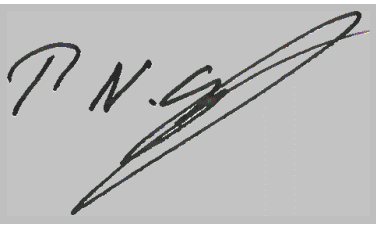
The Parkside School
Supporting Pupils with Medical Needs

Approved by:	Paul Stanley Chair of Governors	**Date:** March 2026
Signed:		
Review due by:	Lucy Mills	
Next Review date:	March 2027	

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1. Aims

This policy aims to ensure that:

At Parkside school:

Pupils, staff and parents understand how our school will support pupils with medical conditions

To ensure students with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

To ensure arrangements are in place to support pupils at school with medical conditions, including the use of risk assessment and health care plans.

To work with health and social care professionals, students and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

Making sure sufficient staff are suitably trained

Making staff aware of pupils' conditions, where appropriate

Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions

Providing supply teachers with appropriate information about the policy and relevant pupils

Developing and monitoring individual healthcare plans (These are within the EHCP Annual review)

The named person with responsibility for implementing this policy is Lucy Kent.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Head teacher

The Head teacher will:

Make sure all staff are aware of this policy and understand their role in its implementation

Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations

Ensure that all staff who need to know are aware of a child's condition

Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.4 Parents/Carers are responsible for

Providing the school with sufficient and up-to-date information about their child's medical needs

Participating in the development and review of their child's individual healthcare plan

Carrying out any actions they have agreed to as part of the plan's implementation (e.g. provide medicines)

Ensuring that written records are kept of all medicines administered to children

Ensuring they or another nominated adult is contactable at all times and contact information is kept up-to-date.

Where we have parents' written consent

3.5 Other healthcare professionals

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

The school will make every effort to ensure that arrangements are put into place by the beginning of the relevant term for pupils who are new to our school.

Application to the school has request for parents to provide the school with useful information regarding the pupil's needs.

The class teacher/SLT will visit schools before admission date to liaise with staff parents and pupils to highlight areas of need

Any EHCPs in place will be reviewed to monitor how school supports the pupils.

Medical needs are on record on school Management Information System

(MIS). Issues of a sensitive nature are 'flagged up' on a need to know basis.

Meetings within class teams will occur as and when required to ensure all staff are aware of emergent or developing medical needs and measures put in place to meet them.

All trips beyond routine request that parents inform school of any specific medical needs that may be relevant for that particular occasion.

When Parkside school becomes aware that a child with medical needs will begin attending or that a child already attending the school has medical needs the Medical Lead will be informed. The Medical Lead then ensures that all of the relevant staff are notified and begins the process of planning for the child's safe admission to school. Arrangements to support students are ideally in place before they start, or no later than two weeks after their admission.

When a formal diagnosis has not yet been made, or where there is a difference of opinion, the school makes a judgement about what support to provide based on the available evidence- usually some form of medical evidence and consultation with parents/carers.

6. Individual healthcare plans (IHPs)

Individual Healthcare Plans

All students with medical needs attending the school who have an individual healthcare plan must provide this information from home. This information is provided by parents/carers. All up to date/relevant health care information must to sent to the school and is not the school's responsibility to check.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

7. Managing medicines

7.1 Managing Medicine on School Premises

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

The school has clear arrangements in which non-prescription medicines may be administered

Children under 16 will never be given medicine containing aspirin unless prescribed by a doctor

Medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken or without first informing parents

Where clinically possible, the school will seek to ensure that parents request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours

All medicines should be stored safely in first aid cabinets in a classroom/medical room. Staff will be aware where medications are stored and where appropriate some pupils will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Each class has a medical cabinet for storage of medicines or in the fridge/freezer (with a thermometer) in the medical room if indicated on the container. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access (this will be the regular class team and not Supply). Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school. It is essential that when

medication is being administered 2 staff members are present so the medication can be checked and countersigned.

Self management procedures. Due to the nature of the high level of needs at Parkside school pupils cannot carry any form of medication with them. All medication must be stored in a locked first aid cabinet in a classroom.

In exceptional circumstances where a pupil has their medication with them this must be monitored by staff closely working with the child and only administered with staff support - this exceptional circumstance should also be brought to the medical lead's attention.

7.2 The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Schools will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container:

The school will only accept prescribed medicines that are:

* In-date

* Labelled

* Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately (if appropriate for the individual pupil). Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary

Assume that every pupil with the same condition requires the same treatment

Ignore the views of the pupil or their parents

Ignore medical evidence or opinion (although this may be challenged)

Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs

If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable

Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs

Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Lucy Kent. Training will be kept up to date.

Training will:

* Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils

* Fulfil the requirements in the EHCPs.

* Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

Parents will be informed if their pupil has been unwell at school.

All classes have a medical folder with up to date Med 1 forms for each medication for the class. These must be checked as part of the administrative process. Records of Med 1 forms do not need to be scanned onto the shared drives system but kept with the medication and folder in the class.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

11. Liability and indemnity

The Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

12. Complaints

The Governing Board will ensure that the school's policy sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

13. Monitoring arrangements

This Policy will be reviewed yearly by Medical lead – Lucy Kent

14: Attendance

A child or young person with a medical condition may have difficulties attending school at certain times. This could be due to planned appointments or surgery, or as a result of an increase in symptoms or deterioration of their overall health

condition. Parents have a responsibility to advise schools of any planned appointments or predicted absence due to surgery/therapeutic intervention. Schools have a responsibility to code this absence appropriately. If a school does not have sufficient information regarding a young persons' health condition, and it is impacting on school attendance, they may contact the Just One Number (0300 300 0123) Single Point of Access: www.justonenorfolk.nhs.uk to request a school nurse attendance health check. If this process does not identify sufficient information schools can also contact GP's with parental consent, utilising the NCC Joint Protocol between Health Services and Schools. If absence due to a medical condition is noted to be for more than 15 days, schools should consult the NCC Medical Needs Service for advice and support.

15. Links to other policies

This policy links to the following policies:

* Accessibility plan
* Complaints
* Equality information and objectives
* First aid
* Health and safety
* Moving and handling policy
* Safeguarding