Huntley C of E Primary School

Supporting Pupils with Medical Conditions Policy

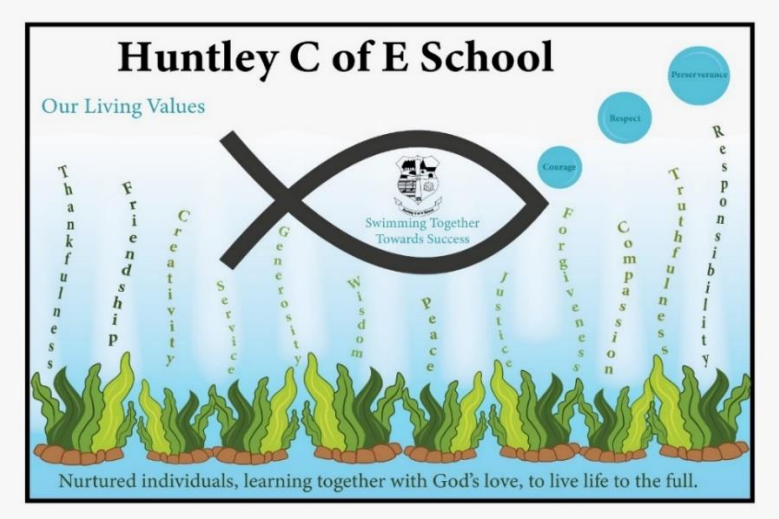
Supporting children with special medical needs

July 2026

To be read in conjunction with

DFE Guidance 2014 Supporting pupils with medical conditions at school - GOV.UK

Safeguarding and Child Protection Policy
Confidentiality Policy
Intimate Care Policy
First Aid Policy
Special Educational Needs and Disabilities (SEND) Policy
Medicines Policy
Attendance Policy
Health and Safety Policy
Accessibility Plan



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Document Reviews and Amendments

Amendment Date	Change to Document	Date of Approval
May 2021	Policy rewritten as out of date and format changed	June 2021
April 2023	Scheduled review -	FGB – 04/05/23
July 2026	Scheduled review	FGB -02/07/26

Definition

Pupils' medical needs may be broadly summarised as being of two types:

(a) Short-term affecting their participation in school activities - they may be on a course of medication.

(b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Rationale

LAs and schools have a responsibility for the health and safety of pupils in their care.

The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required.

The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

We are committed to ensuring that pupils with medical conditions are treated fairly and supported to access education on an equal basis with their peers. We will make reasonable adjustments where required and will not discriminate against any pupil because of a medical condition, disability, or related need.

We recognise that some medical conditions may amount to a disability under the Equality Act 2010. In such cases, we will ensure that appropriate reasonable adjustments are considered and implemented so that pupils can take part in school life as fully as possible.

We are committed to supporting pupils with medical conditions so that they can attend school regularly, participate in lessons and wider school life, and learn in a safe and supportive environment. We aim to work in partnership with parents and carers, pupils, health professionals, and relevant services to meet individual health needs with sensitivity and care.

We understand that medical conditions can affect attendance, concentration, confidence, physical participation, emotional wellbeing, and day-to-day access to

learning. We will do our best to reduce barriers and provide support so that pupils can continue their education with minimal disruption.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the Gloucestershire County Council Managing Medicines in Schools Policy which encourages self- administration of medication when possible.

Aims

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the DFe guidance of Medication in Schools;
- Ensure robust health care plans are in place when required
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education if possible.
- monitor and keep appropriate records.

The role of governing bodies

In conversation with staff, governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed. This will be monitored through governor visits and discussion with staff.

The role of head teachers

Head teachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child 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.

The role of parents/carers

Parents/ carers should provide the school with sufficient and up-to-date information about their child's medical needs. They will usually be the first to notify the school that

their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents/carers should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

The role of pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

The role of school staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The role of school nurses.

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

The role of other healthcare professionals.

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy)

The role of the local authority.

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and Integrated Care Boards (ICB) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).

Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs9 (whether consecutive or cumulative across the school year).

Staff training and support

When a child with specific medical needs joins Huntley, the Headteacher will work with other professionals to ensure that training needs are assessed. Then the appropriate training for the appropriate staff can be commissioned. All staff will be trained as all staff come into contact with the pupils throughout the school day. Any member of school staff providing support to a pupil with medical needs will receive suitable training. School will keep a record of medical conditions supported, training undertaken and a list of teachers trained to undertake responsibilities under this policy

Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.

Individual Healthcare Plans (IHPs)

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be

reached, the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix A.

Individual healthcare plans (and their review) will be initiated, in consultation with the parent, by the Headteacher or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the following will be considered:

• 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.

IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. Information is kept in the school office and in class registers. If consent is sought from parents a photo and instructions may be displayed. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.

IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

Asthma Action Plans (AAPs)
Schools should ensure that every student with asthma has a current asthma action plan on file, detailing triggers, medications, and emergency steps. For students with more severe asthma, an (IHP) can provide tailored guidance for daily management and emergency response. Plans should be shared with school nurses and relevant staff, written in clear language for trained personnel to follow effectively
Medication Administration and Access
Students have access to quick-relief inhalers at school. These inhalers are kept in the classroom and there an emergency inhaler in the office.

Procedure to be followed when notification is received that a pupil has a medical condition

Meetings with all relevant parties will be put in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support.

For children starting at a Huntley, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a Huntley mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Schools do not have 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, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Storage of medicines

Medicines will be stored securely and safely, but in a way that allows timely access when needed. Arrangements will include:

- secure storage out of reach of pupils, unless self-management has been agreed
- access only by authorised staff
- clear labelling with the pupil's name and dosage instructions
- checks for expiry dates
- separation of different medicines where needed
- safe storage of medicines requiring refrigeration, if applicable
- rapid access to emergency medication where required
- clear procedures for off-site activities and trips- depending on the trip will depend on how/where the medication is stored.

Some emergency medicines must be immediately accessible. These will not be locked away in a way that delays treatment. We have a KITT anaphylaxis kit in school located in the small kitchen area by the school office.

Administration of medicines

Medicines may be administered by staff who have been trained and authorised to do so. When administering medicine, staff should:

- check the pupil's identity
- check the medicine label and consent form
- confirm the correct dose, time, and method
- follow the prescribed instructions carefully
- use hygienic and safe practice
- record the dose immediately after administration
- report any concerns, side effects, refusal, or errors promptly

Where a medicine is to be given multiple times a day, the school will agree a clear process with parents and carers.

Record-keeping and medication logs

- The school will keep accurate records of medicine administration. Records may include:
- pupil name
- medicine name
- dose given
- time and date
- name and signature of staff member administering
- any refusal, omission, or delay
- any adverse reaction or concern

- any follow-up action taken
- These records are important for safety, communication, and accountability.

Controlled or emergency medicines

Enhanced procedures will apply to emergency or specialist medicines, including:

- reliever inhalers
- adrenaline auto-injectors
- insulin and diabetes supplies
- seizure rescue medication
- any controlled medicine where relevant

For emergency medicines, the school will ensure:

- rapid access
- staff awareness of where the medicine is kept
- clear records of use
- replacement arrangements where needed
- regular checks of expiry dates and availability

Self-administration and self-management

Some pupils may be able to manage part or all of their own medication safely. This will only happen when appropriate to the child's age, maturity, and medical condition, and when agreed with parents, carers, and, where relevant, health professionals.

The school will consider:

- whether the pupil understands how and when to use the medicine
- whether the pupil can carry the medicine safely
- whether the medicine needs to be accessible quickly
- whether supervision is still required
- how the arrangement will be monitored

Self-management should be recorded in the healthcare plan where applicable.

Disposal, return, and expiry management

The school will not keep medicines beyond their expiry date or longer than needed.

Arrangements will include:

- regular checks of medicines in school
- prompt return of unused medicines to parents and carers
- safe disposal of out-of-date or discontinued medicines
- arrangements for sharps or clinical waste, where applicable
- records of disposal or return where needed

Medicine errors and incidents

If there is a medicine error, near miss, or concern, staff must:

- act immediately to keep the pupil safe
- inform the designated medical needs lead or senior leader
- contact parents or carers as appropriate
- seek emergency help if required
- record the incident accurately
- review what happened to reduce the risk of recurrence

All medicine-related incidents will be treated seriously and used as a learning opportunity.

Appendix A : Parental agreement for setting to administer medicine

Pupil Medicine Record

Name		
Date of Birth		
Class		
Medical Condition		
Medication		
Frequency		
Dosage		
When to be given?		
Any other instructions?		
Emergency Contact	Name:	Telephone:
GP	Name:	Telephone:

The above information is accurate and I give consent to the school staff to administer the medication in accordance with school and Local Authority guidance. I will inform the school in writing immediately if there is any change in dosage or frequency of the medicine. I also give consent for appropriate medical attention to be sought as required in an emergency.

Parent/Carer	Signature: Print Name:	Date:
Head teacher's signature	Signature: Print Name:	Date:

Appendix B - Individual healthcare plan

Name of school/setting	
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 pupil'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