

# Supporting Children with Medical Conditions Policy



## Introduction

This policy for supporting pupils with medical conditions has been developed in order to comply with new statutory guidance for governing bodies of maintained schools which came into effect from December 2015.

This policy will be reviewed annually and will be readily available to parents and school staff.

The full DfE guidance issued in April 2014, which should be read in conjunction with this policy, is included in the policy as Appendix A.

## Aims

The Governing Body will:

- ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in our school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- help parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.
- ensure the school listens to and value the views of parents and pupil and seeks and fully considers advice from healthcare professionals where appropriate.

## Principles

- The governing body and the headteacher will ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. This includes actively supporting pupils with medical conditions so that they are able to participate safely and as fully as possible in school trip and visits and sporting activities and considering reasonable adjustments for them to do so.
- We will take into account that many of the medical conditions that require support at school will affect a child's quality of life and may be life-threatening.
- We will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- We will ensure that arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. In particular, these arrangements should show an understanding of how their medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.
- School staff will be properly trained to provide the support that pupils need.

## **Policy Implementation**

While retaining their statutory and legal responsibilities, the governing body will delegate overall responsibility for the effective implementation of the policy in our school to the headteacher, Mrs Claire Stevens.

She will ensure that;

- sufficient staff are suitably trained
- all relevant staff will be made aware of the child's condition
- cover arrangements are put in place in the case of staff absence or staff turnover to ensure someone is always available
- any supply teachers are briefed about the child's condition
- risk assessments are in place for school visits, residential trips and other school activities outside of the normal timetable
- monitoring and review of individual healthcare plans takes place.

### **Procedures to be followed when notification is received that a pupil has a medical condition.**

An Individual Health Care plan will be started as soon as notification has been received that a pupil has a medical condition and procedures should also be in place to cover any transitional arrangements:

#### **For children starting school**

- Arrangements should be in place in time for the start of the relevant school term.
- New diagnosis of a medical condition or children joining the school mid-term
- Arrangements should be put in place within two weeks.
- It is not necessary to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgments will be needed about what support to provide based on the available evidence and to ensure that the right support can be put in place.
- Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

(Flowchart for model process for developing individual healthcare plan – see Annex A of DfE Guidance at Appendix A.)

The governing body requires the school to consider the following when deciding what to record on the Individual Healthcare Plan:

- 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 this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;

- 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;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child’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 child’s condition and the support required;
- arrangements for written permission from parents and the headteacher 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 child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child’s condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

### **Reporting to governing body**

The governing body will ensure that plans are reviewed at least annually or earlier if evidence is presented that a child’s needs have changed.

The headteacher is required to inform the governing body of the number of pupils requiring an individual healthcare plan and provide assurance that reviews of Individual care plans have taken place in his reports to the governing body.

### **Staff Training and Support**

Supporting a child with medical conditions during school hours is not the sole responsibility of one person. A range of people, working in partnership to meet the needs on the individual child, will provide effective support. (see para 18 of DfE Guidance Appendix A to this policy.)

The governing body will ensure that staff will be supported in carrying out their role to support pupils with medical conditions.

Any member of school staff providing support to a pupil with medical needs must have received suitable training.

In addition, whole school awareness will be delivered annually so that all staff are aware of the school’s policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included.

Training needs of staff will be identified by the headteacher or other member of the senior leadership team in conjunction with the relevant healthcare professional during the development or review of an individual healthcare plan.

Any necessary training will be commissioned by the school from an appropriate provider.

### **Administration of medicines and children managing their own medical needs**

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

### **Record keeping and informing parents**

Written records must be kept by the school of all medicines administered to children.

In the case of inhalers, the school must inform parents if a child uses their inhaler more frequently than is usual for them.

Parents must be informed immediately if it is necessary for an Epipen to be used and 999 called.

### **Managing medicines on the school premises**

The school must ensure that medicines are only administered at school when it would be detrimental to a child's health or attendance at school not to do so and in accordance with the individual healthcare plan. (For detailed guidance, see para 21 of DfE guidance Appendix A.)

Children should know where their medicines are at all times and be able to access them immediately. Devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g.: on school trips.

The governing body requires the school to store all medicines safely and appropriately.

Appropriate storage will include:

- Inhalers and Epipens held in the office cupboard in individual zip wallets. Accessible by all staff
- Other medicines held in the school office in a drawer (or stored in a staffroom refrigerator if appropriate.)

- An appropriate container for all medicines taken on residential trips to be managed by a designated member of staff on the trip.

**Medicines must not be stored where they could be easily accessed by other children.**

### **Offsite learning, School Trips and Residentials**

Class teacher and trip leaders must ensure all regular medication is taken offsite and is stated in the Risk Assessment.

Lunch times and PE lessons in the field: First Aid kit is always taken and staff will radio the school office if an inhaler is needed.

Forest School, Village Walks, Stenning Hall and other offsite trips all medication must be taken and noted on the risk assessment. A First Aid kit is always taken.

Re Residentials: all medication must be taken and noted on the risk assessment and a medication form filled in which the residential leader will keep with the medication. This includes any medication taken for bus journeys, or usually after/before school. A First Aid kit is always taken.

Re temporary medication e.g. antibiotics, pain killers, all staff that will be working with the child must be informed by the Office manager, in case of adverse reactions or an emergency where the First Response will need to be informed.

### **Emergency procedures**

As part of general risk management processes, the school is required to have arrangements in place for dealing with emergencies.

Where a child has an individual healthcare plan, this must clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, a member of staff must stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

The school needs to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems:

- Dial emergency services on 999.
- The correct address of the school is:

Hallaton CE Primary School, Churchgate, Hallaton, Leics LE18 6TY.

### **Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### **Liability and indemnity**

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

The school subscribes to insurance through the local authority, Leicestershire County Council.

Employers' Liability, Public Liability and Officials' Indemnity are covered by Zurich Municipal, policy number KSC-242118-3323. Administration of drugs or medicines or procedures pre-prescribed by a medical practitioner and emergency or first aid services are covered by the policy. For details of exclusions that apply to the policy, please see the document at Appendix C of this policy.

Any enquiries about insurance cover, liability or indemnity should be made to LCC Insurance Section on 0116 3056575.

In the event of a civil claim for negligence being issued against a member of staff as well as against the Local Authority, then the County Council will indemnify such a member of staff against any claim or action for negligence, provided that the member of staff has acted responsibly and to the best of his or her ability and in accordance with the training received and endorsed by the LA

Please note that it is important that appropriate training is undertaken and documented for members of staff who are providing medical assistance and that guidelines are always followed.

### **Complaints**

Any complaints concerning the support provided to pupils with medical conditions will be dealt with in accordance with the school's Complaints Procedure.

**Reviewed: September 2025**

Appendix A DfE Guidance April 2014 (filed on Office computer)

<https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>

Appendix B DfE Template forms – the school may develop its own versions (filed on Office computer).

Appendix C Insurance information (paper copy filed in the office).