



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

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing 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](#).

This policy should be read in conjunction with the advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- [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](#), which require employers to assess the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [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](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils

3. Roles and responsibilities

The Governing Board

The Proprietor and the Governing Board has ultimate responsibility for health and safety matters in the school, but delegates operational matters and day-to-day tasks to the Headteacher and staff members.

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
- Take overall responsibility for the developing and monitoring of individual healthcare plans (IHPs)
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- 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

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, although they will not be required to do so. 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 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 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 IHPs. They are also expected to comply with their IHPs.

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 the school is notified that a pupil has a medical condition it 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.

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

- Parent or healthcare professional tells the school that the child – has a new diagnosis, is due to return to school after a long-term absence or has needs which have changed
- 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

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP 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 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.

IHPs will be linked to, or become part of, any education, health care plan (EHCP). If a pupil has SEND but does not have an EHCP, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the following will be considered when deciding what information to record on IHPs:

- 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
- 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 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, 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 at school after obtaining written consent from parents. Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

The school will only accept prescribed medicines that are:

- In date
- Labelled with the child's name
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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 that need to be taken three times a day to be taken in the morning, after school and at bedtime with no need for it to be administered in school

Medicines that need to be taken four times a day can be administered once during the school day and doses must be spaced as evenly as possible over 24 hours

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

Non-Prescription Medicines (Paracetamol)

The school **holds paracetamol on site** and may administer it to pupils **with written parental consent**.

Written consent may be:

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

Same day written consent must confirm that **no previous dose has been given**.

Paracetamol will be administered:

- In accordance with the manufacturer's instructions and recommended dosage
- Only to relieve short-term pain or fever
- Not as a preventative measure

A written record will be kept of the consent received and the administration of paracetamol, including the dose, time, reason for administration and the name of the member of staff who administered it.

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, 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.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

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

A trained member of the school staff will administer medication to a pupil. Prior to administration, staff will check the written parental consent, confirm the correct dosage, and verify the pupil's identity to ensure the medication corresponds to the child receiving it. A second member of staff will be present as a witness. Medication will be administered in a safe, hygienic and respectful manner. Following administration, any equipment used (such as spoons, syringes or cups) will be cleaned thoroughly or disposed of in accordance with hygiene and infection control procedures, and staff will wash their hands before and after administering medication. A written record of the administration will be completed and securely retained, including the date, time, dosage, and the names of the staff involved, in line with the Independent School Standards and safeguarding requirements.

7. Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency (where appropriate) and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

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.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. 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 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 governing board will ensure that records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

10. Liability and Indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

11. Complaints

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

This policy will be reviewed by the Headteacher every year.

At every review, the policy will be approved by the full governing board.