such as building alterations / recruitment and necessary checks)

5. Staff training and support

- Staff supporting pupils with medical conditions must receive appropriate training.
- No healthcare procedures or medication without training.
- Headteacher assesses training needs termly and at induction; confirms proficiency.
- First-aid certificates alone are not sufficient.
- Training ensures competency, confidence, and understanding of conditions and emergency response.
- Whole-school awareness training provided termly and at induction.
- School Business Manager identifies suitable training opportunities.
- Training will be commissioned by the SBM and provided by the following bodies:
    - **Commercial training provider**
    - **The school nurse**
    - **GP consultant**
    - **The parents of pupils with medical conditions**

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

6. Self-management

Competent pupils will be encouraged to manage their own health needs and medicines, as agreed in their IHP.

- Pupils may carry their own medicines/devices where possible; otherwise, these will be stored in accessible locations.
- If a pupil refuses medication or a procedure, staff will follow the IHP and inform parents.
- Passing a controlled drug to another child is an offence and will result in disciplinary action under the Drug and Alcohol Policy.

7. Individual healthcare plans

The school, parents, and healthcare professionals will agree, based on evidence, whether an IHP is required; if no consensus is reached, the headteacher will decide, and all parties—including the pupil where appropriate—will work in partnership to create and review the IHP.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

- Emergency healthcare plans from clinicians will inform IHPs.
- IHPs prioritise the child's best interests, assessing risks to education, health, and wellbeing.
- Plans are accessible to relevant staff while maintaining confidentiality.
- IHPs link to EHC plans or include SEND details where applicable.
- For pupils returning from hospital or alternative provision, IHPs outline reintegration support.
- All IHPs reviewed annually or sooner if needs change.

8. Managing medicines

In accordance with the school's Administering Medicines Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

Medicine Management

- Only accept medicines that are in-date, labelled, in original container with instructions (except insulin in pens/pumps).
- Store medicines safely; pupils must know location and have quick access, including on trips.
- Return unused medicines to parents for safe disposal; use sharps boxes for needles.
- Controlled drugs stored in a locked, non-portable container; access limited to named staff but available in emergencies.
- Keep records of controlled drugs and doses; staff may administer as prescribed.

The school will hold asthma inhalers and epi pens for emergency use. The inhalers will be stored in the office nd their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

Non-prescription medicines

The school recognises that pupils may need over-the-counter medicines for short-term illnesses. Parents hold primary responsibility for their child's health and must provide relevant information.

The school may administer non-prescription medicines with parental consent to support attendance. Prescriptions are not required for over-the-counter medicines.

Pupils who are too unwell will stay at home or be collected by parents. All arrangements will follow the same protocols as prescription medicines and prioritise safety and care.

- Will not be administered longer than recommended (e.g., pain relief max 3 days); aspirin only if prescribed.
- Parents must bring medicine initially to sign paperwork and verify details.
- Medicine must be in original container, in-date, with instructions; child's name may be added by an adult.
- Only authorised, trained staff may administer non-prescription medicines.

Paracetamol

Paracetamol is commonly used for pain and fever but can be dangerous if guidelines are not followed. Before giving paracetamol, affected pupils will be encouraged to get some fresh air, and have a drink or something to eat. Paracetamol will only be considered if these actions do not work.

- Available as syrup (from 2 months) and tablets (from 6 years) in varying strengths.
- Parents and carers will be contacted by phone before any paracetamol is given to obtain verbal consent and to confirm whether any medicines have been taken before attending school.
- Children require lower doses based on age and sometimes weight.
- Authorised staff will be trained on NHS guidance for safe administration and dosage.
- Staff will check instructions every time medicine is given.
- Sufficient trained staff will be available to manage medicines and health needs.
- As part of school enrolment, written parental consent is required before administering paracetamol.

The school is aware of the NHS recommended dosages for secondary aged pupils as set out below:

- 10 to 11 years: 500mg - maximum four times in 24 hours
- 12 to 15 years: 750mg – maximum four times in 24 hours

The written consent of parents will be required in order to administer paracetamol to pupils. A 'permission to administer paracetamol section' will be included in the Administrating medicine folder and pupil records.

This form will be completed as part of the pupil admission process, updated annually and kept in the school office.

When a pupil is given medicine, the authorised member of staff will witness the pupil taking the paracetamol and make a record of it. This record will include:

- Pupil's name.

- The name of the medicine.
- Dose given.
- Date and time of administration.
- Signature of the person administering.

9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Allergen and Anaphylaxis Procedures

- Implement the Allergen and Anaphylaxis Policy consistently for pupil safety.
- Parents must provide up-to-date allergy information and emergency actions.
- Headteacher ensures catering meets requirements and PPDS labelling under Natasha's Law.
- Staff receive appropriate allergy management training.
- AAI administration and anaphylaxis treatment follow policy; details included in IHPs.
- Maintain an AAI Register in each classroom for quick access during emergencies.
- Pupils aged 7+ may carry their AAI; under 7s' devices stored safely in the office (not locked).
- All staff trained to administer AAIs and follow emergency procedures; only trained staff may administer.
- In the event of anaphylaxis, any trained staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

Spare AAI Procedures

- Keep a spare AAI for emergencies; check monthly and replace before expiry.
- Store in the office, protected from sunlight and extreme temperatures.
- Administer only to pupils at risk of anaphylaxis with written parental consent.
- Use spare AAI if prescribed device cannot be administered promptly.
- If a pupil without a prescribed AAI shows severe allergic reaction, call emergency services and follow their advice.
- Always contact emergency services during a severe allergic reaction, even if AAI is given.
- Notify parents when an AAI is used and record details on the AAI Record: Where and when the reaction took place

- How much medication was given and by whom
- For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.
- For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.
- AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.
- In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

10. Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.

11. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs hospital care, a staff member will stay with them until parents arrive, and staff transporting pupils will be given the correct postcode and address for navigation.

12. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Risk Assessment for Activities

- Conduct a risk assessment before activities to identify reasonable adjustments for pupils with medical conditions.
- Seek advice from pupils, parents, and relevant medical professionals.
- Make adjustments to enable participation unless a clinician advises otherwise.

Unacceptable practice

The school will not:

- Assume pupils with the same condition need identical treatment.
- Restrict pupils' access to inhalers or medication.
- Ignore the views of pupils or parents.
- Disregard medical evidence or advice.
- Send pupils home or exclude them from activities unless stated in their IHP.
- Leave unwell pupils alone or with an unsuitable escort.
- Penalise attendance related to medical conditions.
- Make parents feel obliged to come to school for medical support or give up work.
- Create barriers to participation in school life, including trips.
- Refuse pupils access to food, drink, or toilets needed to manage their condition.

13 Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with West Sussex county Council covering liability relating to the administration of medication. The policy has the following requirements:

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

14 Complaints

Parents or pupils should first raise complaints about medical support with the school; if unresolved, they may follow the school's formal complaints procedure and, if still dissatisfied, escalate to the DfE or seek independent legal advice.

15. Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

16. Defibrillators

The school has an automated external defibrillator (AED). The AED will be stored in **entrance area of the school,** in an unlocked and portable case.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed **annually**.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a weekly basis by the school nurse, who will also keep an up-to-date record of all checks and maintenance work.

17. Monitoring and review

This policy is reviewed on an **annual** basis by the governing board, school nurse and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is **January 2027**

Individual Healthcare Plan Implementation Procedure

1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. The headteacher coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil.
3. A meeting is held to discuss and agree on the need for an IHP.
4. An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5. School staff training needs are identified.
6. Training is delivered to staff and review dates are agreed.
7. The IHP is implemented and circulated to relevant staff.
8. The IHP is reviewed annually or when the condition changes (revert back to step 3).

Photograph

Individual Healthcare Plan

Pupil's details

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

Hospital contact

Name	
Phone number	

Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?
Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues
Name of medication, dose and method of administration
Daily care requirements
Arrangements for school visits and trips

Other information
Describe what constitutes an emergency, and the action to take if this occurs
Responsible person in an emergency, state if different for off-site activities
Plan developed with
Staff training needed or undertaken – who, what, when: