

SHINE Policy for Supporting Pupils with

Medical Conditions



SHINE Policy for Supporting Pupils with Medical Conditions

2026 Edition (Updated January 2026)

Policy owner: Headteacher / Designated Medical Lead (per school)

Applies to: All SHINE schools and settings

Review cycle: Annual, or after any significant change in a pupil's condition, service arrangements, or legislation

Next scheduled review: July 2027

1. STATEMENT OF INTENT

SHINE Multi-Academy Trust welcomes and supports pupils with medical conditions and ensures they have the same opportunities as other pupils to access education, school trips and physical activity. We recognise that some medical conditions are lifelong and potentially life-threatening if mismanaged. The Trust will ensure appropriate arrangements, competence and training are in place so pupils can attend school with minimal disruption to their education.

2. LEGAL AND GUIDANCE FRAMEWORK

- Children and Families Act 2014, s100 - duty to make arrangements to support pupils with medical conditions.
- Equality Act 2010 - duties regarding disability and reasonable adjustments.
- DfE statutory guidance: Supporting pupils at school with medical conditions (2015, current; last updated 2017).
- DHSC guidance: Emergency salbutamol inhalers in schools (2014/2015).
- DHSC guidance: Using emergency adrenaline auto-injectors (AAIs) in schools (2017).

Note: The statutory duties above remain current in 2026; this policy reflects recent sector guidance to clarify roles, training and boundaries with NHS-commissioned services.

3. SCOPE AND PRINCIPLES

This policy has been created in line with the DfE guidance published in 2014 (updated 2017)

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This policy applies to:

- All SHINE schools, including trips, residential and off-site activities
- Pupils with long-term or short-term medical needs requiring medicines or procedures in school
- All staff with responsibilities for supporting pupils with medical conditions

Principles:

- Children's health needs are supported so they can access full-time education unless a part-time timetable is agreed through a multi-agency plan.
- Arrangements are child-centred and reduce stigma.
- Parents/carers are partners and provide up-to-date information and medicines.
- Staff are trained, competent and supported; records of training are maintained.
- Safeguarding and SEND are integral to planning and risk assessment.
- Arrangements are proportionate and regularly reviewed.

4. ROLES AND RESPONSIBILITIES

TRUST BOARD / GOVERNING BODY

- Ensure a policy is implemented, reviewed annually and available to parents and staff.
- Ensure sufficient staff are suitably trained and there are cover arrangements.
- Ensure appropriate insurance/indemnity covers activities described in this policy.
- Monitor implementation including training, incident logs and complaints.

HEADTEACHER (OR DESIGNATED MEDICAL LEAD)

- Oversee day-to-day implementation and ensure staff are aware of pupils' needs.
- Coordinate development, approval and review of Individual Healthcare Plans (IHPs).
- Ensure systems for secure storage, administration and recording of medicines.

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- Liaise with parents/carers, school nursing and NHS professionals as appropriate.

SCHOOL STAFF

- Follow IHPs, training and this policy; seek help if unsure.
- Record all administration of medicines and any incidents.
- Know emergency procedures and locations of emergency medicines.

PARENTS/CARERS

- Notify school of medical needs and provide written information and consent.
- Supply in-date medicines in original containers with pharmacy labels.
- Update school promptly about changes to condition or treatment.

PUPILS

- Where appropriate, be involved in decisions and self-management arrangements.
- Report if medicines are running low or if symptoms occur.

HEALTHCARE PROFESSIONALS (E.G., SCHOOL NURSES, SPECIALIST NURSES)

- Provide clinical advice, training where commissioned, and input to IHPs.
- Clarify procedures requiring clinical competence and ongoing supervision.

5. BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION

1. Parent/carer (or health professional) notifies the school as soon as possible, ideally on admission or diagnosis.
2. Designated Medical Lead gathers information and risk-assesses any immediate adjustments/training required.
3. IHP planning meeting held with parents/carers, pupil (where appropriate) and relevant health professionals.
4. Interim arrangements agreed if urgent support or training is pending; clear risk controls in place.

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5. IHP drafted, approved and shared with relevant staff; review date set; consent recorded.

6. Classroom, trip and exam arrangements updated; supply staff briefed as needed.

6. INDIVIDUAL HEALTHCARE PLANS (IHPS)

- IHPs set out condition details, triggers, signs, medicines/treatments, dosing, side effects, emergency actions, and roles.
- IHPs are developed with parents/carers, the pupil (as appropriate) and health professionals.
- IHPs are reviewed at least annually, after any incident, or following changes to condition or treatment.
- Copies are stored securely but accessible to staff who need them; key information is shared proportionately.

7. MANAGING MEDICINES ON SCHOOL PREMISES

- Medicines are administered only when it would be detrimental to health or education not to do so.
- Prescription medicines must be in-date, labelled, in original containers with prescriber's instructions.
- Non-prescription medicines require written parental consent and will not be given regularly without written confirmation from a GP/clinician.
- Storage: medicines are kept securely yet accessible; inhalers and AAI's must be immediately accessible; insulin may be stored at room temperature.
- Recording: each dose administered is recorded; errors or incidents are reported and reviewed.
- Disposal: parents collect expired/unused medicines; sharps are disposed of in appropriate containers via local arrangements.

8. BOUNDARIES WITH NHS-PROVIDED SERVICES AND INDEMNITY

- Schools will not undertake clinical procedures that require specialist healthcare training and ongoing clinical supervision unless such training, competency sign-off and indemnity are explicitly provided/commissioned by the NHS or responsible body.

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- The Trust will ensure appropriate insurance/indemnity for staff acting within this policy and their training.
- Where a clinical task exceeds the scope of training or indemnity available, the school will seek NHS support or agree reasonable adjustments pending safe provision.

9. EMERGENCY PROCEDURES

- All staff know how to call 999 and follow IHP emergency actions; office maintains up-to-date emergency contacts.
- AAIs and inhalers must be immediately accessible and never locked away; their locations are communicated to staff.
- After any emergency medicine use, parents are informed and the incident is recorded and reviewed.

10. CONDITION-SPECIFIC ARRANGEMENTS

ASTHMA (INCLUDING EMERGENCY SALBUTAMOL INHALER)

- Each school may hold one or more emergency salbutamol inhaler kits with spacers in line with DHSC guidance.
- Use only for pupils with written parental consent and a diagnosis/prescription for reliever inhaler, or as otherwise permitted in exceptional emergencies by applicable regulations.
- Maintain a register of eligible pupils; obtain annual parental consent; check device expiry monthly; record any use and inform parents.
- Schools must have a written protocol covering supply, storage, care, use and disposal of the emergency inhaler.

ANAPHYLAXIS (ADRENALINE AUTO-INJECTORS, AAIS)

- Schools may purchase spare AAIs without prescription for emergency use from 1 October 2017; holding spares is strongly recommended where pupils are at risk.
- Pupils with known risk should have access to two in-date AAIs at all times; schools should track expiry and storage and ensure rapid access (within 5 minutes).

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- Staff should be trained in recognition and management of anaphylaxis and AAI use; in an emergency, any staff member may administer an AAI and call 999.
- Maintain a register, consent and clear signage; record all administrations and review IHPs after any incident.

DIABETES, EPILEPSY AND OTHER CONDITIONS

- Specific procedures and risk assessments will be created with specialist nurses and parents and documented in the IHP.
- Where blood glucose monitoring, seizure rescue medication or gastrostomy feeds are required, only staff with appropriate training and sign-off will undertake these tasks.

11. TRAINING AND COMPETENCE

- Training needs analysis completed annually; records kept of who is trained, by whom, date, content and renewal due date.
- Competency sign-off is required for any delegated clinical procedure; refreshers occur at least annually or per clinical advice.
- Induction includes this policy and awareness of pupils with medical needs.
- Supply/temporary staff are briefed on the pupils they support and emergency procedures.

12. TRIPS, RESIDENTIALS AND PE

- Risk assessments explicitly include pupils with medical needs; reasonable adjustments are made to enable participation.
- Medicines (including spares) travel with the pupil; storage and administration responsibilities are pre-allocated and recorded.
- Leaders know how to contact emergency services and parents; records are kept of any administration on trips.

13. UNACCEPTABLE PRACTICE

- Preventing a child from accessing their inhaler, insulin, AAI or other immediate medication.

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- Ignoring medical evidence, or routinely requiring parents to attend to administer medication.
- Penalising attendance/participation for absences linked to medical needs where reasonable adjustments are required.
- Assuming all pupils with the same condition require the same treatment.
- Delaying emergency medication while seeking parental permission.

14. RECORD KEEPING, COMPLAINTS AND MONITORING

- Medication administration records are maintained and retained per Trust retention schedule.
- Training records are maintained by the designated lead.
- Complaints follow the Trust's complaints policy; concerns should be raised with the Headteacher in the first instance.
- The Trust monitors incidents, training coverage and audit outcomes annually to inform improvements.

15. REFERENCES (INTERNAL)

- Department for Education (DfE), Supporting pupils at school with medical conditions (2015, last updated 2017).
- Department of Health and Social Care (DHSC), Guidance on the use of emergency salbutamol inhalers in schools (2014/2015).
- DHSC, Using emergency adrenaline auto-injectors in schools (2017).
- UNISON (2025) Supporting pupils with medical conditions - branch resource (context on boundaries and commissioning).

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APPENDIX 1: INDIVIDUAL HEALTHCARE PLAN (IHP) TEMPLATE - SUMMARY FIELDS

Pupil name / DOB

Condition & triggers

Medicines / dose / route / timing

Emergency actions

Roles & responsibilities

Review date / signatures



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APPENDIX 2: MEDICATION ADMINISTRATION RECORD (SAMPLE)



Daily medication Signing Sheet BLANK.pdf

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APPENDIX 3: STAFF TRAINING RECORD (SAMPLE)

Staff name	Training (topic/provider)	Date	Competency signed-off by	Renewal due

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APPENDIX 4: EMERGENCY INHALER CONSENT FORM



Asthma Health Care Plan MASTER.pdf

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APPENDIX 5: EMERGENCY SALBUTAMOL INHALER PROTOCOL - CHECKLIST (SUMMARY)

- Register of eligible pupils with consent
- Location(s) and signage; accessibility within 5 minutes
- Monthly device and spacer checks; expiry tracking
- Recording and parent notification after use

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APPENDIX 5: SPARE AAI PROTOCOL - CHECKLIST (SUMMARY)

- Register of at-risk pupils; ensure two prescribed AAIs available where clinically advised
- Central spare AAIs stored accessibly, expiry tracking
- Staff training; emergency drill; 999 procedures
- Recordkeeping and post-incident review

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