PACE Academy Trust

Medical Needs Policy

Article 3 - The best interests of the child must be a top priority in all decisions and actions that affect children.
Article 24 - Every child has the right to the best possible health.

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V2	2018	PACE	• Adjusted for PACE schools
V3	May 2021	CM	• Updated wording to cover all PACE schools. Amended appendix forms.
V4	January 2022	CM	Updated on recommendation from Directors to include provision of medicines as recommended by CAHMS (Page 6)
V5	March 2026	Zoe Harris/Debbie McKenzie	Adjusted for PACE schools, in line with current requirements. The DfE is consulting on proposed updates to the statutory guidance to include: • requiring every setting to have a published medical conditions policy • strengthening Individual Healthcare Plans (IHPs) • strengthening recording, reporting and learning from serious incidents and 'near misses' • introducing a new requirement for a separate, published allergy safety policy, including training and the use of adrenaline devices
V5A	Sep 2026	Zoe Harris	Amended to make reference to **Allergy Safety in Schools - GOV.UK**. IHP updated to reflect allergy safety requirements.

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Introduction

PACE Academy Trust's commitment to supporting pupils with medical needs is firmly grounded in the principles of the United Nations Convention on the Rights of the Child (UNCRC). As Rights Respecting schools, we recognise that children's rights to education, health, dignity, safety, participation and non-discrimination must shape the way we understand and respond to medical needs. Children with medical needs have the entitlement to a full-time curriculum or as much as their medical condition allows. They must have access to the same opportunities as all other pupils in the school, enabling them to play a full and active role in school life, remain healthy and achieve their academic potential.

We recognise that children with the same diagnosis may have vastly different needs and that no single approach is appropriate for every child. This applies to both physical and mental health conditions, where the impact, required treatment and level of support can vary significantly from one pupil to another.

We understand that pupils can suffer from long-term, short-term, chronic and acute illnesses and will provide for all pupils without exception or discrimination to the full extent we possibly can. This will be achieved through training, collaboration with parents/carers and support from medical professionals/ other specialists.

This policy has been developed in line with the following DfE statutory guidance and legislation:

- Supporting pupils at school with medical conditions, Children and Families Act 2014 (last updated 2017)
- Sstatutory fframework for the Early Years Foundation Stage
- First aid in schools, early years and colleges - GOV.UK
- Health and safety: advice for schools - GOV.UK
- Allergy safety in schools - GOV.UK

This policy should be read in conjunction with the following:

- SEND Policy
- Educational Visits Policy
- Risk Management Policy
- Health and Safety Policy
- Allery Safety Policy

Definitions

Medical condition - for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes: a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.

Medication - is defined as any prescribed or over-the-counter treatment.

Medicine - this is defined as any substance used, especially internally, for the treatment or prevention of disease or medical conditions. Medical care may include the need to help a pupil with a tracheostomy, or a pupil requiring tube feeding (gastrostomy).

Prescription medication - is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

Key Roles & Responsibilities

The Trust is responsible for:

- Establishing a trust-wide medical needs policy that aligns with DfE statutory requirements.
- Ensuring oversight, governance and consistent standards across all schools.
- Ensuring full insurance and indemnity to staff who administer medicines.

The SENDCo and Headteacher are responsible for:

- Ensuring pupil information on Arbor (the school Management Information System) is monitored and up to date.
- Ensuring the school has an Allergy Safety Lead and that the policy for allergy safety is followed.
- Supporting the day-to-day implementation and management of this policy.
- Liaising with healthcare professionals regarding the child's medical needs and the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Ensuring that Individual Healthcare Plans (IHPs) are developed.
- Ensuring enough trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- Enabling continuous three-way liaison between parents/carers, the school and medical professionals in the case of any child who has, or develops, an identified medical condition.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment/care.
- Ensuring there is a system in place for checking that medicines are within the prescribed expiry date and stored safely.
- Securing a defibrillator and arranging appropriate training for specific staff.

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing where controlled drugs are stored and how to access them.
- Ensuring inhalers, adrenalin pens and blood glucose testers are stored in an accessible location, following DfE guidance
- Supporting pupils to access and administer their medication when and where necessary.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, where appropriate under their responsibility.
- Being aware of a pupil's needs in relation to food management. This extends to cookery and science experiments with food, as well as menus, individual meal requirements and snacks. It is important to ensure that the catering manager and staff are aware of a pupil's particular requirements.
- Allowing pupils to drink, eat or take toilet or other breaks whenever they need to manage their medical condition effectively.
- Following safeguarding procedures where particular or repeated injuries may be cause for concern.

Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's.
- Ensuring children attend school when they are well enough to do so.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form (Appendix A) to administer medicine or treatment before bringing medication into school, including the name of the medication, dose, method of administration, time and frequency of administration, other treatment, any side effects.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP.

- Ensuring they, or a nominated adult, are always contactable.

Pupils are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHP, where possible to do so.

Training Requirements

- Newly appointed teachers, supply or agency staff and support staff will be made aware of the 'Medical Needs Policy'
- Individual schools will ensure there is a sufficient number of trained members of staff available to implement the policy, deliver IHPs in normal, contingency and emergency situations.
- Staff members required to administer prescription medicines or undertake any specific healthcare procedures will be provided with training specific to the condition.
- The school will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy.

School Medical Conditions/Health Care Register

- Admission forms should request information on pre-existing medical conditions. This will be added to Arbor, the Management Information System in each school.
- Parents should inform the school at any point if a condition develops or is diagnosed.
- If a pupil has a short-term medical condition that requires medication during school hours, parents must complete a medication form (Appendix A)
- Pupil's with longer term conditions will have an Individual Health Plan (Appendix B)
- A medical conditions list or register is kept, updated and reviewed regularly by the school
- Class based staff will have easy access to the list of pupils with medical needs in their care.
- Supply and support staff should have similar access on a need-to-know basis.
- For pupils with medical conditions, a meeting should take place in advance of transferring to new year group/school to enable parents, school staff and health professionals to review the IHP and identify training needs where necessary.
- The school's Safeguarding and Child Protection Policy will be followed for any child presenting with medical needs that may raise concerns, such as unusual, repeated, or under-/over-treated conditions.

Individual Healthcare Plans (IHCP)

An Individual Healthcare Plan (IHP) will be created for any child with a chronic illness or potentially life-threatening condition. The IHP will record the individual child's triggers, signs, symptoms, medication and other treatments. It must also include an accurate summary of the pupil's current medical management, and healthcare in the event of an emergency. The IHP will be developed in collaboration with the pupil, parents/carers, SENDCo, medical professionals and any other relevant member of staff.

Individual Healthcare Plans include the following:

- ~ Definition and details of the condition
- ~ Management of activities of daily living including food and drink management
- ~ Precautionary measures
- ~ Treatment
- ~ Emergency procedure to be adopted, including named hospital
- ~ Staff training
- ~ Staff indemnity

~ Consent and agreement

- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. If consent is sought from parents a photo and instructions may be displayed.
- In the case of conditions with potential life-threatening conditions, the information should be available clearly and accessible to everyone. If parents agree, other pupils who come into contact with the child may be briefed as well, however the pupil's right to confidentiality, privacy and sensitive treatment will always be considered.
- All staff who come into contact with a pupil who suffers from a life-threatening condition will be briefed about this condition.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan (EHCP), the IHP must be aligned so that the two documents do not conflict.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /alternative provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.
- The school will not penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.

Medicines

Administration of medicines

Where appropriate, it is good practice to support pupils in the management of their own medication from a relatively early age, depending on their degree of maturity. We encourage this, with the agreement of the pupil's parents or carers. If pupils can administer their medication themselves, staff need only supervise the process. However, in cases where children can administer their own medication, written parental consent is required.

- Pupils are encouraged to administer their own medication, where possible, and should know where it is stored or carry it with them unless it is a controlled drug as defined in the Misuse of Drugs Act 1971. This also applies to any off-site or residential visits.
- In PACE schools, pupils will be allowed to carry their own inhalers on a case-by-case basis depending on risk assessment and agreement between the school and parents.
- Prior to staff members administering any medication, the parents/carers of the child must complete and sign parental consent to administration of medicine form.
- Commercially available/non-prescribed painkillers **will not be administered by the school to children within the school day except in exceptional circumstances.** In exceptional circumstances, these medicines do not need an Appropriate Practitioner's prescription, signature or authorisation in order for a school to administer them.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- A pupil may be prescribed medication even when their doctor considers them well enough to attend school. Where possible, parents should ask the prescriber whether the doses can be scheduled for times outside of school **day** (there may be circumstances in which it is unavoidable, arrangements will need to be made for this).
- Primary aged children should never be given medication containing Aspirin unless it is prescribed by a doctor, as it may cause severe illness.
- Where a child has asthma, Ibuprofen must not be administered, unless prescribed.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet

these criteria will not be administered.

- Medicines will only be given to the named pupil.
- Written records will be kept of medication administered to children, excluding asthma pumps.
- Staff will not force a pupil to take their medication if the pupil refuses to comply with their health procedure. The resulting actions will be clearly written into the IHP which will include informing parents as a matter of urgency. If necessary, the school should call the emergency services.
- If a school takes the decision that medication is not going to be given, they will need to consider what other measures are to be taken when children have long term health conditions or otherwise need medication to ensure they are still able to access a full education. These measures must not discriminate and must promote the good health of children; reasons for this must be made clear to parents.
- Administration of medication, which is defined as a controlled drug (even if the pupil can administer for themselves) should be done under the supervision of a (trained) member of staff.

Storage of medication

- All non-emergency medication is kept in individual containers within a lockable cupboard, clearly labelled with names, current class, dosage instructions and expiry date.
- Where a pupil needs two or more prescribed medicines, each should be in separate containers.
- Some medicines, such as inhalers for asthma, must be readily available to pupils and should not be locked away.
- Any medications left over at the end of the course will be returned to the child's parents.
- Pupils with medical conditions know where their medication is stored and how to access it.
- Staff ensure that medication is only accessible to those for whom it is prescribed.
- A nominated member of staff will ensure the correct storage of medication at school.
- A nominated member of staff will regularly check the expiry dates for all medication stored at school.
- A nominated member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupils name, name and dose of medication and the frequency of dose. This includes all medication that the pupils carry themselves.
- All refrigerated medication must be stored in a clearly labelled airtight container. The refrigerator must be in a secure area, inaccessible to unsupervised pupils.
- It is the Parent/Carer's responsibility to ensure new and in-date medication comes into school the first day of the new academic year.

Quantity and disposal

- Any unused or expired medication will be returned to parents for safe disposal. Parents must collect all medicines at the end of each term, apart from in-date AAI (adrenaline auto-injectors) (e.g. EpiPens), which may remain in school.
- If parents/carers do not collect medication, the school will dispose of it safely, either through a local pharmacy or via an approved medical waste bin held on-site.
- Sharps boxes can be obtained by parents or carers from the child's GP or pediatrician. When full, they must be returned to the parent/carer for appropriate replacement.

First Aid

All staff working with pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils in the same way that parents might be expected to act towards their children. Please refer to the individual school's first aid procedures for more information.

Education Health Needs – Referrals

Under Section 19 of the Education Act 1996 and Department for Education (DfE) guidance, all pupils of compulsory school age who, because of illness lasting 15 days or more, would not otherwise receive a suitable full-time education, will be provided for under the local authority's duty to arrange educational provision for such pupils.

Record Keeping

A record should be kept of all medicines given and should include:

- The child's name and class.
- The name and dosage of the medicine given.
- The date and time of administration.
- The signature of the member of staff responsible.
- Parents should be informed when emergency medicine is given or where staff have a concern.

These records should be kept for seven years and made available to the school nurse whenever they visit the school.

Emergencies

- In an emergency school staff are required under common law duty of care to act like any reasonable prudent parent/carer. This may include administering medication. Appropriate basic life support measures should be taken to help pupils to improve breathing and improve their circulation.
- When personal or invasive medicine or medical care has been administered by school staff in an emergency, medical assistance may still be needed urgently by immediately dialing 999. The person making the call will be asked to provide relevant information. Ambulance personnel should be given information about the treatment given, and parents should be informed.
- A spare emergency salbutamol inhaler kit**/** emergency AAI (adrenaline auto-injector) may be kept voluntarily by the school on their discretion. These should be kept in the school office/medical room and only ever used in an emergency.
- Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff, so they are aware of signs and symptoms.
- Pupils with epilepsy may need a quiet place to rest and recover after a seizure and be allowed to recover at their own pace.
- If a pupil needs to be taken to hospital before their parent/carer can accompany them (only in situations where immediate movement to hospital is necessary), a member of staff will remain with the child until their parents arrive. The staff member concerned should inform a member of senior leadership. In other situations, a parent/carer will be asked to come to school to accompany their child to hospital.
- The school uses IHPs to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.
- For pupils with an IHP, this will be forwarded to the relevant emergency personnel including the hospital.
- All pupils with medical conditions should know how to access their emergency medication.
- For children suffering accidents resulting in injuries such as broken legs and other mobility difficulties an accident/emergency risk assessment will be completed regarding their care needs at school. Please refer to the PACE Risk Management Policy for more information and template risk assessment forms.

Allergy Safety

Schools have a legal duty to support pupils with medical conditions, including the administration of allergy medication and AAIs (adrenaline auto-injectors). The PACE Allergy Safety Policy provides more information about our approach to managing children with allergies and outlines our statutory obligations.

All schools must have a clear emergency procedure for cases of anaphylaxis, which should include arrangements for:

- calling an ambulance in an emergency
- treating the child if necessary whilst waiting for the ambulance to arrive
- A well-known, accessible safe place for AAIs
- who should administer the adrenaline and how they can be contacted swiftly in an emergency
- who else must be contacted in an emergency.
- These procedures will be agreed with the appropriate parties and clearly set out in the child's individual care plan.

Off-Site Activities including day trips, residential visits and sporting activities

Unambiguous arrangements should be made in the risk assessment process and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so, unless a clinician states it is not possible.

To comply with best practice risk assessments for outdoor activities and school visits should be undertaken. The risk assessment also helps to identify any reasonable adjustments that need to be made. These should be done in advance in collaboration with parents and specialists, including a medical professional, or the local authority if necessary. This will be separate to and in addition to the usual day-to-day IHP (Individual Healthcare Plan) requirements for the school day. Further details can be found within the PACE Educational Visits Policy.

Complaints

All complaints should be raised with the school in the first instance, as per the PACE Academy Trust Complaints Policy which can be found on the Trust's Website.

Monitoring

Senior leaders will routinely evaluate how effectively staff follow established procedures, including the administration of medication and responses to medical concerns. Feedback from pupils, parents, and healthcare professionals will also inform ongoing improvements. Any issues identified will be addressed promptly and the policy will be reviewed regularly to ensure it remains compliant with statutory guidance and responsive to the needs of the school community.

Appendix A - Permission for Prescribed Medicines Administered in School

If your child needs ***prescribed*** medication administered during school time, or a course of antibiotics to be taken up to four times a day, please complete and return this form, **along with the appropriate medication**.

Please bring the medicine(s) to the **School Office** in its original box, clearly labelled with your child's name, class, dosage and expiry date of the medication.

The medicine(s) will then be stored in the **medical room** and will always be available during the school day and for off-site school trips. Parents will also be responsible for collecting the medicine to take home and no medicine will be given to a child to take home at the end of a school day.

Please note teachers and other school staff have no obligation to give medicines to children at school. They will do so in the best interests of the child, but only on the basis that they, the school and the Governing Body are not held responsible for any problems which may result from the administration of the medicine.

Child's Name: Click or tap here to enter text. Class: Click or tap here to enter text.
Type and name of prescribed medicine: Click or tap here to enter text.
Details of reason why the medication is to be given (including triggers if appropriate): Click or tap here to enter text.
Storage instructions: Click or tap here to enter text. Refrigerated: Yes ☐ No ☐
Details of time/when medication is to be given: Click or tap here to enter text.
Dose and method of administration: Click or tap here to enter text.
Can child self-administer the medication? Yes ☐ No ☐
How long is the course of medication? Click or tap here to enter text.
Please detail any special precautions: Click or tap here to enter text.
Please detail any possible side effects: Click or tap here to enter text.

I GIVE PERMISSION FOR THE ABOVE MEDICATION TO BE ADMINISTERED AT SCHOOL BY SCHOOL STAFF.

IN THE EVENT OF MY CHILD'S INHALER or AAI NOT BEING AVALIABLE I GIVE PERMISSION FOR THE USE OF THE CENTRALLY HELD SCHOOL INHALER or AAI TO BE ADMINSTERED.

Signature of parent/carer: Date:

Appendix B - IHCP – Individual Healthcare Plan (including Allergy and Anaphylaxis Protocol)

Child's Full Name: Click or tap here to enter text. DOB:Click or tap here to enter text.
Class:Click or tap here to enter text.
Date: Click or tap to enter a date. Review Date: Click or tap to enter a date.
Child's Address:Click or tap here to enter text.
Family Contact Information: Name: Address: Phone:
Family GP name and address: Click or tap here to enter text.
Clinic/Hospital Contact: Click or tap here to enter text.
Person/s responsible in school for providing medical support:
Describe medical diagnosis/ needs/triggers/allergies: Click or tap here to enter text.
Mild, moderate and/or severe symptoms/signs: (please give full details): Click or tap here to enter text.
Last known episode & details: Click or tap here to enter text.
Medicates/Medical treatments (dose/side effects/storage/administrator): Click or tap here to enter text.
The following medication must always be available:
Permission to administer medical form completed: Yes ☐ No ☐
Daily care requirements (testing/equipment/diet/environmental issues): Click or tap here to enter text.
Describe what constitutes an emergency and the action to be taken if this occurs::
Who is responsible in an emergency: (State if different for off-site activities) Click or tap here to enter text.
Any other emergency arrangements: Click or tap here to enter text.
Lunchtime arrangements:
Follow-up care: (in hospital and at home) Click or tap here to enter text.
Impact on attendance and ways to address this: Click or tap here to enter text.
Arrangements for school visits: Click or tap here to enter text.
Plan developed with:

Parent/carers name Date:

Signature:

First aiders/Allergy Safety Leaders name: Date:

Signature:

Senior Leaders name Date:

Signature:

This form copied to: Parents/Carers, SENDCo, Allergy Safety Lead, Class Teacher, Teaching Assistant, First Aider, Office Staff, Senior Midday Supervisor