BIRCH COPSE PRIMARY SCHOOL
SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Document Control	
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Status (statutory/ non-statutory)	Statutory

Version History		
Version	**Date**	**Notes/ changes**
1.0	05/2026	Policy written

1. School Context and Vision

At Birch Copse Primary School, we are committed to providing a safe, inclusive and nurturing environment where all pupils can access education fully, including those with medical conditions.

In line with our ethos, *"Together we plant the seeds for success,"* we recognise that pupils with medical conditions may require additional support or reasonable adjustments to thrive academically, socially and emotionally.

This policy aims to ensure that:

- Pupils with medical conditions are properly supported so that they can access the same education as their peers
- Staff, parents and pupils understand how medical needs are managed safely and sensitively in school
- Pupils with medical conditions are included in all aspects of school life, including trips, visits and physical activities

2. Legislation and Statutory Responsibilities

This policy complies with:

- Section 100 of the Children and Families Act (2014)
- Department for Education statutory guidance: *Supporting pupils at school with medical conditions*
- Equality Act (2010)
- Keeping Children Safe in Education

This policy should be read alongside:

- SEND Policy and SEND Information Report
- Child Protection and Safeguarding Policy
- Health and Safety Policy
- Accessibility Policy
- Complaints Policy

3. Roles and Responsibilities

3.1 The Governing Board has overall responsibility for ensuring that appropriate arrangements are in place to support pupils with medical conditions. This includes ensuring:

- This policy is implemented and reviewed regularly
- Staff receive appropriate training
- The school meets its statutory duties

3.2 The Headteacher is responsible for:

- Ensuring all staff are aware of and understand this policy
- Ensuring sufficient trained staff are available to support pupils with medical conditions, including in emergencies
- Overseeing the development and implementation of Individual Healthcare Plans (IHPs)
- Ensuring appropriate insurance and indemnity arrangements are in place
- Liaising with school nursing services where required

3.3 The SENCo works alongside the Headteacher to:

- Ensure medical needs are considered alongside SEND where appropriate
- Link IHPs with SEND Support Plans, SAPs or EHCPs where relevant
- Support staff in implementing reasonable adjustments

3.4 School Staff:

- Should be aware of pupils in their care who have medical conditions
- Know how to seek help and respond appropriately in an emergency

Staff who agree to support pupils with medical conditions, including administering medication, will:

- Receive appropriate training
- Only undertake tasks they feel competent and confident to carry out

3.5 Parents and Carers are responsible for:

- Providing accurate and up-to-date information about their child's medical condition
- Supplying prescribed medication and equipment,
- Ensuring that all medication and equipment provided to school is in date, clearly labelled and fit for use
- Regularly checking expiry dates on medication and medical equipment (e.g. inhalers, adrenaline pens, testing equipment)
- Promptly providing replacements when medication or equipment is nearing expiry or has expired
- Being involved in the development and review of their child's IHP

3.6 Where appropriate, pupils are encouraged to:

- Share how their condition affects them
- Be involved in planning their support
- Manage their own medication where agreed and safe to do so

4. Equal Opportunities and Inclusion

Birch Copse actively supports pupils with medical conditions to participate fully in:

- The curriculum
- School trips and residentials
- Physical education and sporting activities
- Clubs and enrichment opportunities

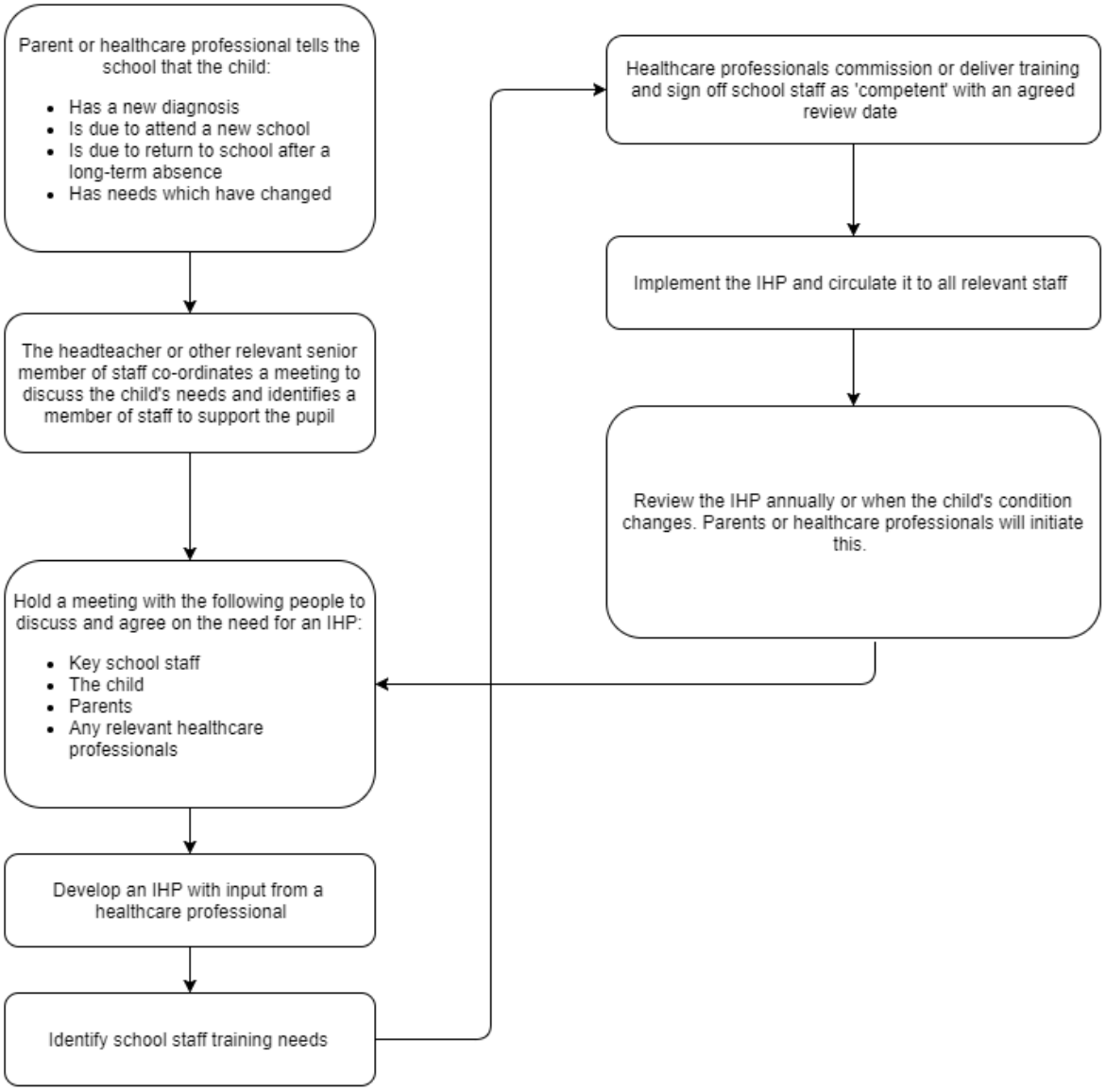
Reasonable adjustments and risk assessments will be made in partnership with parents and healthcare professionals to ensure safe inclusion.

5. Notification of a Medical Condition

When the school is notified that a pupil has a medical condition:

- Information will be gathered promptly and recorded on the school MIS system
- A decision will be made about whether an Individual Healthcare Plan (IHP) is required
- Interim arrangements will be put in place where necessary

The school aims to have appropriate arrangements in place within **two weeks**, or by the start of the term for new pupils.



6. Individual Healthcare Plans (IHPs)

Not all pupils with medical conditions require an IHP. An IHP will be used when a pupil requires ongoing, structured support.

IHPs are:

- Developed in partnership with parents, the pupil (where appropriate) and healthcare professionals
- Reviewed at least annually, or sooner if needs change
- Stored securely on the school's MIS system and also made accessible to staff who need to know

An IHP will include:

- The medical condition and symptoms
- Required medication or treatment
- Daily care and support arrangements
- Emergency procedures
- Roles and responsibilities
- Training requirements
- Arrangements for trips and activities

Where relevant, IHPs will link with SEND documentation or EHCPs.

7. Managing and Administering Medicines

Medicines will only be administered in school when:

- It would be detrimental to the pupil's health not to do so
- Written parental consent has been provided

The school will:

- Usually only administer medication that has been prescribed to the pupil by a doctor
- Only administer non-prescribed medication in exceptional circumstances, and only with the prior agreement of the Headteacher
- Only accept medicines that are in-date, clearly labelled and provided in their original containers
- Store medicines safely and ensure accessibility where required (e.g. inhalers, adrenaline pens)
- Keep accurate records of all medication administered
- Where a child is given non-routine medication in school, parents will be informed using the Medication Administration Notification Slip (Appendix E).

Pupils who are able may be supported to manage their own medication, as agreed in their Individual Healthcare Plan (IHP).

8. Emergency Procedures

- All IHPs clearly outline emergency actions
- Staff will follow normal emergency procedures, including calling 999 when required
- A member of staff will stay with the pupil until parents arrive or medical care is transferred

9. Training

Training is:

- Identified through IHPs
- Provided by appropriate healthcare professionals where needed
- Updated regularly

All staff receive awareness training so they understand their role and know how to respond to medical needs and emergencies.

10. Record Keeping

The school maintains:

- Written records of medication administered
- Completed medication consent and administration forms
- Secure and accessible IHPs

Parents are informed if their child has been unwell or medication has been administered. Where non-routine medication has been administered, a Medication Administration Notification Slip (Appendix E) will be sent home to inform parents/carers of the medication given, the dosage and the time it was administered.

11. Liability and Indemnity

The Governing Board ensures that appropriate insurance is in place to cover staff supporting pupils with medical conditions, including administering medication and carrying out agreed procedures.

12. Complaints

Any concerns or complaints regarding medical support should be raised with the Headteacher in the first instance. If unresolved, the school's Complaints Policy will be followed.

Appendices

- Appendix A: Birch Copse Request for School to Administer Medication
- Appendix B: Birch Copse Asthma Care Plan
- Appendix C: Birch Copse EpiPen and Allergy Plan
- Appendix D: Birch Copse Individual Healthcare Plan
- Appendix E: Medication Administration Notification Slip

1 **Appendix A: Birch Copse Request for School to Administer Medication**

BIRCH COPSE SCHOOL

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL:

Surname: _____ Forename(s): _____

Address: _____ M/F: _____

_____ DOB: _____

_____ Class: _____

Medical condition or illness: _____

Name/Type of medication (as described on the container): _____
For how long will your child take this medication: _____
Name and phone no. of prescribing GP: _____

FULL DIRECTIONS FOR USE:

Dosage and method: _____

Timing: _____
Special precautions: _____
Side effects: _____
Procedures to take in an emergency: _____

CONTACT DETAILS:

I understand that I must deliver the medicine personally to a member of the school staff, and accept that this is a service which the school is not obliged to undertake.

Name: _____ Signature: _____
Relationship to Pupil: _____ Contact phone no: _____

Date: _____

FOR OFFICE USE ONLY:

- **Asthma / Allergy / Medical conditions records added or updated on Bromcom and kitchen informed if appropriate.**
- **CARE PLAN RAISED EPIPEN/ASTHMA**

OFFICE SIGNATURE

Date	Time	Name of medication given	Name of person giving medication	Signature

ONCE THE COURSE OF MEDICATION HAS BEEN COMPLETED PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE FOR FILING

CHILD'S NAME ..... **SCHOOL** .....

TYPE OF INHALER.....

NHS NUMBER ..... **DATE OF BIRTH** _ _/_ _/_ _

PHOTO

MANAGING AN ASTHMA ATTACK. IN THE EVENT OF ANY SYMPTOMS:

- ■ **WHEEZE**
- ■ **TIGHT or SORE CHEST**
- ■ **COUGH**
- ■ **SHORTNESS OF BREATH**

- Administer reliever inhaler (usually blue) via Spacer
- Give **1 puff of reliever every 30-60 seconds** (max 10 puffs)
- If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.

REMEMBER TO SHAKE INHALER BEFORE USE

IF NO IMPROVEMENT

SIGNS OF AN ACUTE ASTHMA ATTACK
If the child's reliever inhaler (usually blue) + spacer are not helping and/or the child presents with ANY of the following:

- They can't talk or walk easily
- They are breathing hard and fast
- Their lips turn blue
- They are coughing or wheezing incessantly

During this time the child should:

- Sit up – DO NOT LIE DOWN
- Be encouraged to stay calm
- Be accompanied by a member of staff
- Give 1 puff of reliever every 30-60 seconds (maximum 10 puffs)

IF NO IMPROVEMENT AFTER 10 PUFFS OR ANY CONCERNS

CALL 999 IMMEDIATELY

- **CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS AS ADVISED ABOVE EVERY 15 MINUTES UNTIL THE AMBULANCE ARRIVES**
- Contact parent/carer and accompany child in the ambulance until parent/carer arrives

CHILD'S TRIGGERS

.....

.....

PARENTAL CONSENTS (*tick boxes*)

☐ *I consent to the administration of the prescribed inhaler by members of staff and will notify school if there are any changes to my child's medication and personal details. I will provide my child's inhaler and spacer in school and will ensure that they are in date.*

☐ *I consent to school staff administering the emergency school inhaler should my child's personal inhaler be unavailable*

☐ *I consent for this plan to be on display in school and I will notify the school of any changes for review*

Signature of Parent/Carer:

.....

Date: .....

EMERGENCY CONTACTS

1.Name.....
Number.....
2.Name.....
Number.....

Appendix C: Birch Copse Epipen and Allergy Plan



Berkshire Healthcare NHS
NHS Foundation Trust

CONSENT TO ADMINISTRATION OF EPIPEN / ANAPEN IN THE EVENT OF A SEVERE ALLERGIC REACTION

Name of Establishment	
Pupil's Name	
DoB	
Address	

Parent / Guardian's Name	
Home Telephone Number	
Emergency Contact Number	
Mobile Number	

Allergy to	
Prescribed Emergency Treatment and Dose	

General Practitioner	
Address	
Telephone Number	
Hospital Consultant	
Address	
Telephone Number	

Parents' agreement to administration of prescribed emergency treatment by trained volunteer staff.

Signature ..... **Date** .....

Confirmation of Insurance Cover for volunteer staff to administer prescribed emergency treatment.

Head of Establishment ..... **Date** .....

Details of trained volunteer staff to be retained by school

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Allergy Action Plan

CHILD'S NAME _____

EARLY YEARS SETTING (EYS) / SCHOOL _____

HAS THE FOLLOWING ALLERGIES: _____

Child's date of birth

_____

NHS Number (If known)

_ _ _ / _ _ _ / _ _ _ _

Photo

Emergency contact number

_____

Alternative emergency number if parent / guardian unavailable

_____

EMERGENCY TREATMENT

Name of adrenaline auto injector _____

How many adrenaline auto injector been prescribed for use in school?_____

Name of antihistamine (medicine for allergies)._____
Refer to label for dosage instructions

Name of inhaler (if prescribed) _____

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Give antihistamine according to the child's allergy treatment plan.
- Locate adrenaline auto-injector (s)
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.

Watch for signs of ANAPHYLAXIS
(Life-threatening allergic reaction):

Airway:	Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.
Breathing:	Difficult or noisy breathing, wheeze or persistent cough.
Consciousness:	Persistent dizziness / becoming pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE of these signs is present:

1. **Lie child flat.** If breathing is difficult allow to sit.
2. **Use adrenaline auto injector without delay**
3. **Dial 999 to request an ambulance*** and say ANAPHYLAXIS (ANA-FIL-AX-IS)

If in doubt give adrenaline auto injector

After giving adrenaline auto injector

1 Stay with child until ambulance arrives; do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose of** adrenaline auto injector (if available) in the alternate leg

*you can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze)

Allergy action plan will be reviewed on notification of any changes

CONSENT

☐ I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS).

☐ I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above.

☐ I will ensure that the above medication is kept in date and replaced if used.

☐ I consent for my child's action plan and photo to be displayed within EYS / school

☐ I consent to the use of the school's generic adrenaline auto injector if available

Your name (Print)

_____

Your signature

_____

Please circle Parent /Guardian

Date _____

Appendix D: Birch Copse Individual Healthcare Plan

Name of school/setting	Birch Copse Primary School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Medication Administration Notification Slip

Name: _____ Date: _____

Medication: _____

Dosage(s): _____

Time(s) given: _____

Medication Administration Notification Slip

Name: _____ Date: _____

Medication: _____

Dosage(s): _____

Time(s) given: _____

Medication Administration Notification Slip

Name: _____ Date: _____

Medication: _____

Dosage(s): _____

Time(s) given: _____