Coalbrookdale & Ironbridge C.E. Primary School

Supporting Pupils with Medical Conditions Policy

Last Review: Autumn 2025

Responsible: M. Dhaliwal (Headteacher)

Review Date: Autumn 2026

Vision Statement

Jesus said: ‘Love each other as I have loved you’. John 15:12

Our school motto, ‘Living life in all its fullness’ is at the heart of everything we do and believe.

At Coalbrookdale & Ironbridge C.E Primary School, we aim to prepare the children in our care to become well-rounded members of society on their journey through school life and beyond.

We strongly believe that children learn best and achieve their full potential when they are happy and feel secure. We strive to provide a safe learning environment with a warm and welcoming atmosphere that fosters a sense of belonging among children, staff, families and the wider community. We value each individual’s uniqueness and diversity, promoting respect and acceptance of one another as equals and celebrating the differences that make our community so special.

We have high expectations of the children, and we work hard to support them to become the best that they can be. For our children to flourish, socially and academically, we aim to provide an outstanding education that is both challenging and inclusive. All children are encouraged to embrace the many opportunities, and the support school provides, so that they become curious learners who are motivated and resilient with a ‘Can do’ attitude. Our aim is to provide the children of Coalbrookdale & Ironbridge with countless positive experiences, along with happy lifelong memories, from their time with us. We also have high expectations of attendance. We encourage families to be at school every day and to arrive on time in order to not miss any learning.

Through our supportive and inclusive Christian ethos, we are proud to foster our school values of trust, responsibility, respect, compassion and perseverance, embedding these within everyday life at school. We believe that the emotional health and wellbeing of the whole school community is fundamental to the ongoing success of our school.
We aspire to make our school a place of excellence where we educate, nurture and value everyone; that ALL children will enjoy learning and achieve their potential.

‘Flourishing For All’
This policy, as written, does not discriminate on any grounds, including, but not limited to, age, disability as well as SEND, gender reassignment, gender identity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

‘Let us always meet each other with a smile, for the smile is the beginning of love.’ Mother Teresa.

1. Legislation, Guidance & Scope

1.1 Legal framework & guidance

This policy is drawn up in accordance with:

- Section 100 of the Children and Families Act 2014, which places a duty on the appropriate authority (here, the IEB) to make arrangements for supporting pupils with medical conditions.
- The Department for Education statutory guidance *Supporting Pupils with Medical Conditions*.
- The Equality Act 2010, particularly in relation to disability and reasonable adjustments.
- The SEND Code of Practice.
- Health & Safety legislation and First Aid regulations.
- The Data Protection Act / GDPR (for handling medical and health data).

The IEB will have regard to the DfE guidance when making and reviewing this policy.

1.2 Scope

This policy applies to all pupils, staff (including supply or temporary staff), volunteers, external providers and activities both on and off school premises (including trips, residentials, sports, extra-curriculars).
It covers both short-term and long-term medical conditions, physical and mental health conditions.

2. Definitions & Terminology

To ensure clarity, we define key terms:

- Medical condition: A physical or mental health condition requiring ongoing or occasional medical support, monitoring, medication or intervention (for example: asthma, diabetes, epilepsy, severe allergies, anxiety, depression).
- Individual Healthcare Plan (IHP / IHC Plan): A written plan for a pupil with a medical condition, detailing the support they require, emergency arrangements, roles, responsibilities and review.
- Medical intervention / procedure: Any medical task beyond simple medication (e.g. tube feeding, catheterisation, injections).
- Emergency medication / equipment: Medicines or devices needed for acute episodes (for example epipen, rescue inhaler).
- Self-management: Where a pupil is deemed competent and medically appropriate to manage (carry or administer) their own medication under agreed conditions.
- Controlled drugs: Medications subject to stricter legal controls; additional safeguards apply for their handling.

3. Aims & Ethos

- To support pupils so that they can fully participate in all aspects of school life, including curriculum, social, extra-curricular and off-site activities.
- To reduce barriers to learning and attendance caused by medical conditions.
- To ensure clarity, transparency, and consistency in how medical conditions are managed.
- To foster cooperation between school, parents/carers, health professionals and pupils.
- To protect staff from uncertainty and clarify duties, training, responsibility and liability.
- To promote an environment of understanding, inclusion and safety.

4. Roles & Responsibilities

4.1 Interim Executive Board (IEB)
- Approves and reviews this policy and its resources.
- Ensures adequate resources, staffing and funding for supporting pupils medically.
- Ensures appropriate insurance / indemnity.
- Receives regular reports on medical conditions provision, incidents, audits.

4.2 Headteacher / Executive Principal
- Oversees implementation and day-to-day management of the policy.
- Ensures staff are informed, trained and that contingency arrangements exist.
- Ensures effective communication with parents, staff, healthcare professionals.
- Provides leadership in risk assessment, resource allocation and review.

4.3 Medical Conditions Lead / Coordinator
- Maintains the central register of IHPs.
- Coordinates development, review and dissemination of IHPs.
- Liaises with parents, health professionals, staff.
- Monitors policy implementation, audits compliance, and reports to the IEB.
- Ensures new / temporary staff are briefed.

4.4 SENDCO
- Supports linking IHPs with SEND / adjustments.
- Advises on academic arrangements, catch-up, reintegration.

4.5 School staff (teachers, teaching assistants, support staff)
- Know which pupils have IHPs in their care.
- Familiarise themselves with IHPs relevant to their duties.
- Follow instructions of IHPs, administer medicines / interventions only if trained and willing.
- Record actions, monitor pupils, and inform Medical Lead of changes or issues.

4.6 Office / Administrative staff
- Keep and maintain medical administration records, training logs, forms.
- Ensure safe storage, labelling, and disposal of medicines and equipment.
- Notify Medical Lead of changes or needs.

4.7 Parents / carers
- Provide accurate, up-to-date medical information; inform the school immediately of any changes.
- Cooperate in developing and reviewing IHPs.
- Provide medicines / equipment as needed, in proper condition.
- Ensure that their child understands their condition (age-appropriately) and, if appropriate, participates in self-management.

4.8 Health professionals / external providers
- Provide medical advice, assessments, training, updates.
- Certify competence of staff when needed.
- Advise on plans, review needs, assist in emergencies.

4.9 Pupils
- When appropriate and capable, participate in decisions about their medical support, and self-manage as agreed in IHPs.
- Report symptoms, side effects or difficulties to staff promptly.

5. Notification, Admission & Identification

- On admission or enrolment, parents/carers will complete a medical information form indicating any medical conditions, allergies, medication, health professionals.
- Parents are required to inform the school at any point if their child's medical condition changes, is newly diagnosed, or requires different treatment.
- Health professionals / parents may initiate notification of a medical condition at any time.
- The school may request supporting documentation (e.g. diagnosis letter, health plan) to clarify and guide support.
- For undiagnosed or emerging conditions, the school will act prudently, put temporary measures in place, and seek further advice.
- All medical information is handled in confidence, with consent for sharing as needed (see Section 9: Confidentiality / data protection).

6. Individual Healthcare Plans (IHPs)

6.1 When an IHP is required
An IHP should be developed for pupils who:

- Have a long-term or complex medical condition; or
- Are at risk of an emergency; or
- Need regular monitoring and/or medication; or
- Would benefit from coordinated care (e.g. adjustments in school).

Some pupils with minor or stable conditions may not need a full IHP but a simplified plan or protocol.

6.2 Process for developing an IHP

- The Medical Lead (or delegated staff) convenes a meeting with the pupil (if appropriate), parents, relevant staff and health professionals.
- The plan is drafted using a standard template (see Appendix A) and must include:
  - The medical condition, its triggers and symptoms
  - Daily management needs and procedures
  - Specific medicines / interventions (dosage, timings, routes)
  - Emergency procedures and who is responsible
  - Impact on learning, behaviour, attendance
  - Adjustments, accommodations (classroom, exams, physical activity)
  - Roles / responsibilities of staff and pupil
  - Resources, equipment, location, storage
  - Review date and process
- Parents, pupils, school staff and health professionals must all agree and sign off the plan where possible.
- The IHP is stored centrally and copies provided to parents, relevant staff, and, where appropriate, healthcare professionals.

6.3 Review & Updating

- The IHP must be reviewed at least annually, or sooner if the pupil's condition or circumstances change (e.g. treatment regime changes).
- The Medical Lead ensures that reviews are carried out, updates disseminated, and superseded plans archived.
- When pupils move year group or transfer to a different school, the IHP and relevant medical information must be transferred promptly (see Section 14).

7. Managing Medicines & Medical Procedures

7.1 Parental consent & documentation

- Written parental / carer consent is required before any medicine or medical procedure is administered in school.
- Any change in medicine (dose, timing, route) must be supported by written medical evidence and parental confirmation.
- Administration of any medicine or medical procedure must be recorded immediately.

7.2 Storage, labelling & safety

- Medicines must be in original packaging, labelled with child's name, dosage instructions, expiry date.
- Emergency medicines / equipment should be accessible and not locked away (unless necessary for safety).
- Controlled drugs must be stored securely (e.g. locked cabinet), with access limited to named, trained staff and with dual signatories (if required).
- Staff should check regularly if medicines are in date; parents are asked to collect expired or surplus medicines.
- Disposal of sharps and medical waste must follow local health authority procedures; sharps boxes must travel with the pupil on trips.

7.3 Administration by staff

- Only staff who have volunteered, received training and been confirmed as competent may administer medicines or medical procedures.
- No staff should be forced to perform medical tasks beyond their competence.
- Each administration must be recorded (date, time, dosage, signature, remarks).
- If trained staff are unavailable, designated contingency staff should be appointed in advance.

7.4 Self-management & pupil carriage

- Where pupils are assessed as competent and it is agreed in the IHP, they may carry and administer their own emergency medication (e.g. inhalers, epipens).
- Staff should be aware that pupil is self-managing, but primary responsibility remains with the pupil when they are competent.
- If a pupil misplaces or misuses self-administered medication, staff should follow the misuse protocol (see Section 11).

7.5 Non-prescription medicines

- The school may administer non-prescription medicines (e.g. pain relief) only with written parental consent, in accordance with safe dosage guidelines and only when necessary.
- Aspirin or products containing aspirin will not be given to pupils unless prescribed by a doctor.

7.6 Refusal or errors

- If a pupil refuses a medicine or medical procedure, staff should not force it. Parents are informed immediately, and further advice sought.
- In case of an administration error, the incident must be documented and reported to the Headteacher. Parents and, if necessary, medical professionals must be notified and follow the school's incident / safeguarding protocols.

8. Emergency Procedures

- Staff must be familiar with what constitutes an emergency for each pupil with a medical condition (as per IHP).

- In an emergency:
    1. The nearest staff member responds, remaining with the pupil and ensuring others stay clear.
    2. Retrieve the pupil's IHP, emergency medication and equipment.
    3. One staff member stays with the pupil until a trained first aider is present with the child. The first aider with the child will be able to support and administer any necessary first aid as required.
    4. A member of staff contacts emergency services (999) providing name, condition, location, IHP summary.
    5. Another staff member contacts parents / carers and arranges for a staff member (preferably known to the pupil) to accompany to hospital.
    6. Staff should not use their private car to transport pupils unless in exceptional circumstances with proper risk assessment and insurance.

- The incident is recorded in the medical incident log and reviewed.
- After an emergency, the IHP is reviewed and any necessary changes made. Staff debrief and training reinforcement may follow.

9. Confidentiality & Data Protection

- Medical information is special category data under GDPR and will be handled with the highest confidentiality.
- Access to medical records is limited to those staff who "need to know".
- Written consent will be obtained (from parents or from pupil, if appropriate) before information is shared (e.g. with supply staff, offsite staff, emergency services).
- Records, electronic or paper, are stored securely (locked cabinets, encrypted digital files).
- Old / superseded records are archived or disposed of securely in line with data retention policy.
- Pupils and parents have a right to request access or correction of their medical data, subject to safeguarding considerations.

10. Risk Assessment, Off-site Visits, Physical Activity & Inclusion

10.1 Risk assessments & offsite activities

- Medical needs must be considered in the risk assessment for all trips, sports, residentials, or extra-curricular events.
- Prior to such events, designated staff meet with parents, health professionals and staff to plan necessary provision, resources and contingencies.
- The IHP (or summary) will accompany the pupil on visits.
- A trained member of staff must be designated to administer medicine / care on the visit.
- A back-up plan is required in case the key staff member is unavailable.
- After the visit, incidents are reviewed and the IHP / procedures updated if needed.

10.2 Physical activity & sport

- Pupils with medical conditions should participate fully where possible.
- Staff should be aware of medical triggers (e.g. asthma) and make reasonable adjustments (e.g. rest periods, avoiding extremes) in consultation with parents / health professionals.
- Pupils must have their medication or equipment accessible during activity.
- Pupils who are unwell or advised to restrict activity should not be forced to participate.
- Staff should monitor pupils for signs of distress and respond per the IHP.

10.3 Inclusion & adjustments

- Pupils with medical conditions should be able to attend school trips, social and club activities, unless there is valid medical reason not to.
- The school environment (classrooms, dining, toilets, outdoor spaces) should be accessible and accommodating to medical needs (e.g. storage, rest areas).
- Staff should promote awareness, counter stigma or bullying, and integrate medical conditions into PSHE or science lessons where relevant.

11. Misuse, Non-compliance & Disciplinary Matters

- If a pupil misuses their own or others' medication, parents will be informed immediately. The school's disciplinary procedures will be followed, and medical advice sought (e.g. from GP or 111).
- If a pupil requires emergency treatment, 999 will be called immediately.
- Staff will never force a pupil to take medication.
- The school will not exclude a pupil purely on the grounds of their medical condition.

12. Long-term Absence, Alternative Provision & Reintegration

- For pupils unable to attend school due to medical reasons, the school will liaise with the local authority and external providers (e.g. hospital education, outreach, home tuition).
- If a pupil is absent for more than 15 school days, the local authority is legally responsible for arranging education.
- The school will maintain regular contact (academic, social, emotional) with the pupil during absence.
- A reintegration plan will be devised prior to return, possibly phased or adjusted to medical needs.
- The SENDCO will co-ordinate academic catch-up, peer liaison, wellbeing support and monitoring.

13. Monitoring, Audit, Review & Stakeholder Feedback

- The Headteacher is responsible for monitoring the implementation of this policy (e.g. audits of IHPs, incident logs, staff training).
- An annual report on medical conditions provision, challenges, incidents and recommendations will be presented to the IEB.
- The policy will be reviewed at least annually or sooner if there are changes in statutory guidance, school practice or pupil needs.
- Stakeholder feedback (parents, pupils, staff, health professionals) will be actively sought at review times.
- Version control, dates and consultation records will be maintained.

14. Transition, Transfer & Handover

- When a pupil moves year group, class or leaves for a new school, the IHP and medical information will be transferred to the relevant staff or receiving school before the change.
- The Headteacher is responsible for overseeing this handover, ensuring confidentiality and continuity.
- The pupil (if appropriate) and parents are consulted in transition arrangements so care remains seamless.

15. Insurance, Liability & Indemnity

- The IEB has ensured the school holds appropriate insurance / indemnity covering staff acting in good faith under this policy and in line with training and competence.
- Staff who follow the procedures and act within their training and competence are covered.
- Where medical tasks are sufficiently high risk or specialised, the school will seek additional cover or risk assessment before allowing them.
- Failure to document or follow policy/training processes may affect the validity of coverage.

16. Unacceptable Practices

As per DfE guidance, the following practices are unacceptable and must not occur:

- Forcing a pupil to take medication or forcing them if they refuse
- Refusing to administer medicines or provide support without good reason
- Requiring parents to come to school to provide medication or medical support as a condition of attendance
- Excluding a pupil from school activities solely because of their medical condition
- Sending a pupil home unnecessarily due to medical needs
- Preventing a pupil from staying for lunch unless in an IHP
- Ignoring the views of the pupil or their parents
- Assuming that all pupils with the same condition require identical treatment
- Applying blanket rules that disadvantage pupils with medical conditions

Coalbrookdale and Ironbridge CE Primary School

Individual Healthcare Plan (IHP)

Pupil Name:	
Date of Birth:	
Year / Class:	
Date IHP Created:	
Date IHP Reviewed:	

1. Medical Condition / Diagnosis

Condition(s):	
Date of diagnosis (if known):	
Description (nature, triggers, prognosis):	
Symptoms / warning signs:	

2. Daily Medical / Care Needs

Description of daily care and medical tasks:	
Timing / frequency:	

Staff responsible (name / role):	
Location within school:	

3. Medication / Equipment

Medication/ Equipment	Dosage/ Strength	Route/ Method	Time/ Condition	Storage/ Special Requirements	Staff Responsible	Side Effects	Precautions	Notes

4. Emergency / Acute Procedure

Definition of emergency for this pupil:	
Signs / symptoms of emergency:	
Step-by-step immediate action:	
Staff roles / responsibilities in emergency:	
Emergency medication / equipment to use and how:	
Who to call (999) and what information to provide:	
Who contacts parents / carers (names & numbers):	
Staff accompanying pupil to hospital (if required) and arrangements:	

5. Impact on Learning / Behaviour / Participation

Possible effects in class, attendance, fatigue, concentration, movement: Suggested adjustments / accommodations:	
Assessment adjustments:	
Catch-up plans after absence:	

6. Physical Activity / Off-Site Visits / Trips

Limitations or precautions for physical activity:	
Adjustments needed:	
Arrangements for trips / overnight stays (designated staff, medication access, contingency):	
How the IHP (or summary) is shared with trip staff / external providers:	

7. Communication / Confidentiality / Record Sharing

Which staff need to know about this IHP:	
Consent for sharing with external professionals (e.g. paramedics):	
How changes are communicated to staff:	

8. Review / Amendment Process

Next review date:	
Who initiates the review:	
Procedure for recording changes and distributing updated plan:	

9. Signatures / Agreement of details within Individual Healthcare Plan

Parent / Carer: _____ Date: ____ / ____ / ____

Pupil (if appropriate): _____ Date: ____ / ____ / ____

School / Medical Lead / Designated Staff: _____ Date: ____ / ____ / ____

Health Professional (if appropriate): _____ Date: ____ / ____ / ____