

Greenshaw Learning Trust **Supporting Pupils with Medical Conditions and Administering Medicine Policy**

Policy Title	GLT Supporting Pupils with Medical Conditions and Administering Medicine Policy	
Category	Trust Policy	
Responsible Officer	Director(s) of Education	
Approved on	May 2026	
Minor technical or operational updates made	Name	Date
Review Cycle and next approval date	three year cycle May 2029	
Monitoring arrangements	This policy will be reviewed every 3 years, or sooner if required by statutory guidance updates. The implementation of this policy will be reviewed annually by the Headteacher.	
Associated Policies Internal Policy Library Published GLT Policies For school policies please visit the school website	● Health and Safety Policies and Procedures ● Equalities Policy ● First Aid Policy and Guidance ● Educational Visits Policy	
This Policy is based on or takes into account the following legislation and guidance	This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on schools to make arrangements for supporting pupils at their school with medical conditions, and it complies with additional requirements for Early Years Foundation Stage (EYFS) under the Early Years Foundation Stage Statutory Framework. It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions and takes account of the following key legislation: ● The Equality Act 2010, which requires the school to make reasonable adjustments to ensure pupils with disabilities, including those with long-term medical conditions, are not substantially disadvantaged. ● The Health and Safety at Work etc. Act 1974, which places a general duty on the school to ensure the health, safety, and welfare of all pupils.	

GLT Supporting Pupils with Medical Conditions and Administering Medicine Policy

Terminology	4
Scope & Applicability	4
Introduction	4
Note for Parents / Carers	5
Legislation and Statutory Responsibilities	5
Roles and Responsibilities	5
The Headteacher	5
Staff	6
Parents	6
Pupils	6
Equal opportunities	6
Procedure to be followed when the school receives notification that a child has a medical condition	7
Individual Healthcare Plans	7
What Will Be Recorded	8
Staff Training and Support	8
Managing and administering medicines on school premises	9
The Child's Role in Managing Their Own Medical Needs	11
Record-Keeping	11
Emergency Procedures	11
Day Trips, Residential Visits and Sporting Activities	11
Unacceptable Practice	12
Liability and indemnity	12
Complaints	12

Terminology

- The Trust means the Greenshaw Learning Trust (GLT).
- School means a school or academy within the Greenshaw Learning Trust.
- Headteacher means the headteacher, executive headteacher or principal of the school/academy.
- CEO means the chief executive officer of the Greenshaw Learning Trust.
- Trust Shared Service means the services, functions and staff of the Trust that are not contained within a school budget and/or are not the responsibility of a school Headteacher. With respect to the Trust Shared Service, references in this Policy to the responsibilities of the Headteacher should be read as the GLT CEO.
- Responsible Officer means the member of the Director Team to which responsibility for the management of the policy, procedure or statement has been delegated by the Board of Trustees
- Policy or Policies should be read as including any procedures, reports, templates, models, statements and schedules etc. as specified in the GLT Policy Schedule. Categories of Policy are defined in 'Scope and Applicability'

Scope & Applicability

- It is the responsibility of the Headteacher of each school, and the GLT CEO for the Trust Shared Service, to ensure that their school/service and its staff follow this Policy and all Policies and Procedures across the Trust.
- If there is any question or doubt about the interpretation or implementation of this Policy, the 'Responsible Officer' or the GLT CEO should be consulted.
- Unless otherwise stated, all Policies apply to all schools within the Trust, all Trust employees (including temporary and agency staff), all pupils, all trustees and committee members (including members of community committees), all volunteers, and all visitors and contractors
- This is a Trust Policy. The GLT Board of Trustees has approved a set of Trust-wide policies and procedures. A Trust-wide policy/procedure is a single policy/procedure that must be followed by all schools and services in the Trust. Aims

Introduction

The policy aims to ensure that:

- Pupils, parents/carers and staff understand how our schools will support pupils with medical conditions.
- Pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

The Headteacher 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 this policy and relevant pupils.
- Working in partnership with health professionals and the local Integrated Care Board as appropriate.
- Developing and monitoring individual healthcare plans (IHPs) and, where required, ensuring oversight of individual healthcare plans from appropriate medical professionals.

Note for Parents / Carers

The school holds confidential information on pupils' health. This needs to be updated regularly. The provision of this information remains the responsibility of the parent / carer.

The child's own doctor/health care professional is the person best placed to advise whether a child should or should not be in school.

The school will consider requests made by parents / carers in respect of the administration of medicines

Medicine prescribed for use twice a day should be given at home unless it has prescribed particular times for it to be administered. Medicine must be brought to school by the Parent / Carer (under no circumstances by the child) and must be delivered personally to the school office. All medicines must be clearly labelled with the child's name, dosage and contents.

Medicines will be either self-administered by the child or by a member of the school staff according to the instruction provided by the Parent / Carer. The school will not be held responsible for failure to administer medication.

If the school has concerns about the nature of the medication, it reserves the right to refuse its administration. Parents / Carers will be advised immediately and consulted on alternative arrangements.

Parents/carers must inform the school if they have given their child any medication before arrival for Health & Safety reasons.

The school will consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

The school recognises that supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents/carers and pupils is critical.

Roles and Responsibilities

The Headteacher

The Headteacher will:

- Ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- Ensure 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 all relevant staff are made aware of a child's condition in context of administering medication or other support.
- Ensure school procedures for implementation are clearly outlined and shared with staff.
- Ensure there are cover arrangements in place in case of staff absence or staff turnover so that someone is always available.
- Ensure individual healthcare plans are in place for all children who require one.
- Make sure that school staff are aware that they are insured through the GLT Insurance Policy 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.
- Ensure that written procedures are in place for obtaining information about a child's needs for medicine, known allergies, or other medical conditions and that these are kept up to date.
- Ensure that risk assessments for school visits, holidays, and other school activities outside of the normal timetable are carried out.

- Ensure that, for schools with Early Years settings, a procedure is in place and is shared with parents, which sets out what to do if a child is ill, and for how long the child will need to be kept at home if they are ill or infectious, in line with line with UKHSA guidance.

These responsibilities may be delegated to other members of the Senior Leadership Team or other staff as appropriate.

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. No member of staff has a legal or contractual duty to administer medicines or provide health treatment.

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.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

Equal opportunities

Our school is committed to ensuring that all children with medical conditions receive a full education. We recognise that, in some cases, this will require flexibility and that any decisions need to be made in partnership with pupils and parents/carers with the child's best interests at the centre. We also recognise the possible impact of medical conditions on pupils' social, emotional and mental well-being and full inclusion in school life. Our school is committed to working in partnership with pupils and their parents/carers holistically when considering how best to meet their needs.

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.

Procedure to be followed when the school receives notification that a child has a medical condition

When a new diagnosis is made or a child moves into the school mid-term, the process outlined below will be followed to decide whether the pupil requires an Individual Healthcare Plan. Every effort will be

made to ensure that arrangements are put in place within 2 weeks of the school being notified by the parent/carer, or by the beginning of the relevant term for pupils who are new to our school.

The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a medical condition is unclear or there is a difference of opinion, judgements will be made about what support to provide based on the evidence available to the school. This will include some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Individual Healthcare Plans

The Headteacher has overall responsibility to ensure there are appropriate IHPs for pupils with medical conditions. This may be delegated to an appropriate member of the leadership team, or the SENCO.

Individual healthcare plans are used to help ensure that each school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom.

They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require individual healthcare plans. The healthcare professional, school and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will make the final decision in consultation with healthcare professionals.

The format of individual healthcare plans may vary and the level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. An example proforma can be found on the GLT Intranet > SEND Leadership Area.

Plans will be drawn up by healthcare professionals e.g., School nursing team, specialist, paediatrician or children's community nurse, who can best advise on the particular needs of the child. This will be in partnership with the school and parents/carers. Pupils will also be involved whenever appropriate.

IHPs will be linked to, where appropriate, any Education, Health and Care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND will be mentioned in the IHP.

The aim of the plan is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to accessing their full educational entitlement and experience. Individual healthcare plans will be reviewed at least annually or earlier if evidence is presented to the school that the child's needs have changed. Unless the school has been notified of a change in the child's needs, the review will be undertaken in consultation with appropriate health professionals and parents/carers.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

What Will Be Recorded

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Headteacher and the SENCO will consider the following when deciding what information to record on IHPs:

- the medical condition; its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g., crowded corridors, travel time when moving around.
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods

or additional support in catching up with lessons, counselling sessions, meaningful inclusion with their peers.

- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- who in the school needs to be aware of the child's condition and the support required.
- arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g., risk assessments.
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Staff Training and Support

Any member of school staff providing support to a pupil with medical needs will receive suitable training. This will be identified during the development or review of individual healthcare plans. Staff who provide support to pupils will be involved in meetings where this is discussed. The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.

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 IHPs,
- 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 in line with appropriate guidance from Health.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents/carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

There will be annual whole school awareness training so that all staff are aware of the school's procedure for supporting pupils with medical conditions and their role in implementing that procedure. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

All new staff will receive appropriate training in line with induction procedures.

Managing and administering medicines on school premises

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where the school has received parents'/carers' written consent.²

The school will consider requests made by Parent/ Carer in respect of the administration of medicines when:

- A child suffers from chronic long-term illnesses / complaints such as asthma, diabetes or epilepsy.
- A child is recovering from a short-term illness but requires a course of antibiotics, cough medicines etc.
- The school has received a written request from a Parent / Carer giving the instructions regarding the required dosage

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed. In all cases of the administration of medication, parents / carers should be informed at the end of the day.

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.

Storage of Medication

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. Medicines and devices such as asthma inhalers, blood glucose testing metres 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.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone. All controlled drugs are kept in a secure location and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

It is the parents'/carers' responsibility to provide the school with the necessary medication and/or equipment and to ensure that the medication held in school is not out of date.

Specific Medications - Asthma Inhalers

- Where a child has more severe asthma and requires their inhaler on them at all times, arrangements will be outlined on the child's individual care plan and will be made in accordance with medical advice and the child's age and stage of development.
- Parents / carers must complete the administration of medicines form or a care plan, depending on the level of needs, to allow a student to bring an inhaler to school.
- Parents/ carers will be asked to provide a labelled spare inhaler in case the regular one is lost / broken.
- Inhalers are only to be used by / for the pupil for whom they are prescribed.

The school may also have emergency inhalers on site that can be used by any child in an emergency following the appropriate guidelines. Should this be the case, parents/carers of children who suffer from asthma will be informed of the emergency inhaler and their consent for its use in an emergency will be

sought. School staff will consider professional advice and the safety of the child first and foremost when deciding whether to administer the medication in an emergency.

Nebulisers

Some children need to use an electric device called a nebuliser. In such cases, they will only be allowed following liaison with parents / carers and the school's health adviser. A care plan will be put in place in partnership with the school.

Adrenaline Auto-Injectors²

Some pupils may suffer anaphylactic shock through a severe and sudden reaction to insect bites, nut allergy etc.

In the case of a child being identified by a doctor as being at risk of anaphylaxis:

- Two adrenaline auto-injectors (such as Epi Pen etc) must be provided to the school. These must be clearly labelled with the child's name.
- Parents / carers must complete the administration of medicines form or a care plan (in partnership with healthcare professionals), depending on the level of needs, to allow a student to bring adrenaline auto-injectors to school.
-
- School staff will administer adrenaline auto-injectors in emergency situations where anaphylaxis is suspected. Wherever possible, this will be undertaken by staff who have received appropriate training. However, in a life-threatening emergency, the absence of training must not prevent a member of staff from administering an adrenaline auto-injector.
- School staff will understand that adrenaline auto-injectors are a risk-free treatment and a one-shot injection which can do no harm but may relieve a potentially high-risk medical condition.
- Adrenaline auto-injectors are only to be used by/for the pupil for whom they are prescribed.

The school may hold emergency adrenaline auto-injectors on site for use in an emergency, in accordance with appropriate guidance. Parents/carers of children who are known to be at risk of anaphylaxis will be informed and their consent for use of the emergency auto-injector will be sought.

In exceptional circumstances, where anaphylaxis is suspected and prior consent has not been obtained, staff may administer an emergency adrenaline auto-injector if it is considered necessary to preserve life, in line with national guidance.

In all cases, staff will act in accordance with professional guidance and will prioritise the safety and wellbeing of the child.

The Child's Role in Managing Their Own Medical Needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry and manage their own medicines and relevant medical devices where it is safe and appropriate, and in accordance with their individual healthcare plan. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

Record-Keeping

The Headteacher will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

All children with medical needs have their photos, their condition and, where appropriate, their care plans accessible to all relevant staff and staff should regularly familiarise themselves/remind themselves of this key information.

Emergency Procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Each school will ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Staff will call 999 first if a child's life is in danger, and only then contact parents/carers, rather than delaying emergency care.

Day Trips, Residential Visits and Sporting Activities

Staff should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

When school staff are in loco parentis on a residential trip, medication will be administered in accordance with this policy. Emergency medication and First Aid equipment will be available at all times. If specific arrangements are required with regards to medication on residential trips, it is the responsibility of the parents / carers to communicate this with school staff at the time of trip registration. Staff will then work in partnership with parents / carers and healthcare professionals to make appropriate arrangements. The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate safety measures and supervision cannot be guaranteed.

For any day trip, residential visit or sporting activity, specific information to support any pupil with a medical condition to be safely included in the trip will be captured on the risk assessment. Where appropriate, specific risk assessments for out-of-school activities will be included on the care plan and will inform planning for the trip.

All GLT schools follow the GLT Educational Visits Policy.

Unacceptable Practice

Staff should use their discretion and will judge each case on its merits with reference to the child's individual healthcare plan. However it is not acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carers; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, leave them unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;

- 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child;
- administer, or ask pupils to administer, medicine in school toilets.
- where the need is detailed on an IHP, prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

Liability and indemnity

All schools within GLT are insured through a central contract. The Headteacher will ensure that this contract appropriately reflects the school's level of risk, seeking advice from the Shared Service Contracts and Procurement team if required.

Complaints

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents/carers (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.