This policy should be read alongside 'Supporting Pupils at school with medical conditions – Updated August 2017

Squirrel Hayes First School

Policy Reviewed on	Oct 2018	Oct 2019	Sept 2020	Oct 2021	Oct 2022	Oct 2023	Oct 2024	Oct 2025	Oct 2026
Policy Owner Signature	Erica Pickford	Erica Pickford	Erica Pickford	EJP	EJP	EJP	EJP	EJP	EJP
Policy adopted by the Governing Body on	13.12.2018	Dec 2019		Oct 2021	Oct 2022	Oct 2023	Oct 2024	Oct 2025	Oct 2026
Chair of Govs/Committee Signature									
Policy Reviewed Date	October 2019	Oct 2020	Sept 2021	Oct 2022	Oct 2023	Oct 2024	Oct 2024	Oct 2026	Oct 202713
Version	05	06	07	08	09	10	11	12	

Supporting Pupils with Medical Conditions Policy

This school is committed to safeguarding and promoting the welfare of children and young people/vulnerable adults and expects all staff and volunteers to share this commitment.

BIDDULPH SCHOOLS PARTNERSHIP TRUST
(a mutual co-operative membership trust)

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5b SUPPORTING PUPILS WITH MEDICAL CONDITIONS

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

Policy Aim

At Squirrel Hayes First School we aim to ensure that all our learners have equal access to effective personalised learning experiences. In doing so we recognise that some learners may have medical conditions, in terms of both physical and mental health which will require careful support in school.

The governing Body and staff of Squirrel Hayes First School are committed to working in partnership with families and healthcare partners, to ensure that learners with medical needs can play a full and active role in school life, remain healthy and achieve their academic potential.

Governing Body Responsibility

Children and Families Act 2014 provides that governing bodies must make arrangements for supporting pupils at school with medical conditions.
In meeting the duty, the governing body **must** have regard to statutory guidance issued by the Secretary of State.

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school visits and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

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At Squirrel Hayes First School the Governing Body acknowledge and take the following into account when making arrangements and decisions regarding the management of medical conditions in school:-

- Medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. Therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life.

- Arrangements must give parents confidence in the school's ability to support their child's medical needs effectively. Arrangements should show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. There should be recognition that some medical conditions if not managed well can be fatal.

- A child's health should not be put at unnecessary risk simply because they attend school. In addition, and in line with safeguarding duties, arrangements should not place other pupils at risk. The school should not accept a pupil where it would be detrimental to the child and others to do so.

- Ensure that the arrangements put into place are sufficient to meet their statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented.

Policy Iimplementation

The Headteacher, supported by the Health & Safety Leader are responsible for:-

- ensuring that sufficient staff are suitably trained

- all relevant staff will be made aware of a child's condition

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- cover arrangements are in place in the case of staff absence or staff turnover to ensure someone is always available to support a child's medical needs
- briefing is arranged for supply teachers,
- risk assessments are in place for school visits and other school activities outside of the normal timetable, and monitoring of individual healthcare plans.

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

1. On notification of a child attending school with a medical condition, the Headteacher will engage the services of the schools 'Home-School-Links Worker' in order to commence the process of completing an 'Individual Healthcare Plan – IHCP:-
2. The Home-School-Links Worker will make contact with the Parents/Carers and healthcare professionals in order to arrange a meeting to share information and complete an IHCP.

(See Appendix A for Flow Chart of process to be followed)

It is vital that on notification of a child joining the school with a medical condition those 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 new school mid-term, this should normally take no more than two weeks. School to liaise with Midlands Partnership NHS Foundation Trust and NHS Hub for further support in ensuring appropriate arrangements are in place as soon as possible.

Individual healthcare plans

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 are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require

one. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents.

Plans should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. They should be reviewed annually or when the needs of the learner changes. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

Those involved in the writing of the Individual healthcare plans should give consideration to the following:-

- **the medical condition, its triggers, signs, symptoms and treatments**
- **the pupil's resulting needs, including medication (its side-affects and its storage) and other treatments, dose, time, facilities, equipment, testing, 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 own 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**

- **who in the school needs to be aware of the child's condition and the support required**

- **written permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self-administered by individual pupils 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**

- **what to do in an emergency, including whom to contact, and contingency arrangements**

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and parents and pupils will be critical. It is therefore essential that there is collaborative working arrangements between all those involved, showing how they will co-operate to ensure that the needs of pupils with medical conditions are met effectively.

Some of the most important roles and responsibilities are listed below:-

- Head teachers – should ensure that policies are 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. Head teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare

plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. They should also make sure that the school is appropriately insured and that staff 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.

- School staff - any member of school staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. **Governing bodies should ensure that staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.** Although administering medicines is not part of teachers' professional duties, they can provide other support and should take into account the needs of pupils with medical conditions that they teach.

- School nurse or other qualified healthcare professional – this role is critical. Every school should be allocated a school nurse. They are responsible for notifying the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they should do this before the child starts at the school. They should have the lead role in ensuring that pupils with medical conditions are properly supported in schools, including supporting staff on implementing a child's plan. They should liaise with lead clinicians on appropriate support for the child and associated staff training needs – there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school, in how to cope with emergencies. School nurses should work with head teachers to determine the training needs of school staff and agree who would be best placed to provide the training. The school nurse or other suitably qualified healthcare professional should confirm that school staff are proficient to undertake healthcare procedures and administer medicines. See also paragraphs [19 to 27] below about training for school staff.

- GPs and paediatricians (or other appropriate healthcare professional) - 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 healthcare plans.

- 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 cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the NHS Commissioning Board, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. 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 then the local authority has a duty to make other arrangements[1].

- Providers of health services - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

- Clinical commissioning groups – should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

- Pupils – will often be best placed to provide information about how their medical 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.

- Parents – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases notify the school that their child has a medical condition. They are a key partner and should be involved in the

[1] *Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities 2013; Alternative provision – Statutory guidance for local authorities 2013*

development and review of their child's individual healthcare plan. They 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.

- Ofsted - Ofsted's inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Staff Training and Support

The school nurse should normally lead on identifying with other health specialists, and agreeing with the school, the type and level of training required, and putting this in place. Schools may choose to arrange training themselves. School nurses should liaise with those providing training and ensure that training remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff receive training on Allergy Awareness and Emergency Response in school.

Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.

Policies should additionally set out arrangements for whole school awareness training 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. The school nurse should be able to advise on training that will help ensure that all health conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Parents should be asked for their views and may be able to support school staff by explaining how their child's needs can be met. They should provide specific advice, but should not be the sole trainer.

Children's role in managing their own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should 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.

Medicines on school Premises

(See Drugs & Medicines Policy for further details on school's procedures for the management and administration of medicines)

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so

- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality

- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed

- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

- schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away. This is particularly important to consider when on school trips

- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-

portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept

- a member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted

- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Record Keeping

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. These should be kept in line with the arrangements agreed on the IHCP

Emergency Situations

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies.

Squirrel hayes First School has a separate Policy for managing Allergies in school which makes reference to access to 'spare adrenaline devices'. The school follows the DfE guidance on 'Allergy Safety in School' Guidance.

https://www.gov.uk/government/publications/allergy-safety-in-schools

Where a child has an individual healthcare plan, this should 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, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Staff should not take children to hospital in their own car. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day Visits, Residential Visits and Sporting Activities

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. Schools should make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional who are responsible for ensuring that pupils can participate.

At Squirrel Hayes First School The Health & Safety Leader and Class Teacher will be responsible for working in partnership to write an Individual Risk Assessment. This should consider all possible risks and control measures required to ensure that the learner with a medical condition is included. Risk Assessments will be shared with the parents and learner and advice from the school nurse sought, before activities are undertaken.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits, it is not generally 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
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
- if the child becomes ill, send them to the school office or medical room unaccompanied
- 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
- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child

Liability and indemnity

School Policies should provide liability cover relating to the administration of medication but individual cover may need to be arranged for health care procedures associated with more complex conditions. Any requirements of the insurance such as the need for staff to be trained should be made clear.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer, who carries public liability, rather than the employee.

Complaints

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a complaint to the Department for Education should only happen after other routes have been followed. The department may consider a complaint about a school from anyone who is unhappy with the way in which a school is acting if other avenues at resolution with the school have been exhausted.

Version No.	Date of review	Reviewer	Changes Made
01	Sept 2014	Erica Smith	New Policy developed following DfE guidance.
02	Nov 2015	Erica Smith	Policy Reviewed
03	Nov 2016	Erica Pickford	Reviewed and checked against guidance checklist.
04	Nov 2017	Erica Pickford	Reviewed
05	Oct 2018	Erica Pickford	Reviewed
06	Oct 2019	Erica Pickford	Reviewed
07	Sept 2020	Erica Pickford	Reviewed updated to include reference to Local NHS Hub for support
08	Oct 2021	Erica Pickford	Reviewed and included links to medicines policy.
09	Oct 2022	Erica Pickford	Reviewed
10	Oct 2023	Erica Pickford	Reviewed and checked against guidance.
11	Oct 2024	Erica Pickford	Reviewed and updated link to DfE guidance
12	Oct 2025	Erica Pickford	Reviewed

This policy should be read alongside 'Supporting Pupils at school with medical conditions – Updated August 2017

Version No.	Date of review	Reviewer	Changes Made
13	October 2026	Erica Pickford	Updated to include reference to Allergy Safety in Schools and access to spare adrenaline devices.

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APPENDIX A – Flow Chart for Developing a Healthcare Plan

