

Managing Medical Conditions in School (including First Aid)

Approved by L&R Committee:

11 November 2025

Date for review:

November 2026

Reviewed annually

To be read in conjunction with:

- Public Health England Winter Readiness Guidelines
- Public Health England Guidance on Infection Control
- HSE RIDDOR 2013 Regulations
- Any relevant school-based risk assessment (for example, pandemic management)

1. **Managing Medical Conditions in School**

1.1. Richard Cloudesley School wishes to ensure that pupils with medical conditions receive appropriate support and care at school. This policy is written about Section 100 of the Children and Families Act 2014. We aim to support children and ensure that we pay attention to the social and emotional aspects of their medical condition. We will ensure that no child experiences bullying or social isolation because of their condition.

1.2. The school governing body will ensure that arrangements are in place to support pupils with medical conditions in school. The L&R committee of the governing body will review the arrangements every year.

2. **What is a medical condition?**

2.1. In this policy we refer to short-term illnesses and chronic medical conditions. The school will have in place individual support plans for pupils who have a medical diagnosis which requires medical intervention and/or medicine whilst in school. The plan will include relevant and up-to-date information about the child, the medical condition, and how the condition should be managed and monitored in school. The day-to-day responsibility for children and young people rests with the headteacher and the designated members of staff who have daily contact with the individual pupils. Parents will be given clear information about who is responsible in the school, and who to contact to ask questions or give information.

2.2. The school will not have individual care plans in place for pupils who have short-term illnesses such as coughs, colds, and common childhood diseases. The school will have a medical plan in place for all children who have a medical diagnosis, for example:

- Allergies and Anaphylaxis
- Asthma
- Breathing difficulties
- Cancer
- Diabetes
- Epilepsy
- Vagas Nerve Stimulator
- Heart condition
- Liver and kidney conditions
- Seizures
- Movement disorders
- Any other serious medical condition

3. **Key roles and responsibilities**

3.1. **The Local Authority (LA) is responsible for:**

3.1.1. Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions

3.1.2. Providing support, advice and guidance to schools and their staff.

3.1.3. Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

3.2. **The Governing Body is responsible for:**

3.2.1. The overall implementation of the Managing Medical Conditions in School Policy and procedures of Richard Cloudesley School. The safeguarding governor is the nominated "medical needs" Link Governor.

3.2.2. Ensuring that the Managing Medical Conditions in School Policy, as written, does not discriminate on any grounds including, but not limited to, ethnicity/national origin, culture, religion, gender, disability, or sexual orientation

3.2.3. Handling complaints regarding this policy as outlined in the school's Complaints Policy.

3.2.4. Ensuring that all pupils with medical conditions can participate fully in all aspects of school life.

- 3.2.5. Ensuring that relevant training provided by the LA and other medical companies is delivered to staff members who take on responsibility to support children with medical conditions.
- 3.2.6. Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- 3.2.7. Reviewing written records of all medicines administered to individual pupils. (Records kept by Whittington Health (WH))
- 3.2.8. Ensuring the level of insurance in place reflects the level of risk.

3.3. The headteacher is responsible for:

- 3.3.1. Monitoring Whittington Health day-to-day implementation and management of the Managing Medical Conditions in School Policy and procedures of Richard Cloudesley School.
- 3.3.2. Ensuring the policy is developed effectively with partner agencies.
- 3.3.3. Making school and WH staff aware of this policy.
- 3.3.4. Liaising with healthcare professionals regarding the training required for staff.
- 3.3.5. Making staff who need to know aware of a child's medical condition.
- 3.3.6. Developing Individual Healthcare Plans (IHCPs) in conjunction with Whittington Health Medical team
- 3.3.7. Ensuring enough trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency, and emergency situations.
- 3.3.8. If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- 3.3.9. Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 3.3.10. Contacting the school nursing service in the case of any child who has a medical condition.

3.4. Staff members are responsible for:

- 3.4.1. Taking appropriate steps to support children with medical conditions
- 3.4.2. Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- 3.4.3. Administering medication and signing individual child's records if they have agreed to undertake that responsibility.
- 3.4.4. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions if they have agreed to undertake that responsibility.
- 3.4.5. Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- 3.4.6. If a child suffers from pain regularly the parents/carers should be encouraged to seek medical advice.

3.5. Whittington Health / School nurses are responsible for:

- 3.5.1. The day-to-day implementation and management of giving pupils with medical conditions at Richard Cloudesley School their daily medications, gastrostomy feeds, PRN, and emergency medications in conjunction with the headteacher and school staff.

- 3.5.2. Organisation and delivery of day-to-day schedules of pupils' gastrostomy feeds and medication needs
- 3.5.3. Liaising with families regarding medication in school and when this will expire and need replacing
- 3.5.4. Return out of date medication to families to dispose of
- 3.5.5. Keeping written records of all medicines, gastrostomy feeds administered to individual pupils during the school day: Both school staff and medical staff signing when this is administered, and files are kept in agreed place so that both school and health can access these at any time.
- 3.5.6. The WH team leader is responsible for making health staff aware of the school Managing Medical Conditions in School Policy
- 3.5.7. Recording events on Rio to ensure medical network have awareness of individuals medical needs
- 3.5.8. Reporting any problems, incidents to school leadership as well as following NHS guidelines.
- 3.5.9. Regular weight checks of pupils
- 3.5.10. Liaising with families to organise regular medical updates with school doctor
- 3.5.11. Liaising with Whittington Health dieticians as and when necessary, in conjunction with school Head of Department
- 3.5.12. Liaising locally with lead clinicians on appropriate support.

3.6. Parents and carers are responsible for:

- 3.6.1. Keeping the school informed about any changes to their child/children's health.
- 3.6.2. Completing a parental agreement for school to administer medicine form before bringing medication into school.
- 3.6.3. Providing the school with the medication their child requires and keeping it up to date.
- 3.6.4. Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- 3.6.5. Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the headteacher, other staff members and healthcare professionals. This may include a IHCP for transport to and from school. All transport medication must be signed in and out of the medical room at the beginning and end of the school day.
- 3.6.6. Ensuring that transport medication is always in date and arrange replacement medication in good time.

4. Procedure when the school is notified that a pupil has a medical condition

- 4.1. The head of department will arrange a meeting with the parents as soon as possible after the school has been informed. The information may come from the parent, the school nurse, a health visitor, or other medical professional. The head of department will invite the parents, the school nurse, and any other relevant health professionals to the meeting. At the meeting, the head of department and school nurse will gather all the relevant information including, diagnosis, signs and symptoms, medicines, and treatment plan. The meeting will also cover the emotional needs of the child or young person and include emotional support / counselling as appropriate. The school will consult with parents about how much information can be shared with the child's class and peer group. The plan will be put in place and the relevant members of staff will be trained within four weeks of the first notification. The headteacher will be kept informed of the operational implications of the health care plan.

5. The School's Right to Challenge

5.1. The school will listen to children and parents but may challenge and ask for supporting documents if there is doubt or dispute about a child's medical condition or treatment. The headteacher will consult with the local education authority and the NHS paediatrician based at the Northern Health Centre, Holloway Rd, London N7. The local education authority will also be asked give advice if there is a dispute between the parents and the school.

6. Staff Training

6.1. Teachers and support staff will receive training about individual pupils' medical conditions which will be organised by the school. A record of this training will be kept by the headteacher.

6.2. The headteacher will be responsible for monitoring and reviewing the quality of staff training as well as ensuring it is kept up to date.

6.3. New members of staff will receive relevant and up-to-date information about managing medical conditions in schools as part of inductions.

6.4. Temporary and supply staff will be given information by head of department about individual children or young people who are likely to become ill and/or require medical intervention.

6.5. Every member of staff is responsible for ensuring they know and understand the care plans.

7. Individual Health Care Plans

7.1. For young people with complex medical conditions the headteacher, class teacher and health team will write individual plans in partnership with the parent.

7.2. The Whittington Health team will write medical plans for all young people with epilepsy and less complex medical conditions.

7.3. The plans will be shared with relevant members of staff and reviewed annually or as appropriate if there are significant changes.

7.4. The plan will include details about the responsibilities, child's condition, health professional involved, medication, dosage, treatment, symptoms, and warning signs. It should also include what constitutes an emergency and what to do in an emergency.

7.5. Those coming into school with their own medical carers will adhere to our carer guidelines.

7.6. The local complex care team retains responsibility for the young person's care. The headteacher will oversee (and sign) the health care plan written by the complex care medical team.

7.7. A copy of the plans will be kept in the pupil's teams file and in the medical room files. They will be shared with relevant school staff and not put on display unless this is agreed with the parents.

8. Medicines in Schools

8.1. This applies to all pupils including those who do not have an individual health care plan.

8.2. Any parent can request that their child is given prescription medicine in school.

8.3. If medicines (including asthma pumps) are to be administered in school the parents must complete and sign an agreement form which will be renewed annually. For regular medication, this consent will be reviewed at the start of the school year. Where medication is changed, a new or short course of medication prescribed during the school year, a new consent form would need to be signed. This form should confirm that the child has been given the stated medication without any adverse effect in the past.

8.4. It is preferable that pupils take medicine at home, before or after the school day. Parents are encouraged to ask their GPs for medical prescriptions that fit around the school day.

- 8.5. No pupil will be given medicine without the parental consent unless there is clear and dire emergency and ambulance / emergency personnel are in attendance.
- 8.6. Prescribed medicines must be in date, prescribed by an NHS doctor and provided in the original container with dosage instructions.
- 8.7. Dose changes will only be accepted when received in writing from a healthcare professional. A fresh supply of correctly labeled medication should be obtained as soon as possible.
- 8.8. Parents must regularly renew the school supply of medicines and be responsible for visiting the GP to collect repeat prescriptions.
- 8.9. At the end of the school year in July the health team and school will return all medicines in store to the parents.
- 8.10. Medication should not be kept in a school bag. If it is medication to go with the child to respite care from school, this should be stored in a locked cabinet during the school day and signed in and out by the member of staff travelling with the pupil.
- 8.11. Emergency medication that is required to be with a pupil during their journey to / from school will be signed in by the passenger assistant / parent and stored securely. It will be returned home at the end of the school day via the bus escort or collected from the school by the parent and signed out.
- 8.12. Other routine medication will be safely stored in the medical room.
- 8.13. A written record of all medications held in school will be kept by nursing team or school staff member and stored in the medical room.
- 8.14. The school will not be held responsible for any side-effects due to the correct administration of prescribed drugs.
- 8.15. Whittington Health has a policy of not administering medication for 6 months after opening, regardless of the manufacturer's expiry date. The school nursing team will follow this policy and medication will be returned to the parents/carer with a written request to supply new medication.
- 8.16. The health team will ensure parents are informed when medication is due to expire, with sufficient time to get a new prescription. Requests for new supplies of medicines will be made in writing to parents, usually on Teams.
- 8.17. The systems for monitoring changes in medication, updates to care plans, administration of medication will be monitored as part of governor safeguarding medical visits.

9. **Arrangements for children who are competent to manage their own medicine in school**

- 9.1. A child who has been prescribed a medicine may be responsible enough to carry and administer drugs or medical testing equipment e.g. blood sugar testing kit. The school will consult with parents and relevant school staff about the advisability of an individual child or young person taking responsibility for their own treatment. The decision in cases of dispute will rest with the headteacher who has a duty to ensure the safety of all children and young people.

10. **Guidelines on the management of controlled drugs (CDs):**

10.1. **Storage:**

- 10.1.1. Storage should be within a lockable cabinet that cannot be moved and only named staff should have access.
- 10.1.2. Controlled drugs should be easily accessible in an emergency i.e., buccal midazolam for use to prevent prolonged seizures.
- 10.1.3. A record should be kept of any doses used and the amount of the controlled drug held.

10.2. **Administration:**

10.2.1. In accordance with DfE (Department for Education) managing medical conditions in schools' guidelines, school has systems in place that comply with the requirements of the Misuse of Drugs Act 1971 and their associated regulations.

10.3. **If the student is not able to self-administer the controlled drug**

10.3.1. If the school nurse is on site and available, they will administer the CDs. The registered nurse will obtain a secondary signature from a witness who has been assessed as competent in relation to CDs.

10.3.2. If the nurse is not on site or not available: CDs should be administered by an appropriately trained and competent school/Whittington staff, and this should be witnessed by another appropriately trained school/Whittington staff member. The use of witnesses is to reduce the possibility of an error occurring. Therefore, to be effective the witness must have the same level of training as the person administering the CD.

10.3.3. It is best practice that the second signatory witnesses the whole administration process

10.4. **Documentation:**

10.4.1. Administration of the CD should be documented on the medication administration record (MAR) chart and the CD register.

10.4.2. The staff responsible for administering the CD and an appropriately trained witness should sign the CD register. The staff member administering the CD should also sign the MAR (no signature is required on the MAR by the witness).

10.4.3. The records should be completed immediately after the CD has been administered and not before.

10.5. **Disposal:**

10.5.1. CDs should be returned to the relevant pharmacist or dispensing doctor at the earliest opportunity for appropriate destructions

10.6. **Discrepancies:**

10.6.1. There should be a procedure for dealing with discrepancies, incidents and errors related to CDs. These should be reported immediately. Steps should be taken to establish what happened.

10.7. **Reporting CD incidents:**

10.7.1. If there is a medication administrative error involving a CD this should be reported in accordance with local commissioning arrangements.

11. **Food supplements and alternative medications (e.g., Homeopathic and Herbal Remedies)**

11.1. It is strongly advised that schools only agree to administer food supplements and alternative medications which have been prescribed or supported in writing by a GP or Consultant.

12. **Over the Counter (OTC) Medicines**

12.1. Sometimes pupils may ask for over-the-counter medication, e.g., for pain relief (analgesics) such as paracetamol. School staff should not give non-prescribed medication to pupils. This is because they may not know whether the pupil has taken a previous dose or whether the medication may interact with other medication being taken.

- 12.2. If, however, a school does decide to allow the administration of OTC medicines, it must have a written policy and procedures in place which state:
- The range of OTC medicines that will be listed
 - The need for written parental consent detailing the circumstances in which it can be administered
 - The medication must be in the original packaging including the manufacturers printed administration instructions and in date
 - The need to check when previous doses have been taken / given
 - The need to document any administration of medication
 - The need to informing parents that same day when medication has been given
 - The need for the school to add a label to the bottle with the child's name (GPs will not normally prescribe OTC medicines and hence will not have an official pharmacy label on them).

12.3. Consideration should be given to the choice of analgesia. A child under 16 should never be given aspirin unless prescribed.

13. Emergency Procedure for Calling an Ambulance

13.1 We call an ambulance when a child or young person has become seriously ill e.g., unconscious, blue, not breathing, or having an unexpected seizure We follow epilepsy plans for known children and young people. These plans include involvement of the school nurse and timing of seizures. All members of staff in the class team should be familiar with individual epilepsy plans.

13.2 **Who can call 999?** Any member of staff can call 999 – the person making the call must have sight of the child or young person. There should be one person in charge and one person making the call.

DO NOT WAIT FOR PERMISSION FROM A SENIOR MEMBER OF STAFF

DO NOT SEEK OUT THE SCHOOL NURSE OR HCA BEFORE YOU MAKE THE CALL

DO NOT SEEK PERMISSION FROM PARENTS

USE YOUR KNOWLEDGE OF THE INDIVIDUAL'S EPILEPSY PLAN IF APPROPRIATE

13.3 **Who is in charge?** Quickly decide about who is in charge and who will relay information to the emergency services. Do not waste time looking for written information if not readily available.

13.4 **What happens next?** Do not move the child or young person unless it is safe to do so e.g., the child is in a wheelchair and can be moved to another area. Let the head of department know what is happening. The senior member of staff will inform the school office and the parents. The admin staff will decide to meet and direct the ambulance crew. The senior member of staff will nominate a member of staff to travel in the ambulance to hospital. We will stay in touch via mobile phone until the parent arrives at hospital.

13.5 **What happens if I am not sure?** Again – do not hesitate – decide – it is better to call 999 than not if a child is seriously ill. It is the school's responsibility to call emergency services – not the school nurse or HCA. You do not need permission from the headteacher or the school nurse to call 999.

13.6 **All emergency calls should be logged on an incident form.**

14 First Aid

- 14.1 Richard Cloudesley School is committed to providing emergency first aid provision to deal with accidents and incidents affecting pupils, employees, and visitors.
- 14.2 We have suitably stocked first aid boxes, which are checked monthly for stock, including expiry dates for equipment, and are kept in the staffrooms, school offices and first aid/medical rooms. Travel first aid kits are kept in the school office and must be taken on all visits, including local breaks to the park with pupils.

- 14.3 All staff will consider the appropriateness of any first aid treatment, for example allergies such as latex and plasters.
- 14.4 We have suitably detailed and current risk assessments for all pupils in school and for specific trips and activities.
- 14.5 All school sites have more trained first aiders than is required by law. First aiders' names and their most recent date of training are listed on the school's training record and walls in public areas of the schools.
- 14.6 First aid will be given by qualified first aiders and not the school healthcare assistants or nurses.
- 14.7 The school's designated first aid/medical rooms are clearly marked by a sign on the door and are confidential rooms with access to running water and a fully stocked first aid supply.
- 14.8 All staff working at Richard Cloudesley School know that when in doubt, calling 999 is the most appropriate and safe course of action.

15 Reporting an incident

- 15.1 What is an incident?
 - injuries to children which do not require first-aid, visit to the hospital, or warrant an accident on-line report.
 - injuries to members of staff who do not require first-aid, visit the hospital, or warrant an accident on-line report.
 - Calling 999 whilst following an Individual Health care Plan
- 15.2 All minor injuries should be recorded using the school's incident form.
- 15.3 Completed forms must be completed and submitted on the day of the injury and before the staff member leaves the school site. The senior member of staff may decide the injury is 'significant' and ask the staff member to complete the online form in addition.

16 Accidents with significant injury

- 16.1 A significant injury is an injury to a child, member of staff, or member of the public involving first aid, and/or a visit to hospital will require a member of staff to use the London Borough of Islington on-line reporting system. The admin team will assist if needed. <https://iris.info-exchange.com/schoolincident> The form should be completed on the day of injury if possible but must be done within three working days in the accident.
- 16.2 If a staff injury results in more than 5 days absence from work, it must also be reported directly to the HSE under the RIDDOR 2013 regulations within 15 days of the event.

17 Record keeping

- 17.1 The health team or school staff have a responsibility to ensure they will keep written records of all medicines administered to children. The record will be kept in the medical room and include date, time, name of medication, dosage, and name of the member of staff who administers the medicine. When we give ad-hoc medication we will notify parents. These records will be monitored during safeguarding governor visits.
- 17.2 If a child refuses to take medication they will not be forced to do so. Refusal will be documented and agreed procedures followed. The child's parents/carer will be informed as a matter of emergency. If refusal could result, or results in an emergency then the school's emergency procedures will be followed, and the school will call emergency services.
- 17.3 Reasons for any non-administration of medication will be recorded and the parent/carer informed as soon as possible. ⁽⁰⁶⁾
- 17.4 As with all medicines any unused medication will be recorded and returned to the parent/carer when no longer required. If this is not possible it will be returned to the nearest community pharmacy for disposal.

18 Unacceptable Practice

- 18.1 It is unacceptable at Richard Cloudesley School to:
- prevent pupils from easily accessing their inhalers and medication.
 - prevent pupils from drinking or eating if needed to manage their medical condition.
 - assume that every pupil with the same condition needs the same treatment.
 - prevent children from personal care.
 - ignore the views of the child or their parents: or ignore medical evidence unless there is good reason to challenge those views.
 - exclude pupils from lunchtime or after- school activities because of a medical condition.
 - prevent pupils from participating or create barriers to normal school activities including day trips and school journeys.
 - ~~leave children who are ill unattended in a medical room or school office or any room.~~

19 Medical Emergencies at Richard Cloudesley School

- 19.1 We have policies in place for medical emergencies. These are available in the staff handbook.

20 Day trips, residential visits, and sporting activities

- 20.1 Richard Cloudesley School will make every effort to ensure that all children are included in the full range of school activities. The school will make sure that reasonable precautions are taken to safeguard children's health and carry out risk assessments for trips and school journeys which consider the individual child's needs. For residential visits we would work closely with healthcare professionals and families to ensure appropriate support is in place. Pupil medical cards, individual care plans and any emergency medication will be taken on all off-site visits; the medical cards are kept in the school office and must be returned as soon as the young person returns to school. The emergency medication and care plans are in orange bags and are kept in the medical room and they should be returned to the medical room on your return. These will be signed out and back in by the leader of the school trip.

Risk assessments to day trips and residential trips include information and actions for pupils' medical needs. The risk assessment is seen by the head of department and signed off by the deputy headteacher before the trip is agreed and can take place.

21 Liability and indemnity

- 21.1 The governing body will ensure that an appropriate level of insurance is in place and appropriately reflects the level of risk for individual members of staff working with individual children. All Islington schools (not academies or free schools) are covered by the Islington Council policy with Zurich.

22 Complaints

- 22.1 At Richard Cloudesley School we will work with parents to ensure that children and young people with medical conditions are treated fairly and in a way that will promote good health outcomes.
- 22.2 All complaints should be made under the school's Complaints Policy. Should parents or pupils 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.