

THE SALTERNS ACADEMY TRUST: ADMIRAL LORD NELSON SCHOOL

**Supporting Students with Medical Needs
(Including First Aid)**



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1. Key staff involved

Role	Name(s)
Headteacher:	C Doherty
Designated Safeguarding Lead	K Holness
Assistant Headteacher: Inclusivity	S Fenner
Link Governor:	Sarah Christopher for SEND and Nathan Waites for Safeguarding

2. Governing Body Statement

The Governors will ensure that: Arrangements are in place to support students with medical conditions so that they can access the full curriculum and that all arrangements to keep children safe and well are adequately managed.

3. Introduction

The Children and Families Act 2014 requires Governing Bodies to ensure that arrangements are in place to support students with medical conditions. Students with medical conditions have the same right of admission to school as other students and cannot be refused admission or excluded from school on medical grounds alone.

The DfE guidance can be found on the DfE website (www.gov.uk) – Supporting Pupils at School with Medical Conditions – (December 2015, updated last in 2017). This is the Statutory Guidance for all schools to follow.

4. Roles and Responsibilities

The Governing Body of Admiral Lord Nelson School will ensure the school's policy will be implemented effectively and that the administration of medicines and supporting children with complex health needs is adequately managed. An annual audit of staff training, record keeping and the management of Individual Healthcare Plans will be carried out by the school.

Any member of staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of the students with medical conditions that they teach.

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and must supply the school with all the relevant information needed in order for proficient care to be given to the child.

5. Our Aims

- To support students with medical conditions so that they have full access to education, including physical education and educational visits.
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication.
- To write, in association with Healthcare Professionals, Social Care and Parents, Individual Healthcare Plans where necessary.
- To keep, monitor and review appropriate records.

Some children with medical conditions may be considered to be disabled under the definitions set out by the Equalities Act 2010 and some may have Special Educational Needs (including as defined by an EHCP)

6. Unacceptable Practice

While school staff will use their professional discretion in supporting individual students, it is unacceptable to:

- Prevent children from accessing their medication.
- Assume every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents/carers or ignore medical advice.
- Prevent children with medical conditions accessing the full curriculum unless specified in their Individual Healthcare Plan.

7. Expectations

It is expected that:

- Parents will inform the school of any medical condition which affects their child.
- Parents will supply the school with appropriately prescribed medication with dosage information clearly printed by a pharmacy on the container.
- Parents will ensure that medicines to be given in school are in date and clearly labelled.
- Medical professionals involved in the care of children with medical needs (such as but not limited to diabetes or epilepsy) will fully inform staff of the child's condition, needs management and implications for the school life of that individual.

8. Procedures for Supporting Students with Medical Conditions

8.1 Short Term Medical Needs: Medicines should only be administered at school where it would be detrimental to a child's health if it were not administered during the school day.

8.2 Long Term Medical Needs: Sufficient information about a student's condition and the likely impact on their learning and access to school should be provided by parents, previous school or medical and other professionals as appropriate. This information should be obtained prior to admission or as soon as a diagnosis is made. Discussion of medical conditions forms part of the transition arrangements between KS2/3 so that relevant support is in place prior to a student starting at ALNS. This will include conversations with parents and primary school staff as well as the school nursing team and specialist medical professionals as appropriate. It will also be important to obtain the child's voice at this point.

As new information becomes available, doctors' notes and medical information should be handed to the Medical Room who will copy the information and return to the student. The SENCO, in conjunction with the DSL will make a decision if a HealthCare Plan is necessary. A HealthCare Plan clarifies, for all concerned, the help that can be provided and should be reviewed on an annual basis or as required. Where a child has an EHCP the health care plan should be linked to that plan.

Healthcare plans are kept in the medical room, on Arbor and ones that have the potential to require emergency action are prominently, yet confidentially displayed and easy to access

8.3 Administering Medicines:

In order to administer medicines:-

- The school must have parental written permission – a medical consent form **must** be completed
- Medicines should be provided in the original container which includes the prescriber's instructions.
- A record must be kept (using the online medical tracker) each time medicine is given
- Parents must be informed when a child is unwell and/or if non prescribed medication is given (such as paracetamol). Paracetamol consent is held centrally and requested as part of admission procedures – a parent can, of course, refuse to

consent.

- When administering prescription medication, staff should check the child's name, the name of the medicine, the dosage, the expiry date and any other instructions carefully. When special care is needed over dosage it is good practice to have a second adult present
- If a child refuses to take the medicine, they should not be forced to do so. A written record should be kept and parents informed on that day.
- Parents must keep the school informed about any changes to instructions.

8.4 Prescribed Medicines: Procedures for taking medicines during the school day:

- Only when essential (most often medicines can be taken outside of the school day)
- Only when prescribed by a medical professional.
- Only when provided in the original container with prescriber's instructions for administration and clearly named for that particular student
- Only in accordance with the stated dose and recorded as such.
- Students must **never** be given another student's medication.

8.5 Controlled Drugs: (eg Ritalin)

Some drugs are controlled by the Misuse of Drugs Act and may be prescribed to students.

- The school will look after controlled drugs and a named member of staff will administer them in accordance with instructions.
- Controlled drugs are locked in a non-portable container and a record kept of quantity and usage.

8.6 Non-prescribed Medicines:

- Paracetamol is the only non-prescribed medication that can be given (and only with parental consent)
- Paracetamol should only be given once during the school day, after 12pm to avoid repeating a potential morning dose given at home. In an emergency we will contact home by telephone to ensure a double dose is not a risk should a student need paracetamol in the morning.
- NB - Students under 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed
- Students must **never** be given another student's medication.

8.7 Dealing with Medicines Safely (Storage):

- Students should know where their medicines are stored and should have immediate access to them if appropriate (eg Asthma inhalers).
- Medicines that are required in an emergency should **not** be locked away.
- Other non-emergency medicines should be kept in a safe place not accessible to students.
- Medicines that need refrigeration should be refrigerated with restricted access.
- Parents/carers are responsible for the disposal of medicines. Medicines should be returned to the student at the end of each term. Any uncollected medicine should be taken to a pharmacy for safe disposal.

8.8 Emergency Procedures:

- Relevant staff are made aware of the procedures that apply to individual students such as diabetics or those with heart conditions
- If it is appropriate to remove a student to hospital, an ambulance should be called rather than taking a student to hospital by car (although a parent may choose to collect them)
- A member of staff must accompany a student to hospital and remain with them until

a parent or carer arrives.

8.9 Self Management:

- Where possible, students should be encouraged to take responsibility for their own medicine administration, under staff supervision where required.
- Students who suffer from asthma should have immediate access to their medication throughout the day, with at least one spare full inhaler left at all times in the medical room. Similarly, every student who needs one should ensure that there is a spare epipen in the medical room at all times.

8.10 Taking medicine during school trips:

- Where possible, medical needs should not prevent a student from joining school trips.
- The decision regarding whether a student can join a trip should be taken following a discussion with staff, parents/carers and if appropriate other professionals.
- If appropriate, a risk assessment should be written and actioned – the safety of everyone on the trip is the primary concern

8.11 Sporting Activities:

- Where possible, medical needs should not prevent a student from engaging in sport and PE
- Any restrictions necessary, such as for a heart condition or eating disorder should be recorded in an Individual Healthcare Plan.
- Communication with all appropriate staff will be the responsibility of the safeguarding and attendance team or SENCO as appropriate.
- If appropriate, a risk assessment should be written and actioned

9 References:

Supporting pupils at school with medical conditions (Sept 2014) - DFE

[Supporting pupils with medical conditions at school - GOV.UK](#)