

Supporting students with medical conditions policy (Incorporating First Aid)

Katherine Warington School



Approved by:

Resources Committee

Date: December 2025

Last reviewed on:

December 2025

Next review due by:

December 2026

Contents

Contents

- [1. Aims](#)
- [2. Legislation and statutory responsibilities](#)
- [3. Roles and responsibilities](#)
- [4. Equal opportunities](#)
- [5. Being notified that a child has a medical condition](#)
- [6. Individual healthcare plans \(IHPs\)](#)
- [7. Managing medicines](#)
- [8. Emergency procedures](#)
- [9. Training](#)
- [10. First Aid in School](#)
- [11. Record keeping](#)
- [12. Liability and indemnity](#)
- [13. Complaints](#)
- [14. Monitoring arrangements](#)
- [15. Links to other policies](#)

[Appendix 1: Being notified a child has a medical condition and developing an Individual Healthcare Plan.](#)

[Appendix 2 - Emergency Inhaler/AAI Injector](#)

1. Aims

At Katherine Warington School we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to ensure that:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included
- Providing supply teachers with appropriate information about the policy and relevant students

The named person with responsibility for implementing this policy is Dean Inns (School Business Manager)

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 trust boards to make arrangements for supporting students at their school with medical conditions.

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

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

3. Roles and responsibilities

3.1 The trust board

The trust board has ultimate responsibility for making arrangements to support pupils with medical conditions.

The trust board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The trust board delegates the day-to-day implementation of this policy to David Martin, Headteacher and Dean Inns, School Business Manager.

3.2 The Headteacher/School Business Manager

The Headteacher/School Business Manager 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
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way

- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- Contact the school nursing service in the case of any student 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 students with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to students 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 students 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 students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- 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, and ensure they or another nominated adult are contactable at all times

3.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students 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.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. They may also support staff to implement a child's IHP.

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

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. 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/carers 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 student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

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

See Appendix 1.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to Helen Rogers, Medical Officer.

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

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

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

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

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The trust board and the headteacher / medical officer, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student'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 student'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 student 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 student'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 student'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 student 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 student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or student, the designated individuals to be entrusted with information about the student'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 student's health or school attendance not to do so and

- Where we have parents/carers' written consent

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

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

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

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers 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. Students 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 students and not locked away.

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

All medications held by Katherine Warington School for individual students and those chosen to be held by Katherine Warington School for use in an emergency e.g. Salbutamol Inhaler and Adrenaline Auto-Injectors, are checked regularly for quantity held and expiry date. Controlled drugs are checked against the Controlled Drugs book and the Medication Administered log, weekly and this is recorded by two members of staff. Prescription only and over the counter medications are checked four weekly against the Medication Administered log which is recorded by two members of staff. Any medications found to be expired, parents/carers are informed so the medication can be collected for correct and safe disposal and for in date replacements to be supplied, if the medication is still required by the individual student.

All controlled drugs for individual students held by Katherine Warington School are collected by parents/carers at the end of the Summer Term and if required for the following school year, arrangements are made to supply these to the school at the start of the new academic year with updated medication consent forms. All attempts are made to return Controlled Drugs home at the end of the Summer Term. Prescription only medications, following a call to parents/carers at the end of the Summer term, are returned home if no longer required or are held for the start of

the new academic year with updated medication consent forms. Over the counter medications for individual students held by Katherine Warington School are returned home following a call to parents/carers at the end of the Summer Term.

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.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. 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.

Katherine Warington School will store medications in the locked medication cupboard in the locked medical room. Medications required in an emergency are kept in designated Emergency boxes held in Reception which are security tagged e.g. Emergency seizure medication, Emergency Asthma Inhaler Kit, Adrenaline Auto-Injector kit and the Emergency Frist Aid bag hold student specific medication required for emergency use. Katherine Warington School holds an Adrenaline Auto-Injector kit (supplied by Kitt medical) in the Sports Hall also.

7.2 students managing their own needs

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

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student 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/carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

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

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents/carers
- 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 student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask students to administer, medicine in school toilets

8. Emergency procedures

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

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

- Katherine Warington School had chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained. (see appendix 2 for further information)
- Katherine Warington School had chosen to hold a 'spare' emergency adrenaline auto-injector (AAI) for use on children who are at risk of anaphylaxis but whose own device is not available or not working and for whom parental consent for its use has been obtained. (see appendix 2 for further information)

Katherine Warington School Emergency Salbutamol Inhaler is held in Reception in a labelled 'Emergency Asthma Inhaler Kit' Orange Box, which is security tagged and contents checked monthly. Contents include KWS Emergency Salbutamol Inhaler which is in date and in working order, and with disposable spacers.

Katherine Warington School holds Adrenaline Auto-Injector kits, supplied by Kitt Medical. These are positioned both in Reception and the Sports Hall foyer, and can be accessed in an emergency by the key safe next to the Kitt Medical boxes or by designated staff who hold an emergency access key. Kitt Medical boxes are checked weekly to ensure contents, boxes and key safes have not been tampered with, contents are correct, solution in auto-injectors is clear and within the expiry date.

9. Training

Staff who are responsible for supporting students 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 students 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 School Business Manager. 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 students
- 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.

All staff will receive training so 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. First Aid in School

The school's appointed first aiders are all First Aid at work trained. They are Helen Rogers, Claire Kingham, Monike Michel Hijazi, Gemma Wallace, Lauren Freeman, Ibrahim Gariba, Ryan Mustard.

We also have a team of other staff with one day emergency first aid at work qualification.

They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate
- First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:
 - Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
 - Sending pupils home to recover, where necessary
 - Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
 - Keeping their contact details up to date

11. Record keeping

The trust board will ensure that written records are kept of all medicine administered to students for as long as these students are at the school. Parents/carers will be informed if their student has been unwell at school.

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

12. Liability and indemnity

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

The details of the school's insurance policy are:

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

13. Complaints

Parents/carers with a complaint about their child's medical condition should discuss these directly with the Headteacher / School Business Manager in the first instance. If the Headteacher / School Business Manager cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

14. Monitoring arrangements

This policy will be monitored by the Headteacher/School Business Manager

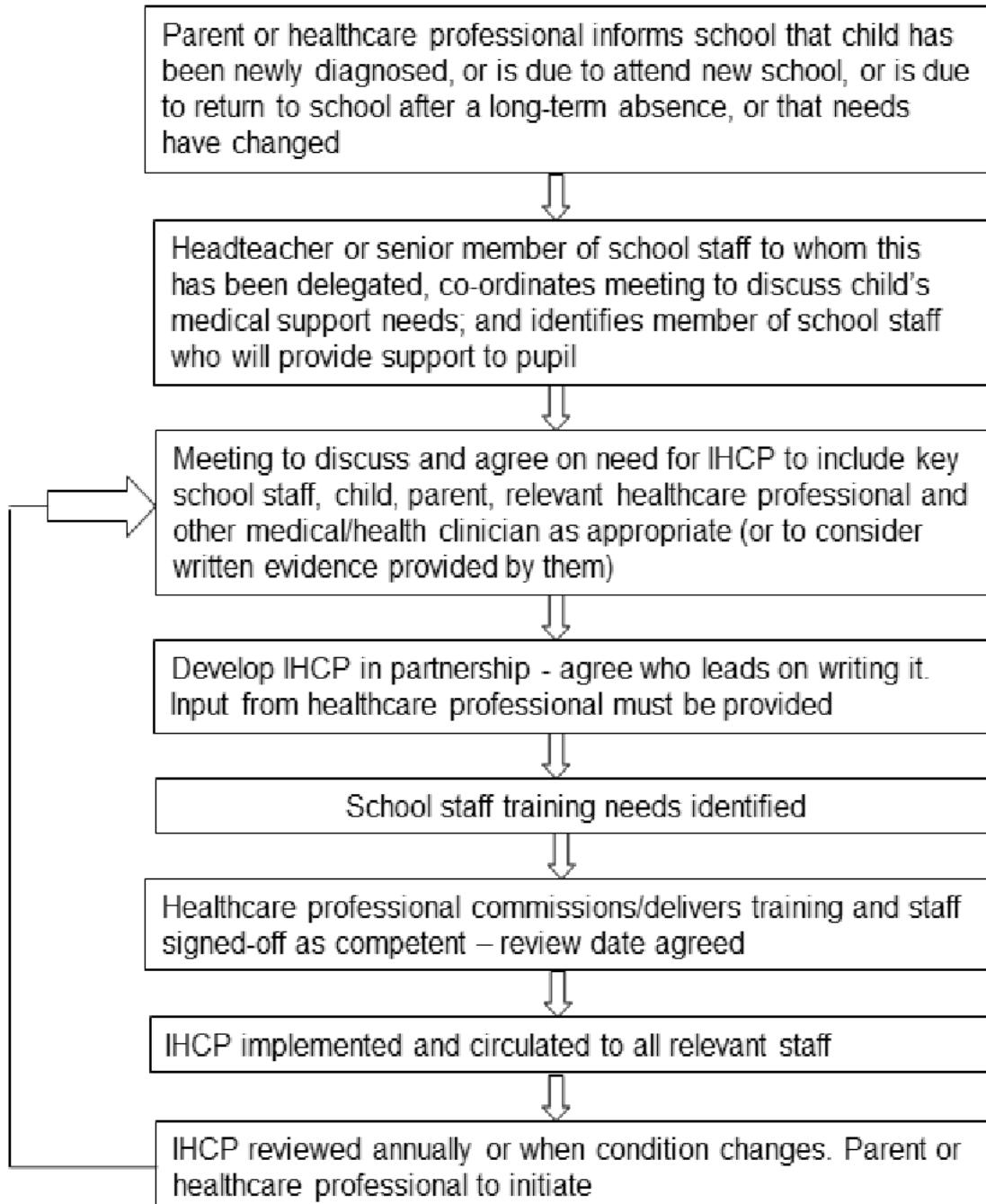
It will be reviewed and approved by the Resources Committee annually.

15. 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 and developing an Individual Healthcare Plan.



Appendix 2 - Emergency Inhaler/AAI Injector

Emergency Salbutamol Inhaler

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015).

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The school holds a register of children prescribed an inhaler.

Written parental consent is sought for the use of the emergency inhaler. In the event of the emergency inhaler being required and prior written consent not being received KWS would call home to gain verbal consent.

A record of use for the emergency inhaler will be kept and Parents/carers will be informed if their child has used the emergency inhaler.

Appropriate support and training has been provided to staff in line with the school's policy on supporting pupils with medical conditions. The Emergency Inhaler is stored in **the emergency grab bag in reception**

Emergency Adrenaline Auto-injector (AAI)

The school has chosen to hold a "spare" AAI device for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

These AAI(s) held by the school are not a replacement for a pupil's own AAI(s).

The protocol for the use of this is detailed below, following the Department of Health and Social Care AAI's in schools (September 2017).

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

The use, storage, care and disposal of spare AAI(s) will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12/13 of the Department of Health and Social Care Guidance on the use of AAIs in schools.

The school hold a register of children prescribed an AAI or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).

Written parental consent is sought for the use of the spare AAI as part of the pupil's IHP.

The spare AAI will only be used in pupils where both parental consent and medical authorisation has been provided.

A record of use of any AAI(s) will be kept and Parents/carers will be informed if their child has been administered an AAI and whether this was the school's spare or the pupil's own device.

Appropriate support and training has been provided to staff in the use of AAI(s) in line with the school's policy on supporting pupils with medical conditions.

All AAI devices including the spare AAI(s) are kept in a suitable location - **the green emergency EpiPen Box on the wall in Reception**. AAIs are not locked away and remain accessible and available for use and not more than 10 minutes from where they may be needed.

The spare AAI is clearly labelled to avoid confusion with that prescribed to a named pupil.

Katherine Warington School Emergency Salbutamol Inhaler is held in Reception in a labelled 'Emergency Asthma Inhaler Kit' Orange Box, which is security tagged and contents checked monthly. Contents include KWS Emergency Salbutamol Inhaler which is in date and in working order, and with disposable spacers.

Katherine Warington School holds Adrenaline Auto-Injector kits, supplied by Kitt Medical. These are positioned both in Reception and the Sports Hall foyer, and can be accessed in an emergency by the key safe next to the Kitt Medical boxes or by designated staff who hold an emergency access key. Kitt Medical boxes are checked weekly to ensure contents, boxes and key safes have not been tampered with, contents are correct, solution in auto-injectors is clear and within the expiry date.