



LEICESTER

THERAPEUTIC SCHOOL

BUILDING FOUNDATIONS THROUGH NURTURE AND MINDSET

Supporting pupils with medical conditions and administering medication Policy

Policy Owner	Leicester Therapeutic School
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Linked Policies	Safeguarding & Child Protection Policy Equality, diversity and inclusion Positive Behaviour SEND Information Report Health & Safety Risk Assessment Staff Code of Conduct
ISS Regulatory Requirements	Part 1 – Quality of Education Sections 3(b) Part 2 – Spiritual, moral, social, and cultural development of pupils Section 5(b)(i)

Safeguarding at Leicester Therapeutic School

At Leicester Therapeutic School, we are committed to providing an environment in which students feel safe and secure to access their education. All stakeholders are responsible for ensuring the safety and well-being of children. Safeguarding is everyone's responsibility, and all staff are encouraged to maintain an "it could happen here" attitude. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying. Leicester Therapeutic School are dedicated to creating a strong safeguarding culture, and that the safety and well-being of children is the central thread that embeds itself through all aspects of the school. If a person is concerned about anything they read, witness or hear with regards to the school, they should contact the school's designated safeguarding lead immediately or Headteacher. Safeguarding, and the safety and well-being of all pupils at Leicester Therapeutic School is carefully considered and a central theme through all school policies.

Special Educational Needs & Disabilities (SEND) at Leicester Therapeutic School

At Leicester Therapeutic School, we are passionate about providing an inclusive education to children with special educational needs. We recognise and celebrate the individuality of our pupils and use personalised approaches, allowing pupils with SEND to feel supported during the school day. We strive to provide pupils with the same opportunities and experiences that pupils would have received at a mainstream school, believing passionately that in the right environment, with the right support, pupils will flourish in education. We do this by focusing on providing a SEND friendly environment, a differentiated curriculum and a strong focus on developing pupils' personal, social and emotional development. The special educational needs and disabilities of all pupils at Leicester Therapeutic School is carefully considered and a central theme through all school policies. For more information, please read the school's SEND Information Report.

1. Policy Aims

The aims of our Supporting Pupils with Medical Conditions and Administering Medication policy are to:

- Ensure pupils, staff and parents understand how Leicester Therapeutic School will support pupils with medical conditions
- Ensure pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- Ensure the correct recording, storage and use of medication

2. Legislation and guidance

Section 100 of the Children and Families Act 2014 and its statutory guidance apply to maintained schools, academies and pupil referral units; they do not currently impose that specific duty on this independent school. Leicester Therapeutic School uses the guidance as a model for good practice while meeting its own duties under the independent school standards, the Equality Act 2010 and health and safety law. [Section 100 of the Children and Families Act 2014](#)

This policy also takes account of the Department for Education's guidance on supporting pupils with medical conditions and its July 2026 allergy safety guidance, which is useful for independent schools but is not currently a statutory requirement for them. [supporting pupils with medical conditions at school](#)

This policy should be read with the school's first aid, health and safety, safeguarding, risk assessment, accessibility and allergy arrangements, and the following legislation: [first aid in schools](#) [health and safety in schools](#) [incident reporting in schools](#)

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#) The Management of Health and Safety at Work Regulations 1999 require suitable risk assessments and arrangements to implement necessary safety measures.
- [The Management of Health and Safety at Work Regulations 1999](#) The Equality Act 2010 requires reasonable adjustments for disabled pupils and prohibits unlawful disability discrimination.
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The Education \(Independent School Standards\) Regulations 2014](#) The Education (Independent School Standards) Regulations 2014 require suitable accommodation for medical examination and treatment and for the care of sick or injured pupils, as well as arrangements to safeguard and promote pupils' welfare.

3. Roles and responsibilities

The proprietor body and governors

The proprietor body is accountable for the school's health and safety and for ensuring suitable medical support arrangements. It delegates day-to-day implementation to the Headteacher and staff and receives assurance about training, incidents and policy review.

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)
- Ensure that all staff who need to know are aware of a child's condition
- Coordinate the development, implementation and review of individual healthcare plans (IHPs), with relevant clinical advice.
- Arrange appropriate trained cover throughout the school day and for trips and activities.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Seek advice from the pupil's healthcare team or school nursing service where needs are unclear or have changed.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Staff

Staff will be told which responsibilities they have agreed to undertake. No member of staff will administer medicines or undertake a healthcare procedure without appropriate information, training and confirmation of competence for the task.

Staff supporting pupils will receive training matched to the child's needs and IHP, with refresher training where required. Emergency arrangements will be accessible to all staff who may need to respond.

Teachers will consider 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.

Parents

Parents 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
- Carry out any action they have agreed to as part of the implementation of the IHP, for example, provide medication and equipment, and ensure that they or another nominated adult are always contactable

Pupils

Pupils will be supported to express how their condition affects them and to take part in planning at a level appropriate to their age, understanding and communication needs. The IHP will set out any agreed self-management arrangements.

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 and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When notified of a new or changed medical need, the school will assess immediate safety arrangements without delay and agree a full plan as soon as reasonably practicable, aiming to have it in place before the pupil starts or returns where possible.

The process outlined below will be followed to decide whether the pupil requires an IHP:

- A parent, pupil or healthcare professional tells the school about a diagnosis, changed need or planned return after illness.
- The Headteacher or relevant senior member of staff co-ordinates a meeting to discuss the child's needs
- This meeting may include key school staff, the child, parents, relevant healthcare professionals
- Develop an IHP if required
- Identify staff training needs
- Organise training for relevant staff
- Implement IHP and inform all relevant staff
- Review the IHP annually or if the needs of the child change

4. Individual Health Care Plans

The headteacher or relevant senior member of staff has overall responsibility for the development of IHPs for pupils with medical conditions.

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

An IHP will be used where the pupil needs individual arrangements, regular medication, a healthcare procedure or an emergency response plan. Where a separate IHP is unnecessary, the school will record the agreed arrangements and the reasons.

Plans will be drawn up in partnership with the school, parents and, if required, a relevant healthcare professional, such as the school nurse, specialist, or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

The IHP will align with the pupil's EHC plan and any relevant health advice, while making clear the school's day-to-day responsibilities and emergency arrangements.

The level of detail will reflect the pupil's needs. The plan should consider:

- 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 it is used to manage their condition, dietary requirements and environmental issues, for example, crowded corridors, travel time between lessons etc.
- 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 etc.
- 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
- Named staff, training and competence requirements, and cover arrangements.
- Who in the school needs to be aware of the pupil's condition and the support required
- Parental consent and instructions for medicines and any agreed pupil self-administration.
- 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, for example, risk assessments
- Where confidentiality issues are raised by the parent/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

5. Managing medicines

Medicines

Prescription medicines will be administered only with written parental consent, current instructions and staff training where required. An individual emergency plan will explain any circumstances in which immediate treatment is needed.

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

The school will normally accept prescription medicines only when they are:

- In date
- Labelled for the individual pupil, with the prescribed dose and instructions clearly identifiable.
- In the original container supplied by the pharmacy, except insulin may be provided in an insulin pen or pump with appropriate instructions.

Medicines will be stored in accordance with their instructions, securely and within any required temperature range. Emergency medicines will be readily accessible to trained staff and, where appropriate, to the pupil; they will not be locked away in a way that delays treatment.

The school will not change prescribed dosing times on its own. Parents should ask the prescriber or pharmacist whether doses can be given outside school hours; any school-time dose will follow the label and agreed IHP.

For medicines requiring a school-time dose, staff will follow the prescriber's instructions on timing and intervals and will clarify any ambiguity with the parent and prescriber or pharmacist before administration.

Unused or expired medicines will be returned to parents for safe disposal through a pharmacy. Sharps and clinical waste will be handled under the school's infection-control arrangements.

Non-prescription medicines, including paracetamol

The school may administer an age-appropriate non-prescription medicine only where there is a clear need, written parental consent, safe instructions and a record of the decision. Staff will check allergies, contraindications and any previous dose. A child who is unwell or feverish will be assessed for collection or medical advice as appropriate.

Written consent may be:

- Provided in advance, **or**
- Provided **on the day of administration**, in writing (paper or electronic)

Consent or the same-day check must establish what medicine and dose the child has already received, and when, to avoid duplicate dosing.

Paracetamol will be administered:

- Only at the age-appropriate dose and interval stated on the product label or advised by a healthcare professional.
- For a short-term need after checking the pupil's condition and whether parents or a clinician should be contacted.
- Not as a preventative measure

The record will include the medicine, dose, time, reason, consent, checks made, staff involved and any adverse reaction. Parents will be told what was administered and when.

Controlled drugs

Controlled drugs will be stored securely with access restricted to authorised staff, while remaining accessible when needed. Receipt, administration, balance, disposal and any discrepancy will be recorded and checked promptly. Staff will follow the pupil's IHP and current prescription. Misuse of Drugs Regulations 2001

Pupils managing their own needs

Pupils who can safely self-manage medicines will be supported to do so in line with their IHP, with an assessment of storage, access and supervision appropriate to the pupil.

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 IHP and inform parents so that an alternative option can be considered, if necessary.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil 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 pupil becomes ill, send them to the school office or first aid room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, for example, hospital appointments
- Prevent pupils 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 child, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, for example, by requiring parents to accompany their child
- Administer, or ask pupils to administer medicine in school toilets

6. Administering Medication

Before administration, a trained staff member will check the pupil, medicine, dose, route, time, expiry date, consent and relevant IHP or prescription. A second check will be used for higher-risk medicines or where the IHP or school procedure requires it. Staff will use safe hygiene and sharps procedures, observe the pupil as required, record administration promptly and inform parents of any error or adverse effect. Any error will trigger immediate clinical advice and an incident report.

7. Emergency Procedures

Staff will follow the pupil's emergency plan and call 999 when indicated. Emergency medicines such as adrenaline auto-injectors, inhalers or rescue medication will be available without delay, with trained staff and suitable backup arrangements. The school will record and review serious incidents and near misses. If a pupil is taken to hospital, staff will give responders the relevant IHP and medicine information, remain with the pupil as appropriate until a parent or responsible adult takes over, and notify parents promptly.

8. 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 IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

A relevant healthcare professional will advise on specialist training and confirm competence where required. The Headteacher will keep training and refresher records and ensure cover staff know the emergency arrangements.

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 IHPs
- Help staff to understand 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.

9. Record keeping

The school will keep accurate records of medicines received, administered, refused, omitted, returned or disposed of, and of errors and adverse reactions. Records will be stored securely and retained in accordance with the school's retention schedule. Parents will be informed of relevant administrations and incidents.

IHPs and emergency summaries will be accessible to staff who need them, including trip leaders, while personal health information is otherwise kept confidential.

10. Liability and Indemnity

The proprietor body will ensure that the school has insurance appropriate to the medical support and procedures it agrees to provide and that staff understand the scope of cover.

11. Complaints

Parents may raise concerns with the Headteacher and use the school's complaints procedure if unresolved. Urgent safety concerns will be addressed immediately rather than waiting for a complaint outcome.

The Headteacher will review this policy by September 2027, and earlier after a significant incident or change in law, guidance or provision.

The proprietor body will approve substantive changes and review assurance on staff competence, medicine records and emergency readiness.