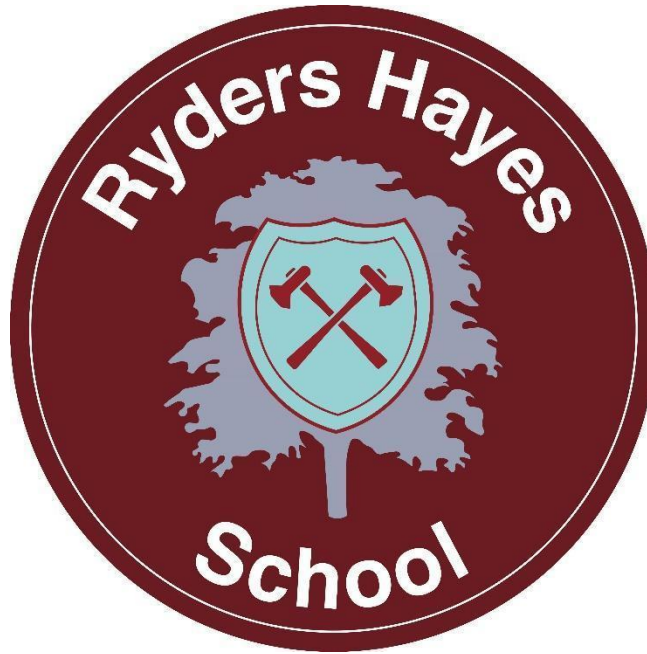


Ryders Hayes School

A Primary Learning Academy



Supporting pupils with medical conditions policy

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Mission: At Ryders Hayes School, children and staff will strive to:

‘Do the right thing to be the best you can be’... 

Vision: *To nurture and facilitate the growth of our pupils and their learning; equipping them with the skills and attributes to embrace the challenges of a rapidly changing world. To enjoy success for today and be prepared for tomorrow, by instilling the values of:*

Character: *qualities of the individual essential for being personally effective in a complex world including: grit, tenacity, perseverance, resilience, independence, reliability and honesty.*

Citizenship: *upholding British Values, thinking like global citizens, considering global issues based on deep understanding of diverse values with genuine interest in engaging with others to solve complex problems that impact human and environmental sustainability*

Collaboration: *the capacity to work interdependently and synergistically in teams with strong interpersonal and team-related skills including effective management of team dynamics, making substantive decisions together, and learning from and contributing to the learning of others.*

Communication: *entailing mastery of three fluencies: digital, writing and speaking tailored for a range of audiences, through early, high-quality back and forth interaction.*

Creativity: *having an ‘entrepreneurial eye’ for economic and social opportunities, asking the right questions to generate novel ideas and explore possibilities, demonstrating leadership to pursue those ideas into practice.*

Critical Thinking: *critically evaluating information and arguments, reflecting upon them, seeing patterns and connections, constructing meaningful knowledge and applying it in the real world.*

Ryders Hayes is a Gold Rights Respecting School and as such strongly believes in and promotes the United Nations Convention on the Rights of the Child. All our policies exemplify these rights and our practise aims to ensure that the following rights are adhered to.

Article 3: The best interests of the child must be a top priority in all things that affect children.

Article 12: Every child has the right to have a say in all matters affecting them, and to have their views taken seriously.

Article 13: Every child must be free to say what they think and seek and receive all kinds of information, as long as it is within the law.

Article 14: Every child has the right to think and believe what they want and to practice their religion, as long as they are not stopping other people from enjoying their rights. Governments must respect the rights of parents to give their children information about this right.

Article 19: Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

Article 28: Every child has the right to an education. Primary education must be free. Secondary education must be available for every child. Discipline in schools must respect children's dignity. Richer countries must help poorer countries achieve this.

Article 29: Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and their environment.

Article 30: Every child has the right to learn and use the language, customs and religion of their family, regardless of whether these are shared by the majority of the people in the country where they live.

Article 36: Governments must protect children from all other forms of bad treatment.

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- 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 pupil's condition, 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 (IHP) or Asthma Plans

The named person with responsibility for implementing this policy is Cheryl Heaton

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's statutory guidance: [Supporting pupils at school with medical conditions](#) and the information shared by Walsall Council of the same name.

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

3. Roles and responsibilities

3.1 The Board of Trustees

The Leadership and Management Committee have 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 headteacher

The headteacher 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 (IHP OR ASTHMA PLANS), including in contingency and emergency situations
- Take overall responsibility for the development of IHP OR ASTHMA PLANS
- 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 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 consider 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.

Procedure for dealing with injuries is set out in the staff planner, updated annually.

3.4 Parents

Parents will:

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

3.5 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 IHP or Asthma Plans. They are also expected to comply with their IHP or Asthma Plans.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nurse and notify them of any pupils identified as having a medical condition.

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

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP or Asthma Plan.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHP or Asthma Plan for pupils with medical conditions. This has been delegated to the medical lead. We use the Template A provided by the DFE found at gov.uk

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

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP or Asthma Plan. It will be agreed with a healthcare professional and/or the parents when an IHP or Asthma Plan would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and, if necessary, relevant healthcare professionals, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHP or Asthma Plan will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP or Asthma Plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Trustees and the medical leader will consider the following when deciding what information to record on IHP or Asthma Plan.

- 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 between lessons

- 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
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

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 we have parents' written consent

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

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.

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. 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.

School will keep a spare inhaler (Blue) and an EpiPen on site in case of emergencies. The inhaler must be used with a spacer, which must be disinfected after use, or thrown away in the case of damage. Parents must be informed about its use and the use recorded in the medicines log book (Kept in the school main office).

7.1 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.

School will agree with parents and relevant healthcare professionals to administer the controlled drug as long as appropriate training and agreement by all parties is in place. All other controlled drugs are kept in a secure cupboard in the school office 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.

7.2 Pupils managing their own 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 IHP or Asthma Plan.

Inhalers are kept in a medicine box in the classroom and is always taken on trips and outside for PE.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP or Asthma Plan 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 IHP OR ASTHMA PLANS
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- 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' IHP or ASTHMA PLANS 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 IHP or Asthma Plans. 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 the headteacher/medical lead. 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 IHP or Asthma Plans.
- 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

The Trustees 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.

IHP or Asthma Plans are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with Cheryl Heaton in the first instance. If she cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board annually.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition

