MOULSHAM HIGH SCHOOL

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

SEPTEMBER 2026

Date of Draft Policy:	June 2026	
Consultation with Staff Required	From Yes	From No ✓
Period of Consultation (if required)	From n/a	To n/a
Date of LGC Meeting at which Policy Approved (if required)	July 2026	
Date of Adoption of Policy	1st September 2026	
Date Policy available on Central Area/www (if appropriate)	1st September 2026	

Contents

INTRODUCTION

1.1. Moulsham High School wishes to ensure that students with medical conditions, in terms of both physical and mental health receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance published in December 2015 – "Supporting students at school with medical conditions".

1.2. Most students will, at some time, have a medical condition which may affect their participation in school activities. For many this will be short-term: perhaps finishing a course of medication. Other students have medical condition which, if not properly managed, could limit their access to education. Such students are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

1.3. This policy defines the ways in which Moulsham High School supports the needs of students with medical conditions (temporary or long-term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer.

COPE/AIMS

At Moulsham High School, we aim to:

2.1. To ensure that children with medical needs receive proper care and support in school and experience as little disruption to their education as possible.

2.2. To provide guidance to staff, teaching and non-teaching, on the parameters within which they should operate when supporting students with medical needs.

2.3. To develop staff knowledge and training in all areas necessary for our students.

2.4. To ensure safe storage and administration of agreed medication.

2.5. To provide a fully inclusive school.

ROLES & RESPONSIBILITIES LOCAL GOVERNING COMMITTEE

3.1. The Local Governing Committee has overall responsibility for the implementation of the 'Supporting Students with Medical Conditions Policy' and procedures of Moulsham High School, ensuring that the 'Supporting Students with Medical Conditions Policy', as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation. A link governor for this area is appointed annually and feedbacks to the Local Governing Committee each term.

3.2. Any complaints regarding this policy will be handled in line with the Bridge AcademyTrust's Complaints Policy.

3.3. The Local Governing Committee must ensure that all students with medical conditions are able to participate fully in all aspects of school life and relevant training is delivered to staff members who take on responsibility to support children with medical conditions.

3.4. Trustees must ensure that the level of insurance in place reflects the level of risk.

HEADTEACHER

3.5. The Headteacher will be responsible for the day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures of Moulsham High School

3.6. The Headteacher must ensure that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy and staff who need to be made aware of a student's medical condition. They must also make all staff aware of the policy.

3.7. They must ensure the policy is developed effectively with partner agencies and liaise with healthcare professionals regarding the training required for staff.

3.8. The Headteacher must ensure that the appropriate staff in school are developing Individual Healthcare Plans (IHCPs) and that there are a sufficient number of trained members of staff available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.

MEDICAL OFFICER

3.9. The Medical Officer must ensure they keep written records of any and all medicines administered and parents notified via text see Appendix 5 and Appendix 6.

3.10. They must administer medication, if they have agreed to undertake that responsibility and undertake training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility.

3.11. The Medical Officer must ensure that individual student's protocols are in place for staff or students administering injections.

STAFF MEMBERS

3.12. Every staff member must take appropriate steps to support children with medical conditions and where necessary, make reasonable adjustments to include students with medical conditions into lessons.

3.13. Everyone must familiarise themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.

SCHOOL NURSE

3.14. The school nurse must notify the school when a child has been identified with requiring support in school due to a medical condition and liaise with lead clinicians on appropriate support.

PARENTS & CARERS

3.15. Parents and carers must keep the school informed about any changes to their child/children's health and discuss any medications with the school, their child/children prior to requesting that a staff member administers the medication.

3.16. Parents and carers must support the school by completing a parental agreement for school to administer medicine (Appendix 4) form before bringing medication into school and where necessary, developing an Individual Healthcare Plan (IHCP, see Appendix 1) for their child in collaboration with the school and other healthcare professionals.

3.17. They must also provide the school with the medication their child requires keep it up to date and collect any leftover or out of date medication as requested by the school.

THE STUDENT/CHILD

3.18. Children who are competent will be encouraged to take responsibility for managing their own prescribed medicines and procedures. Medicines will be located in the medical room.

3.19. Where appropriate, students will be encouraged to take their own prescribed medication under the supervision of a staff member

3.20. If students refuse to take prescription medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

DEFINITIONS

4.1. Any prescribed or non-prescribed medication is not allowed to be carried by students. This excludes inhalers**,** EpiPens, and insulin pens.

4.2. "Prescription medication" is defined as any drug or device prescribed by a doctor or pharmacist. If parents are unsure contact the Medical Officer.

4.3. A "staff member" is defined as any member of staff employed at Moulsham High School, including teachers.

TRAINING OF STAFF

5.1. All staff will receive training on the Supporting Students with Medical Conditions Policy as part of their new starter induction and will receive ongoing support as part of their development.

5.2. Staff who undertake responsibilities under this policy will receive one or more of the following training externally and the school will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

5.2.1. Appropriate First Aid training

5.2.2. Auto- Injector pen training

5.2.2. Epilepsy training

5.2.4. Defibrillator training

5.3. No staff member may administer prescription medicines, administer drugs by injection or undertake any healthcare procedures without undergoing training specific to the responsibility.

INDIVIDUAL HEALTHCARE PLANS (IHCP)

6.1. Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the student, parents/carers, school, Special Educational Needs Coordinator (SENCO), where appropriate and medical professionals.

6.2. IHCPs should be easily accessible whilst preserving confidentiality and reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

6.3. Where a student has an Education, Health and Care Plan or special needs statement, the IHCP will be linked to it or become part of it.

6.4. Where a child is returning from a period of hospital education or alternative provision or home tuition, the school will work with all relevant parties to ensure that the IHCP identifies the support the child needs to reintegrate.

MEDICINES

7.1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.

7.2. Parents of students who notify the school they have asthma, should be invited to complete a specialised School Asthma Card Care plan (Appendix 3) for their child. A spare inhaler should be provided by the parent and kept in the medical room, in the event of an emergency. All staff are to be made aware of the positioning of inhalers.

7.3. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

7.4. Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.

7.5. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

7.6. Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

7.7. A maximum of four weeks supply of the medication may be provided to the school at one time.

7.8. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drugs Education Policy and Student Behaviour Policy.

7.9. Medications will be stored in the medical office and a written record will be kept of any medication administered.

7.10. Any medications left over at the end of the course will be returned to the child's parents.

7.11. Students will never be prevented from accessing their medication.

7.12. Moulsham High School cannot be held responsible for side effects that occur when medication is taken correctly.

EMERGENCIES

8.1. Where an Individual Healthcare Plan (IHCP) is in place, it should detail, what constitutes an emergency and what to do in an emergency.

8.2. If a student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

AVOIDING UNACCEPTABLE PRACTICE

9.1. Moulsham High School understands that the following behaviour is unacceptable:

9.1.1. Assuming that students with the same condition require the same treatment.

9.1.2. Ignoring the views of the student and/or their parents.

9.1.3. Ignoring medical evidence or opinion.

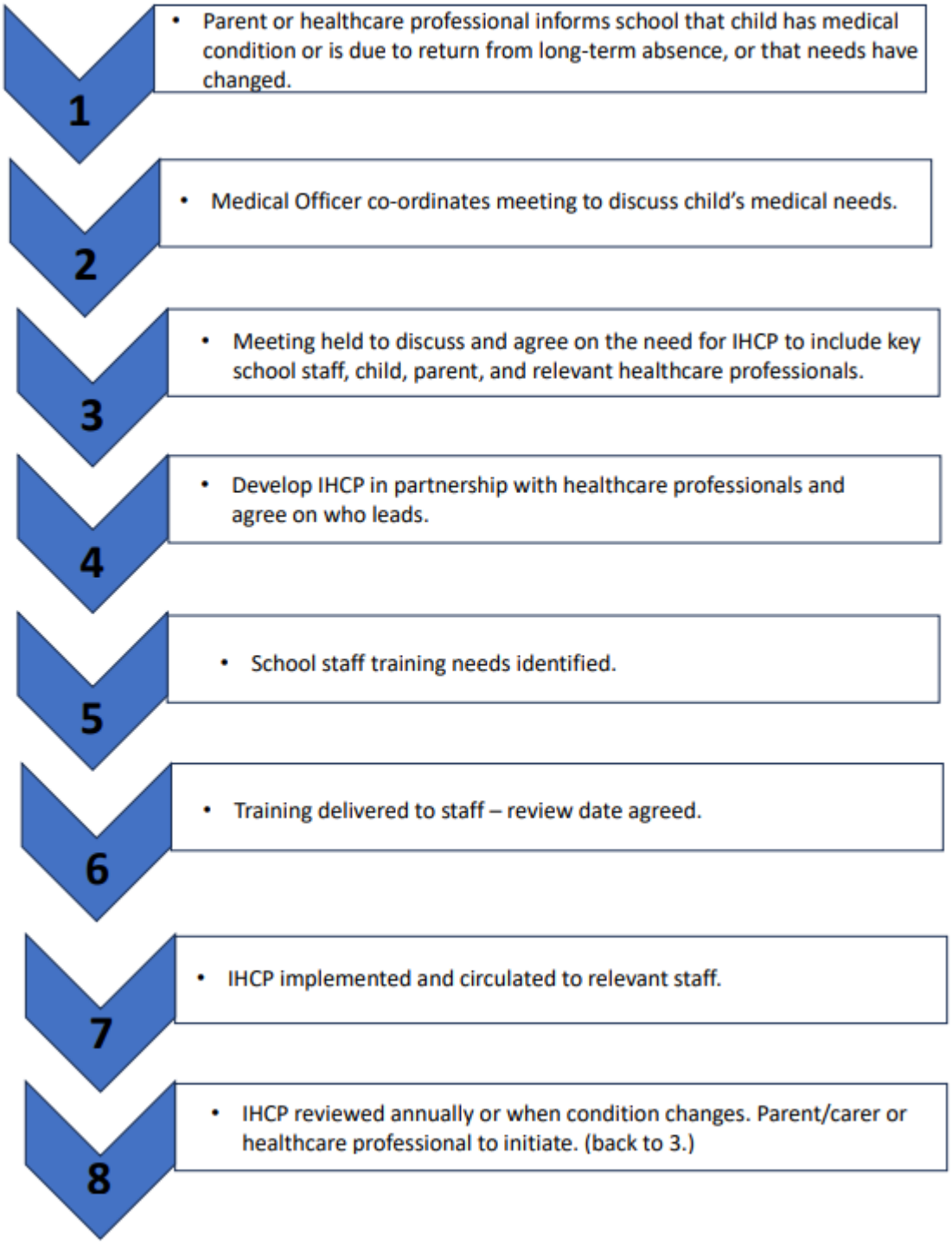
9.1.4. Sending students home frequently or preventing them from taking part in activities at school.

9.1.5. Sending the student to the medical room or student services alone if they become severely ill. Any student with a potential head injury or burn must be accompanied by a member of staff to the medical room if appropriate, or a first aider called to attend if not.

9.1.6. Any student attending the medical room will be logged and assessed by the designated Medical Officer or First Aider. Parents will be notified in instances involving burns, head injuries, or if the student is exhibiting signs of shock.

9.1.7. Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

APPENDIX 1 - INDIVIDUAL HEALTHCARE PLAN IMPLEMENTATION PROCEDURE



APPENDIX 2 - INDIVIDUAL HEALTHCARE PLAN TEMPLATE

Moulsham High School Individual Health Care Plan

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 student'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

APPENDIX 3- SCHOOL ASTHMA CARD

SCHOOL ASTHMA CARD

To be filled in by parent/ carer

Childs name

Date of birth

Address

Parents/ carer name

Phone number

Email

Doctor/ Nurse name

Doctor Phone number

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the schools policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicine below. After treatment and as soon as they feel better, they can return to normal activity.

Medicine	Parents/ carers signature

If the school holds a central reliever inhaler and spacer for use in emergencies. I give permission for my child to use this.

Parents/ carers signature	Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Signature

Parents/ carers signature	Date

What signs can indicate your child is having an asthma attack?

Does your child tell you when they need medicine?

Yes ☐ No ☐

Does your child need help taking their medicines?

Yes ☐ No ☐

What are your child's triggers?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/ Flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the schools care?

Yes ☐ No ☐

Permission form required.

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm
2. Help them take one puff of their reliever inhaler every 30-60 seconds, up to maximum of 10 puffs
3. **Call 999 for an ambulance if:**
   - Their symptoms get worse while they're using their inhaler- this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a tummy ache.
   - They don't feel better after 10 puffs
   - You're worried at any time
4. You can repeat step 2 if the ambulance is taking longer than 15 mins.

Any asthma questions

Parents and carers ask our respiratory nurse specialists Call 0300 222 5800

email helpline@asthmaandlung.org.uk

APPENDIX 4 – ADRENALINE AUTO-INJECTOR CONSENT FORM

ALLERGY ACTION PLAN

This child/ young person has the following allergies .....

Name:

.....

DOB:

.....

Mild/moderate reaction:

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

Action to take

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s) • Give antihistamine:
- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Emergency Contact details:

Name: .....

Phone: .....

Name: .....

Phone: .....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back up adrenaline autoinjector if available, in accordance with Department of Health guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY

AIRWAY	BREATHING	CONSCIOUSNESS
Persistent cough, hoarse voice, difficulty swallowing, swollen tongue	Difficult or noisy breathing, wheeze or persistent cough	Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector without delay**
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

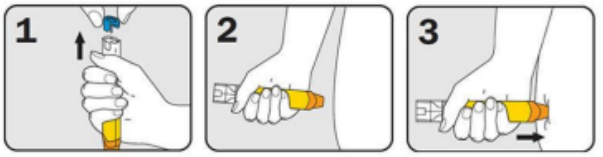
***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

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 2nd adrenaline dose** using a second autoinjector device, if available.

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.

How to give EpiPen



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)

PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds
REMOVE EpiPen®

Additional instructions

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever vis spacer.

Own spare held in medical

Serial number: .....

Expiry date: .....

Checked by initial: .....

Any other information:

APPENDIX 5 - PARENTAL AGREEMENT FOR A SCHOOL TO ADMINISTER MEDICINE TEMPLATE

Permission to administer medicine.
The school will not give your child medicine unless you complete and sign this

Date for review to be initiated by	
Name of school/setting	Moulsham High School
Name of child	
Date of birth	
Class/ Form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Amount Received	
Special precautions/ other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration - Yes/ No	
Procedures to take in an emergency	
Amount Returned	

NB: MEDICINES MUST BE IN ORIGINAL CONTAINER AS DISPENSED FROM PHARMACY

Contact Details

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand I must deliver the medicine personally to	Receptionist/ First Aid

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/ setting staff administering medicine in accordance with the school/ setting policy.
I will inform the school/ setting immediately, in writing, if there are any changes in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)		Date	

APPENDIX 6 - RECORD OF MEDICINE ADMINISTERED TO CHILDREN WITHOUT A IHCP

Date	Time Given	Dose Given	Reason	Staff Member	Staff Initial	If medication refused /forgotten – Parents informed	Staff Initials	Text parents

APPENDIX 7 - CONTACTING EMERGENCY SERVICES

Alert the Headteacher to the emergency.

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- Your telephone number – 01245 50….**Add your direct line phone number/mobile**
- Your name.
- Your location as follows: **Moulsham High School, Brian Close, Chelmsford**.
- The satnav postcode (if different from the postal code.) **CM2 9ES** The exact location of the patient within the school.
- What3words: **///poppy.friday.bunny**.

The name of the child and a brief description of their symptoms.

The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone.

Your Name _____

Students Name _____

Date and Time _____

Location _____

Brief Description of Symptoms

_____

APPENDIX 8 - MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent,

RE: **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each student needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include add details of team. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Name of Headteacher