

**CITY OF ROCHESTER SCHOOL**  
**SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

*This policy, which applies to the whole school, and upon request a copy (which can be made available in large print or other accessible format if required) may be obtained from the School Office. This policy is also publicly available on the school website.*

**Monitoring and Review:**

- The Trustees undertake a formal review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date shown below, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so requires. This discussion will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay.

Signed:

Date Reviewed: November 2024

Date of Next Review: November 2025

Version No. 1



Alicja Emmett  
Headteacher



Kirstine Boon  
Chair of Trustees and Safeguarding Trustee

This policy will be reviewed no later than November 2025, or earlier if changes in legislation, regulatory requirements or best practice guidelines so require.

**Contents**

1. Aims.....	2
2. Legislation and statutory responsibilities .....	2
3. Roles and responsibilities.....	2
4. Equal opportunities.....	3
5. Being notified that a child has a medical condition.....	3
6. Individual healthcare plans (IHPs).....	3
7. Managing medicines .....	4
8. Emergency procedures .....	6
9. Training .....	6
10. Record keeping .....	6
11. Liability and indemnity.....	7
12. Complaints .....	7
14. Links to other policies .....	7
Appendix	
1.....	
Appendix	
2.....	

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City of Rochester School is committed to safeguarding and promoting the welfare of pupils and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.

## 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Trustees will implement this policy by:

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

**The named person with responsibility for implementing this policy is Kelly Lovell, Sheila Humphrey is responsible for Developing the Medical Plans.**

## 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 Trustee boards to make arrangements for supporting pupils at their school with medical conditions.

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

## 3. Roles and responsibilities

### 3.1. Trustees

Trustees have ultimate responsibility to make arrangements to support pupils with medical conditions. The Trustees 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 medical plans, 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 medical plans.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- 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 pupils 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 pupils with medical conditions, this includes the administration of medicines.

Those staff who take on the responsibility to support pupils 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 pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil 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
- Be involved in the development and review of their child's Medical Plan.
- Carry out any action they have agreed to as part of the implementation of the Medical Plan, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

### **3.5. Pupils**

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

## **4. Equal opportunities**

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 pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires a Medical 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 pupils who are new to our school.

## **6. See Appendix 1. Individual Medical Plans**

## **7. Individual Medical Plans**

The Headteacher has overall responsibility for the development of Medical Plans for pupils with medical conditions. This has been delegated to the Registrar.

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

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require a Medical Plan. It will be agreed with a healthcare professional and the parents/carers when a Medical Plan 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, a specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

Medical Plans will be linked to, or become part of, any education, health, and care (EHC) plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Trustee board, the Headteacher and role of the individual with responsibility for developing Medical Plans, will consider the following when deciding what information to record on the Medical Plans:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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 pupil'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 pupil 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 pupil'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 pupil'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 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

## **8. Managing medicines**

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents/carers' written consent

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

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

Anyone giving a pupil 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. Pupils 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 pupils and not locked away.

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

### **8.1. 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 other controlled drugs are kept in a secure cupboard in the school First Aid room 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.

### **8.2. Pupils managing their own needs.**

Pupils who demonstrate competence will be encouraged to take responsibility for managing their own medications and procedures under the supervision of a staff member. No pupil will be permitted to take medication without the presence of a staff member. While we aim to promote independence, this process will be supported to ensure safety and compliance. Discussions regarding this approach will be held with parents and carers, and it will be documented in the pupils' Medical Plans.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the Medical Plan and inform parents/carers so that an alternative option can be considered, if necessary.

Pupils are allowed to carry an Epi-pen and asthma inhalers, if parents give permission.

### **8.3. Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's Medical Plan, but:

- It is generally not acceptable to prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- It should not be assumed that every pupil with the same condition requires the same treatment
- Views of the pupil or their parents/carers should not be ignored
- It is not acceptable to ignore medical evidence or opinion (although this may be challenged)
- It is not acceptable to 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 Medical Plan.
- If the pupil becomes ill, they should not be sent to the school office or medical room unaccompanied or with someone unsuitable.

- Pupils should not be penalised for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Pupils should not be prevented from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- It is not acceptable to require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, 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
- Pupils should not be prevented from participating, or unnecessary barriers created to prevent pupils participating, in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- It is not acceptable to administer, or ask pupils to administer, medicine in school toilets

## **9. Emergency procedures**

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

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

## **10. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of Medical Plans. Staff who provide support to pupils 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 and the role of individual implementing the Medical Plan. 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 pupils
- Fulfil the requirements in the Medical Plan
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

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.

## **11. Record keeping**

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

Medical Plans are kept in a readily accessible place that all staff are aware of.

## **12. Liability and indemnity**

The Trustees 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 QBE UK Limited**

**11.1** School process of administering medication is in line with the insurance that a person needs to have completed the training.

☑ **Appendix 2: Medication Procedure** - This document outlines the procedures we have in place for the administration of medication to ensure the safety and well-being of our pupils, staff will sign this document to say they have read and understood the policies and procedures.

**11.2** Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the school Business Manager.

**11.3** Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures.

## **13. Complaints**

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

## **14. 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 policy



# CITY OF ROCHESTER SCHOOL

PHOTO

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

**PUPIL NAME:**

**NHS Number:**



Name of school/setting	City of Rochester School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition Including ALLERGIES:	ASD ADHD SPD HYPERMOBILITY ECZEMA <i>(delete and add as appropriate)</i>
Date:	- - 2024
Review date	- - 2025

**Family Contact Information**

Name	
Relationship to child	Mother
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	Father
Phone no. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	

Describe any Medical Condition and details of child's symptoms:

**ASD** – autism spectrum disorder – this is a condition that affects social interaction, communication, interests and behaviour.

**ADHD** is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse.

**Joint Hypermobility** means that some or all a person's joints have an unusually large range of movement.

**Anxiety Disorder** is a condition that brings feeling of stress, panic or fear that can affect your everyday life physically and psychologically.

**Sensory Processing Disorder** is a neurological condition in children that can affect the way the brain processes information from the senses.

*(delete/add as appropriate)*

**Triggers for the above:**

**ASD:** Noise, smells, change of routine when things go wrong *(delete/add as appropriate)*

Allergies:

Please state:

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications.

Please state: *This is for example only:*

**Atomoxetine 80mg** once a day (ADHD medication) morning

Common side effects of atomoxetine may include:

- nausea, vomiting,
- upset stomach,
- constipation; dry mouth,
- loss of appetite.
- mood changes,
- feeling tired.
- dizziness.
- urination problems

**Methylphenidate Hydrochloride – 10 mg from 2-2-2024** – upped from 5mg (ADHD medication) lunchtime.

Common side effects include:

- a small increase in blood pressure and heart rate
- loss of appetite, which can lead to weight loss or poor weight gain.
- trouble sleeping
- headaches
- stomach aches
- feeling aggressive, irritable, depressed, anxious, or tense

Daily care requirements/level of support needed.

1. First Aiders aware of medical conditions and symptoms
- 2.. All staff to sign to say they have read this medical plan.
3. Risk assessment specific to pupil (Onsite and offsite)
4. PEEP (Personal Emergency Evacuation Plan) *if required*

*or*

- No routine Medication taken at school.

### Specific support for the pupil's educational, social, and emotional needs

Information on EHCP

*Example:*

*Flight risk seeks out pressure/touch for sensory input.*

### Arrangements for school visits/trips etc

First Aiders to be aware of: Medical Plan, Risk Assessment, Behaviour Support Plan. All staff will sign to confirm they have read and understood the Medical Plan.  
Trained Administration of Medication staff member to be responsible for medication on the trip and for administering.

### Who needs to be aware of the condition and the support the pupil needs?

All Staff in school – information shared via Medical Plan, Risk Assessment, Behaviour Support Plan. All staff will confirm they have read and understood the Medical Plan.

### Describe what constitutes an emergency, and the action to take if this occurs.

*Standard:*

No specific emergency needs to be aware of – to follow the below if an emergency arises:

#### On-site and off-site

1. Staff to notify First Aider – check Medical Plan (contact office if off-site)
2. Contact parents and contact 111.
3. No response or unavailable then immediately phone 999 with relevant information to hand (dependent on severity)

4. Depending on severity, availability of ambulance, medics arriving, staff must be prepared to take to hospital.
5. Office to keep parents always informed.

**if specific to individual:**

Please search for the medication under the NHS and copy across what is said for 'in case of an emergency' parents will also be consulted to provide specific information relating to their child.

Who is responsible in an emergency (*state if different for off-site activities*)

Form tutor – Paediatric First Aider – however this may change depending on staffing availability.  
 Off-site – Trip lead and Paediatric First Aider – staff member trained in Administration of Medication

Plan developed with – including identified staff member at the school.

Sheila Humphrey – Registrar  
 Name of parent/carer - Parents  
 Information from EHCP  
 Clinician's letters

**Medicine 1**

Name/type of medicine.  
*(as described on the container)*

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

under supervision

**Medicine 2**

Name/type of medicine.  
*(as described on the container)*

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

**Medicine 3**

Name/type of medicine.  
*(as described on the container)*

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

**Medicine 4**

Name/type of medicine.  
*(as described on the container)*

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?


Self-administration – y/n

The above information is, to the best of my/our knowledge, accurate at the time of writing. I/we will inform the school immediately, in writing/via email or produce a clinician's letter, if there is any change in dosage, frequency of the medication or any new medication or if the medicine is stopped.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name:

Signature \_\_\_\_\_

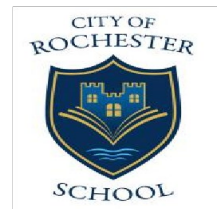
Date \_\_\_\_\_

Print name:

For office use:

<ul style="list-style-type: none"><li>• Pupil Record file in Main Office</li><li>• Information logged onto SIMS</li><li>• Information updated on Risk Assessment/SEN Register/Behaviour Support Plan</li><li>• Information shared with appropriate staff</li><li>• Update trip paperwork</li></ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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# Administration of medication



Following completion of the TES – ‘Administration of Medication’ course please see below the process adopted by City of Rochester School.

## Information available on SharePoint:

**Individual Medical Plans:** All staff documents -pupils - click on name of pupils – click on Medical Records – go into Medical Plan.

**Medication Information:** All staff documents – pupils – click on **red** folder called ‘Medication’ – click on ‘Medication for pupils kept on site’ -

## [1.Medication for students kept on site .xlsx](#)

This will provide a list of all medication kept on site at either CORS or CORSVC and any information you should be aware of relating to individuals who do not necessarily receive medication on site.

## Administration of Medication Form:

### [CofR Administration of medicines Record amended fillable 2019.docx](#)

This form needs to be completed by parents for each medication administered on site and passed, along with the medication to Sheila Humphrey – Welfare Office

## Process:

- Parent/carer request received that medication is kept on sight and administered to their child as and when required / regular daily medication.
- Administration of Medication Form completed by parent/carer and passed to Sheila Humphrey (Welfare Office) along with Medication.
- Medication received from parent/carer in original box with instructions/pharmacy label.
- Allocated a First Aid cabinet (numbered 1-8) in the First Aid room.
- Update Medication held on site list (available on SharePoint) and list of numbered cabinets (held in safe box in the First Aid room).
- Added to individuals Medical Plan
  - (1) If an ongoing medication i.e. pain killers or ADHD medication
  - (2) Antibiotic’s will not be added to the Medical Plan as these are a short-term medication.
- Any Medication given on, or off site needs to be witnessed and paperwork signed by two members of staff (one of which has Administration of Medication training). The relevant paperwork needs to be completed detailing the dosage and the time administered.
- If painkiller medication is to be administered (paracetamol/ibuprofen) then clarification should be obtained from parents that no medication has already been given that day and if it has then the time administered needs to be ascertained so that guidelines for administering a further dose can be followed. Please also email parent/carer to confirm the dosage and time that the medication was given so that they are aware when further medication can be administered at home.
- The above also applies if a pupil requires any painkiller medication when off site.

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## Administration of medication process &

- Pupils who receive daily Medication at lunchtime have documentation in the Filing cabinet in the First Aid room (including copy of Medical Plan and signatures confirming medication has been given.
- Designated member of staff in the First Aid room every lunchtime (12:30-1:00) pupil is brought to the First Aid room by a member of staff so there is a 2- person signature for administering medication. A further form is used to confirm that all pupils who are expected to have lunchtime medication have received it, and it is written on this form if the pupil is not in that day or is at an off-site provision.

Induction	Signed	Date
I have completed the Administration of Medication course on TES		
I have been shown the First Aid Room		
I have been shown the Medical Fridge and where the key is kept in the safe.		
I have been shown the Medication cabinets.		
I have been given the code to the key safe to access the Medication cabinets		
I have been shown the list of which pupils' medication is in which cabinet (1-8) which is on the clipboard in the key safe.		
I am aware that if I receive a replacement medication, I need to inform Sheila Humphrey of this and add this on the clipboard and sign to say it has been stored safely. I should also use this form to confirm if I have taken any medication off site for a pupil and when it is returned.		
Process relating to lunchtime medication given between 12:30 – 13:00		
I am aware of how to take medication off site with a pupil		
I have read and understood 'City of Rochester Schools' process for The Administration of Medication'		
I have read City of Rochester School, policy Supporting Pupils with a Medical Condition.		