



## beatrice tate school

<b>Policy status</b>	<b>Statutory</b>
<b>Adopted by Governing Body</b>	<b>13<sup>th</sup> October 2025</b>
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### Safeguarding Statement

At Beatrice Tate School we respect and value all children and young people and are committed to providing a caring, friendly and safe environment for all our students so they can learn, in a relaxed and secure atmosphere. We believe every student should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at Beatrice Tate School. We recognise our responsibility to safeguard all who access school and promote the welfare of all our learners by protecting them from physical, sexual and emotional abuse, neglect and bullying.

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## Version Control

Version	Date	Author	Description of change
September 2022	10.10.22	WH	Original
October 2023	09.10.23	WH	Reviewed – no changes
October 2024	14.10.24	WH	Reviewed – no changes
October 2025	13.10.25	WH	<b>Sections 2–3:</b> Updated aims and statutory references. <b>Sections 4–7:</b> Clarified roles, review cycle, and multi-agency working. <b>Sections 8–11:</b> Updated medicines, training, record keeping. <b>Sections 13–15:</b> Monitoring, and policy links.

## 1. Aims

This policy aims to ensure that:

- Students, staff and parents understand how our school will support students with medical conditions
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities
- Students with medical conditions are properly supported through transition and preparing for adulthood, ensuring that health and medical needs are appropriately planned for as learners move between phases, into post-16 and post-19 provision, or into adult services.

The governing body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of students' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Developing and monitoring individual healthcare plans (IHPs)

The person with responsibility for implementing this policy is the Headteacher.

## 2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing bodies 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](#).

In addition, this policy reflects the requirements of:

- Keeping Children Safe in Education (DfE, 2024)
- Working Together to Safeguard Children (DfE, 2023)
- The Equality Act 2010, including the duty to make reasonable adjustments for students with disabilities
- The SEND Code of Practice (2015)

## 3. Roles and responsibilities

### 3.1. The governing body

The governing body has ultimate responsibility to make arrangements to support students with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### 3.2. The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (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 of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- 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 one 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.

Supply teachers and agency staff will be made aware of this policy and will be provided with relevant information about the needs of students they are working with.

Any medicines brought into school by staff e.g. headache tablets, inhalers for personal use, should be stored in an appropriate place and kept out of the reach of students. Any staff medicine is the responsibility of the individual concerned and not the school.

### 3.4. Parents

Parents and guardians will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- 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 team will notify the Headteacher, Deputy Headteacher and Phase Assistant Headteacher 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

Our school is clear about the need to actively support students 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 students 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 students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

## 5. Being notified that a child has a medical condition

A student's medical condition may be broadly summarised as being of two types:

1. Short-term medical conditions which affect their participation in school activities. For example, when they are on a course of medication.
2. Long-term medical conditions which potentially limit their access to education and requiring extra care provision and support (deemed special medical conditions).

When the school is notified that a student has a special 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 into 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 special medical conditions. This has been delegated to the School Nurse(s) as part of the Children's Community Nursing Team (CCNT).

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

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 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 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 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 Headteacher and the School Nurse, 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 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/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

The school will work in partnership with health and social care colleagues to ensure IHPs reflect a joined-up approach. Student voice will be considered wherever possible, and learners will be encouraged to contribute to their own IHPs in line with their capacity and communication preferences.

## 7. Managing medicines

**Prescription medicines** will only be administered at school:

- when the dosage is required 4 times a day,
- when it would be detrimental to the student's health or school attendance not to do so **and**
- where we have parents' written consent

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

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

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.

**Non-prescription medicines** will only be given by the Headteacher or Deputy Headteacher after written consent is obtained from parents, and only in exceptional circumstances (for example, acute pain or allergy relief such as paracetamol, ibuprofen, or piriton). All administration will be witnessed by another staff member.

The Headteacher or Deputy Headteacher will first check maximum dosages and when the previous dosage if any was taken. Parents will always provide written consent before administration unless in the case of an emergency. Parents will be informed of the dosage and time administered.

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. Expiry dates of medicines will be checked termly by the School Nurse or designated Health Lead, and parents remain responsible for ensuring medicines are replenished and remain in date. Medicines will be returned to parents to arrange for safe disposal when no longer required.

## 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.

All controlled drugs are kept in a secure locked cupboard in the School Nurses office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## 7.2. 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 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 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
- 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, 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 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 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 arrives, or accompany the student to hospital by ambulance.

All staff will receive annual training in emergency procedures relevant to the needs of students, including the use of adrenaline auto-injectors, seizure management, and CPR.

## 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 Headteacher. 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 that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction. A central training log will be maintained by the school to evidence staff competence and record refresher training dates. Training will normally be refreshed annually, or sooner if a student's medical needs change.

## 10. Record keeping

The governing body will ensure that written records are kept of all medicine administered to students for as long as these students are at the school. Parents will be informed if their student has been unwell at school. IHPs will be stored securely but remain readily accessible in emergencies. The Phase Assistant Headteacher will monitor record keeping and storage to ensure consistency.

## 11. Liability and indemnity

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

## 12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher or the School Nurse in the first instance. If the Headteacher and School Nurse cannot resolve the matter, they will direct parents to the school's and/or the Children's Community Nursing Team's complaints procedure.

## 13. Monitoring arrangements

This policy will be reviewed and approved by the governing body every 12 months. A named governor will monitor its implementation, including by sampling IHPs and reviewing training records.

## 14. Links to other policies

This policy links to the following policies:

- Staff Code of Conduct
- Parent Code of Conduct
- Educational Visits Policy
- Accessibility plan
- Admissions
- 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

