



**St Edward's  
School**

Unity - Achievement - Faith

# Supporting Students with Medical Needs Policy

**Reviewed and Approved by Personal Development, Behaviour and  
Attitudes Committee**

**On: 13<sup>th</sup> November 2025**

**Reviewed and Ratified at the St. Edward's Full Governing Body**

**On: 4<sup>th</sup> December 2025**

**Next review date: Autumn 2028**

SLT are responsible for oversight of this policy's implementation.

## **Mission Statement**

### **MAY WE BE ONE**

In purpose – educating for life in all its fullness.

In faith – encountering God who lives among us, calling us to unity.

In dignity – nurturing confidence and maturity

In community – striving together for justice, love, and peace.

St Paul writes that if one part of the body suffers, the whole body suffers (1 Corinthians 12:26). So, we have a special regard, as a community, for those who suffer. Our care for them recognises their human dignity, and that they are created by God to serve some definite purpose, as they live life to the full. We want all members of our community to be one – not just with one another, but also as fully integrated human beings, body, and soul.

## **Rationale**

This school is an inclusive community that aims to support and welcome students with medical conditions.

- St Edward's School understands that it has a responsibility to make the school welcoming and supportive to students with medical conditions who currently attend and to those who may enrol in the future.
- We aim to provide all students with all medical conditions the same opportunities as others at school.
- Students with medical conditions, when they can, are encouraged to manage their condition and we encourage independence and empower students to make decision about their health.
- The voice of parents and carers of students with medical conditions is important and they will be included in the care their children receive at school.
- We aim to ensure all staff understand their duty of care to students in the event of an emergency, the importance of medication being taken as prescribed and understand the common medical conditions that affect children at this school.
- We need to ensure all staff feel confident in knowing what to do in an emergency.
- We understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

## **Responsibilities**

### **Governors**

From the statutory guidance on [supporting students at school with medical conditions](#):

*'In meeting the duty to make arrangements to support students with medical conditions, functions can be conferred on a governor, a headteacher, a committee or other member of staff as appropriate. Help and co-operation can also be enlisted from other appropriate persons. We expect that an approach to meeting the duty will be taken in light of the statutory guidance. This will inform the school and others about what needs to be done in terms of implementation. However, the governing body, proprietor or management committee remains legally responsible and accountable for fulfilling its statutory duty.'*

The Governors **will**:

- ensure that arrangements are in place to support students with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child.
- ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures, and systems are properly and effectively implemented.
- plan to support students with medical conditions in school, including making sure that this policy for supporting students with medical conditions in school is developed and implemented.

### **The Headteacher**

The Headteacher will:

- make sure all staff are aware of this policy and understand their role in its implementation.
- take overall responsibility for the development of individual healthcare plans.
- where appropriate, ensure that all staff who need to know are aware of the medical needs of individual students and their associated care plans.

### **The Business Manager**

The Business Manager will:

- ensure that there is enough trained staff available to implement this policy, including in contingency and emergency situations. Responsibility for arranging training may be delegated to the office manager.
- ensure that training meets the broad needs of all who use the school, such as emergency first aid (including the use of the defibrillator), auto injector training, diabetes awareness/support, along with training for staff on recording, storing, and administering medication.
- make sure that school staff are appropriately insured.
- monitor working practice within the canteen to ensure that all reasonable steps are taken to mitigate the risks to those with food allergies. This includes ensuring that all canteen staff are aware of the students who have serious food allergies, steps to take to avoid cross contamination and steps to take in the event of a student/member of staff having an allergic reaction.
- ensure that in the event of staff absence, cover is always available.

### **The Director of Learning**

Director of Learning will:

- 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 Service
- ensure that systems are in place for obtaining information about a student's medical needs and that this information is kept up to date, including at key transition points and when a student joins during the school year.

## **SENCo**

The SENCo will:

- support the Headteacher by coordinating, sharing, and writing Individual Healthcare Plans (IHPs).
- coordinate records of IHPs so that they are easily accessible for staff.
- support the Headteacher by making staff aware of any students who have significant medical needs, including those who may require emergency support.
- work closely with the student office to ensure that the health needs of students are met in school.
- provide advice and guidance to staff on making reasonable adjustments and on the impact of health needs/disabilities.
- where appropriate and needed, consult with other professionals to support the care of students, including in the writing of IHPs.
- support the Headteacher by coordinating specific medical/care training for students who require this, for example cortisone injection training for students who have Addison's disease.

## **The Student Office**

Staff in the Student Office will:

- implement the storage and administration of medicine as recorded in this policy.
- where needed, contact parents in line with this policy and regarding any medical needs as they arise during the school day.
- where needed, contact parents to request any additional medical information.
- support anyone else involved in the implementation of this policy.
- Will not allow a student to go home during the school day without contacting a parent or carer; or other listed person willing to take responsibility for the student. This applies for students in Y7-11 only. Sixth Form students need to notify the school office that they are unwell and leaving the school site.
- will ensure students sign out at reception if leaving the school site during the school day.
- if the school cannot contact a parent or carer in the event of an emergency, the school will arrange for an ambulance or other means of transport to convey a casualty to hospital. It should be noted however, that treatment might be delayed until parental consent is available.  
DFE guidelines state; 'staff should not take students to hospital in their own car; however, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have business insurance'.

The school ensures all staff, during induction, understand their duty of care to students in the event of an emergency and feel confident in knowing what to do.

The school will provide adequate first aid and medical attention for students, staff, and visitors. The aims of a first aider are to preserve life, to limit the effects of the condition and to promote recovery. Qualified first aiders are available at St Edward's to deal with accidents that occur on the premises only. The first aid procedure is designed to ensure that every student, member of staff and visitor will be well looked after in the event of an accident, no matter how minor or major. It is emphasised that first aid is provided by qualified first aiders and not trained doctors or nurses. In the event of an accident all members of the school community should be aware of the support available and the procedures available to activate this.

The term 'first aider' refers to those members of school staff who are in possession of a valid First Aid at Work certificate or equivalent. However, any member of school staff may provide support for students with medical conditions in the event of an emergency, including administering medicines.

The school aims to:

- provide effective, safe first aid cover for students, staff, and visitors.
- ensure that all staff and students are aware of the system in place.
- provide awareness of health and safety issues within the school and on school trips, to mitigate, where possible, potential dangers or accidents.
- give all its students opportunities to access the curriculum.

### **Parent and Carer Responsibility**

- must inform the school of any new medical conditions and/or changes to current medical conditions immediately.
- are responsible for ensuring that the Student Office are provided with accurate records of emergency contact names and telephone numbers.
- if the child's condition is complex and/or they have a diagnosis, parents and carers must provide the school with their child's Health Care Plan, authorised by the child's consultant and/or nurse.
- where parents and carers are involved in the development, or review of an IHP, they should carry out any action they have agreed to as part of its implementation, which may include providing medicines, providing equipment and ensuring that they or another nominated adult are contactable at all times.
- must ensure that their children are not sent to school if they are unwell or requiring medical attention for accidents incurred out of school, as facilities in the school are limited.

### **Students**

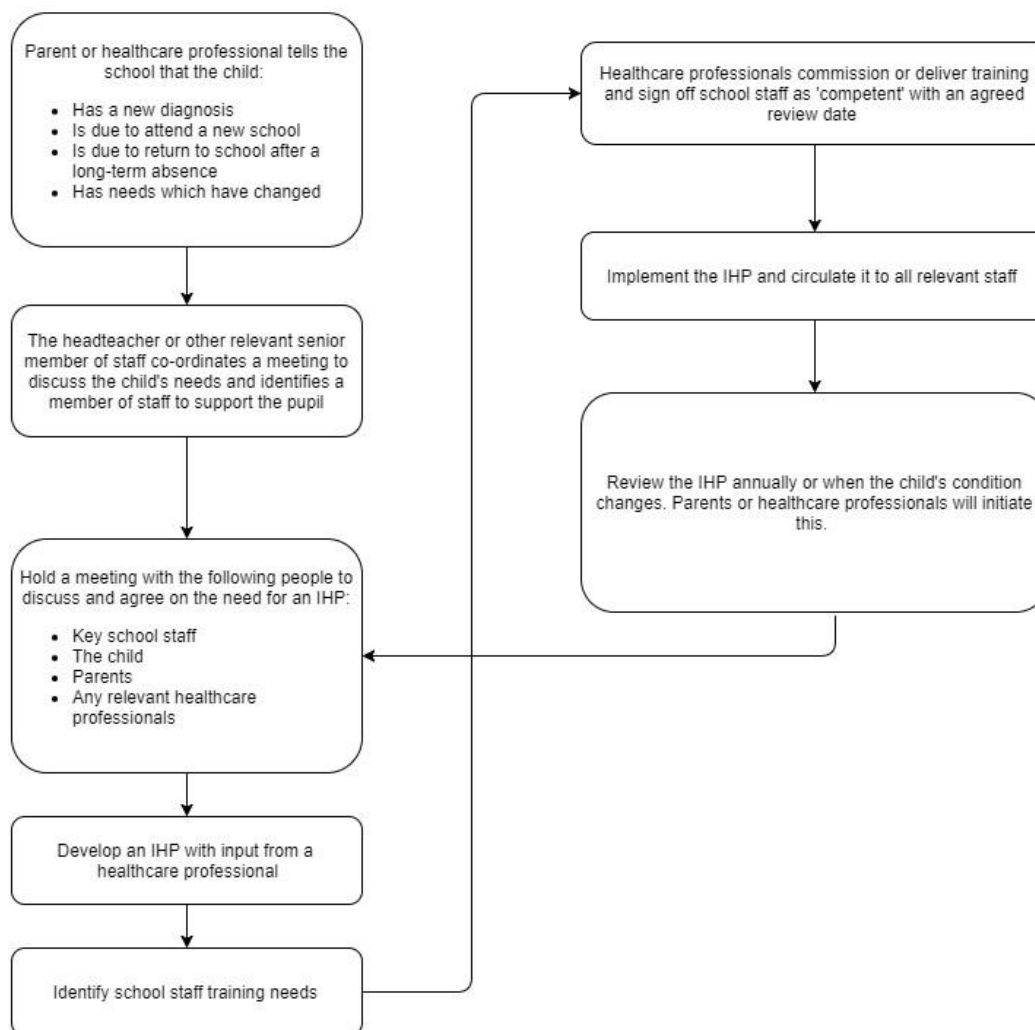
Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their individual healthcare plan. They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

### **School Nursing Service**

The 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.

### **Notification that a child has a medical condition**

When the school is notified that a student has a medical condition, the process below can be used as a guide to support decisions on whether the student requires an Individual Healthcare 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 students who are new to our school.



## Individual Care Plans (IHPs)

An IHP sets out a course of clear action to support those children/young people who have more significant medical needs, which may constitute an emergency and could be life threatening.

Examples of these conditions may include, but are not limited to:

- Life threatening asthma.
- Allergies/anaphylaxis.
- Heart conditions.
- Diabetes.
- Addison's disease.
- Epilepsy.

The school will retain the right to complete a dynamic risk assessment and take actions to safeguard the wellbeing of any child/young person, this includes those with an IHP. An IHP does not limit the actions staff can take, and it is not an exhaustive list of the emergency situations that a child/young person may face. In recognition of this, should staff have a concern that they need to take more urgent emergency action, such as calling 999, they are able to do so with the knowledge it is better to make the mistake of being too cautious than the mistake of not acting when needed.

The Headteacher has overall responsibility for the development of IHPs for students with medical conditions. This responsibility is delegated to the SENCo who may request support from the Assistant SENCo, Director of Learning or Year Leader to complete the IHP. The SENCo is responsible for coordinating the support of those students whose medical condition affects their ability to access learning, or whose medical condition may class them as disabled. Students with other medical conditions are supported by the Student Office.

1. For students with a serious and diagnosed long-term medical condition: the school would expect the child to have a IHP drawn up by the health care professional responsible, the young person and their parent or carer, and the school should be in receipt of this on the admission of the child. It is the responsibility of the parent or carer to provide the school/SENCo with updated plans on an annual basis. For some children, this IHP will be linked to statutory advice in their Education and Health Care Plan.
2. For students who are not under a health professional and/or whose condition is less severe, or where professional medical input is not available: the school uses an IHP to record the important details about individual student's medical needs, their triggers, signs, symptoms, medication and other treatments. These are drawn up with the parent or carer, the school nurse, the tutor/Director of Learning (and/or SENCo if appropriate) and with the student. All stakeholders sign the IHP. Parental permission for the Healthcare Plan will be sent with the student to hospital. The parent or carer will carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

Due to current issues within the NHS, it is common for students to experience significant wait times. If an IHP is written, but professional medical input is unavailable, the school will take a cautious approach to writing the plan and implementing any actions on it, considering all of the information available at the time and any advice that can be found from other sources, such as the NHS website. In these cases, the school will consider the child/young person's and parents and carers' wishes but will highlight the school's duty to take action to safeguard the wellbeing of the child/young person is paramount.

The school IHP's can be found under the student's documents on the schools Management Information System and on the Medical SharePoint.

The aim of the Medical SharePoint is to reduce barriers to accessing a IHP in the event of an emergency, whilst still maintaining confidentiality.

All staff have access to IHPs as any member of staff could need to access this information in the event of an emergency, for example canteen staff may need to urgently access the IHP of a student with allergies.

Where confidentiality demands that only key staff know the details of an IHP, this will be shared directly and electronically with those staff only. Agreement on who should know will be made in consultation with the parents, carers, and the students; however, the school may decide that the need to safeguard a student outweighs the request for confidentiality.

Staff will endeavour to review IHPs at least once a year, or if the condition changes, including the parent/carers and child/young person in this review where possible and appropriate. The parent or carer also keeps a copy, as does the SENCo. **It remains the parent or carer's responsibility to ensure that the school is kept up to date on the medical needs of their child.**

When writing an IHP, the school will **consider**:

- 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 (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 and carers 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. And personal evacuation plan (PEEP)
- where confidentiality issues are raised by the parent, carer, or child, the designated individuals to be entrusted with information about the child's condition; and
- 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.

Any IHP **must** include these common elements:

- personal details.
- details of the medical need/condition.
- details of the types of incidents that require action, what constitutes an emergency and what the signs of these are, including any timeframes.
- details of what action to take, where needed this will include what medication to administer, what amount and how, who to call and when to call 999.
- details of emergency contacts for parents/carers and/or anyone else necessary.

Where needed, the IHP may include:

- a picture of the child/young person.
- additional details of any medication, including where it is stored/located in school.
- any intimate care requirements, which may link to an intimate care plan.
- how to support the child/young person's educational, social, and emotional needs.
- arrangements for school trips.
- details of key staff who support the child/young person.



- details of training, including who has been trained and when.
- any additional information that is required.

School will request that any IHP is signed and dated by the person who has created it. Where possible, school will request that parents and carers and the child/young person sign and date the IHP.

The Headteacher will be responsible for making any final decision on the content of an IHP, including where there is a disagreement.

### **Administration and storage of Medicine in School**

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.
- where the school has parent or carer's written consent. An exception to this is where the medicine has been prescribed to the student without the knowledge of the parent or carer. (See Appendix 2)
- if the medication is in date or unless advised by a medical professional

### **Emergency Medication**

All students with medical conditions such as asthma, diabetes, epilepsy and allergies should know where their medication is stored and how to access it. They should understand the arrangements for a member of staff to assist in helping them to take their medication safely.

### **Controlled Medication**

Examples of controlled medication that are frequently encountered by schools are medication for ADHD and for pain relief.

School staff may administer a controlled drug to the child for whom it has been prescribed. All use of medication defined as a controlled drug, even if the student can administer the medication themselves, **must be done under the supervision of a named member of staff at school.**

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary and will be put in place on an 'as needed' basis. However, this would be a rarity, and the school expects that unless there are exceptional circumstances, the school will securely keep controlled medication.

Unless under there has been prior agreement under those exceptional circumstances, the school would expect that parents and carers pass all controlled medication directly to student office staff to store securely.

The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. **Controlled drugs should be easily accessible in an emergency.** A record should be kept of any doses used and the amount of the controlled drug held.

As controlled medication can only be prescribed medication, any controlled medication is subject to the procedures recorded below for prescription medication.

### **General Medication**

Students taking prescribed medication must be well enough to attend school. Only medication prescribed by a doctor (or other medically qualified person) is administered (unless a non-prescribed medication is being provided with written consent from a parent or carer). It must be in-date and prescribed for the current condition. In many cases, it is possible for a student's GP to prescribe medicine that can be taken at home, in the morning and evening.

Parents and carers must give written permission for the administration of medication, either prescribed or non-prescribed. The staff receiving the medication must ask the parent or carer to sign a consent form (see Appendix 2) stating the following information:

- full name of child and date of birth
- name of medication and strength
- who prescribed it
- dosage to be given in school.
- how the medication should be stored and expiry date
- any possible side effects that may be expected should be noted.
- signature and printed name of parent and date.

Years 7-11: The Student Office should be informed of any medication brought into school at any time. Students taking any prescribed or non-prescribed medication should bring them to the Student Office to be dispensed by appropriately trained member of staff.

In the event that a non-prescribed medication is being administered, the parent or carer will be contacted on the day and at the time to ascertain whether they are happy for it to be taken by their child, allowing an opportunity for them to inform the school that it cannot be taken due to previous medication within the same day.

No child/young person under the age of 16 should take medicine containing aspirin unless prescribed by a doctor. This should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

Years 12-13 (6th Form): considering the Gillick competence and Fraser guidelines, students can carry and may self-administer Paracetamol or Ibuprofen. Students should not distribute them to younger students. This is part of UK Medical law which allows a young person with sufficient maturity to consent to his or her medical treatment without parental permission or knowledge being required.

All: no student should carry medication on their person, other than Sixth Formers mentioned above, with the exception of Diabetics, asthmatics and students with an Auto Injector or for those who may need it for similar emergency reasons.

The school does not purchase and provide general medication, such as paracetamol, for the general use of students or staff.

In the event of any special form of administration of medication being required, the parents or carers must contact the school so that arrangements can be made for this to occur and training given to staff to administer medication. No medication may be given without these details.

All staff are aware that there is no legal or contractual duty for them to administer medication or to supervise a student taking medication unless they have been specifically contracted to do so. Most members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed medication to students under the age of 16, but only with the written consent of the student's parent or carer.

All staff have been informed through training during induction that they are required, under common law duty of care, to act like any prudent parent and carer in an emergency. This may include acting such as administering medication. In some cases, medication is only administered by an adult of the same gender as the student and preferably witnessed by a second adult.

Parents and carers understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. If a student refuses their medication, staff will record this and notify parents and carers.

All staff attending off-site visits are made aware of any students with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

If a student misuses medication, either their own or another student's, their parents and carers will be informed. These students are subject to disciplinary procedures.

### **The storage of medicine**

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

### **Emergency medication**

Emergency medication, such as inhalers and auto-injectors, are stored safely in the Medical Room next to Reception, where it is readily available to staff. Students should know how to access their medication through a member of staff. **Emergency medication must not be locked away and must be accessible if needed.** For some students, additional emergency medication may be stored in other key areas, such as the EDEN Centre or the PE Office.

### **Non-emergency medication**

All non-emergency medication is kept in a locked filing cabinet in the Student Office, which is a cool, dry place. Staff ensure that medication is only available to those for whom it is prescribed or permission provided from a parent or carer. There is an identified member of staff who ensures the correct storage of medication at school, checks the expiry dates three times a year and ensures (with the parent and carer) that all medication brought into the school is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose.

All medication is supplied, by parents and carers, and stored, wherever possible, in its original containers. Some medication may need to be refrigerated. This must be stored in the Student Office fridge and clearly

labelled. Medication that needs to be taken home at the end of the school day must be collected by the parent, carer, or student from the Student Office.

### **Safe Disposal**

Out of date medication is disposed of by the school, and parents and carers will be notified.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. If they are not collected; they will be disposed of safely by trained staff.

### **Record Keeping**

St Edward's School keeps an accurate record of each occasion an individual student is given or supervised taking medication, whether prescribed or non-prescribed. Details of the supervising staff member, a witness staff member, student name, medication name, dosage amount, date, and time are recorded on paper, which is stored in the locked filing cabinet in the Student Office. All staff who volunteer to administer certain medication are provided with the necessary training by a healthcare professional. The school keeps a list of staff who have had relevant training.

### **Residential trips, educational visits and sporting events**

The school believes that all students are entitled to participate fully in activities associated with the school and will always attempt to accommodate students with medical needs. However, consideration must be given to the level of responsibility that staff can be expected to accept and the nature of the medical need.

The school is fully committed to meeting its obligations to make reasonable adjustments under the Equality Act 2010. It is the duty of the school to decide if an adjustment is reasonable and this applies to students who have medical needs attending residential trips, educational visits, and sporting events. The school will refer to the 'Making reasonable adjustments' section of [The Equality Act 2010 and Schools](#) when deciding if an adjustment is reasonable or not and note this section.

When a student with medical conditions is going on an outing, the member of staff organising the trip/visit/event will consult the Healthcare Plan. The member of staff in charge is then fully aware of the student's needs, action to take in an emergency, and that they need to administer the medication. Medication for the student is taken in a sealed plastic box clearly labelled with the student's name. Inside the box is a copy of the consent form and record of administration and, where applicable, a copy of the Healthcare Plan. On returning to school, the medication, consent form, and Healthcare Plan are returned and re-filed.

### **Hospital visits**

If a student on medication must be taken to hospital, the student's medication is taken in a sealed plastic wallet clearly labelled with the student's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent or carer and, where applicable, a copy of the Healthcare Plan and details of when the medication was last administered.

### **Health and safety**

The school is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school will actively work towards reducing or eliminating these health and safety risks where deemed appropriate and will have written a schedule of reducing specific triggers to support this. Risk assessments are conducted by the school prior to any out-of-school visit and medical conditions are included in this process. A Health Care Needs Risk Assessment will be conducted for any student already at school who develops a medical condition and the SENCo will confirm requirements, including whether a risk assessment is required before a new student with a medical condition joins. This will be carried out by the SENCo with the parent or carer and a healthcare professional. This may lead to the drawing up of a Healthcare Plan.

### **First aid**

The Appointed Lead First Aider is the Student Office Administrator. The school has a first aid rota covered by trained first aiders. In the first instance, the Student Office will be contacted and a first aider will be dispatched.

### **Students requiring first aid during the school day**

If possible, students should follow the normal First Aid Procedure (see Appendix 3) which should be posted in classrooms and prominent notice boards around the school.

All sick students reporting to First Aid must have their student planner signed by a teacher to say they are too ill to continue lessons.

*This policy has undergone an Equalities Impact Assessment in line with the requirements of the Public Sector Equality Duty.*

### **Good allergy practice**

The school is committed to supporting those who have allergies:

- canteen staff are aware of those students who have food allergies, especially those who may have a severe allergic reaction (anaphylaxis).
- signs are placed in the kitchen/canteen that remind students to notify staff if they have any specific allergies.
- the school follows all guidelines for allergy labelling on food. Every item the school packs is clearly labelled with a list of ingredients and potential allergens. This information is sourced from an authorised website, where we input each product, we are packaging. For example, even something as simple as watermelon requires input into the system, which then provides a full breakdown of what's in the product. We use this information to create the labels that are applied to the packages.
- for the hot platters, which are not individually wrapped, canteen staff make sure to keep different food items separate. Students are also informed if we have vegetarian or gluten-free options available.

### **Defibrillators**

The school currently holds three defibrillators, their locations are:

- Reception.
- The lower PE corridor.

- The Staff Room.

First aid staff are trained in how to use defibrillators.

### **Complaints**

Should parents, carers or students 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, which can be found [here](#).