CHALK RIDGE PRIMARY SCHOOL

Last reviewed October 2026. Next review October 2028

Headteacher: Miss Sue Jackson

This is a school policy produced in line with the DfE guidelines (2014) for supporting children with medical conditions

Supporting Pupils with Medical Conditions Policy

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children on its premises with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' (December 2014) and we will have regard to this guidance when meeting this requirement. The existing Statutory Framework for the Early Years Foundation Stage applies for these children.

This school is an inclusive community that welcomes and supports pupils with medical conditions. This school provides all pupils with any medical condition the same opportunities as others at school.

We are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Chalk Ridge Primary School so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. In support of this the School will receive and fully consider advice from healthcare professionals, and listen to and value the views of parents and pupils.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed regularly and it is readily accessible to parents and school staff.

Individual Health Care plans are shared on a need-to-know basis and relevant information is shared with staff who must act in an emergency.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines will be arranged and managed in accordance with the Supporting Pupils with Medical Conditions guidance. All staff will have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development, as well as having educational implications.

Key Roles & Responsibilities

The named person who has overall responsibility for this policy is Sue Jackson (Headteacher). The governing body retains overall accountability, even where implementation is delegated.

Governors

The Governors will ensure that:

- Pupils at school with medical conditions are properly supported, so that they have full access to education, including school trips and physical education.
- Arrangements are in place in school, based on individual need, to support pupils at school with medical conditions.
- The arrangements show an understanding of how medical conditions impact on a child's ability to learn, increase confidence and promote self-care.
- The arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.
- School leaders consult health and social care professionals, pupils and parents, to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- Relevant staff are properly trained to provide the support that pupils need.

Headteacher

The Headteacher will ensure that:

- The school's policy for Supporting Pupils with Medical Conditions is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- All staff who need to know are aware of the child's condition.
- Sufficient trained numbers of 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.
- Ensure cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- Brief supply teachers;
- Carry out risk assessments for school visits, holidays, and other school activities outside the normal timetable;
- Monitor individual healthcare plans.

The Headteacher will 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 Headteacher also has overall responsibility for the development of individual healthcare plans.

Teachers and Support Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, but the school is aware that administering medicines is not part of teachers' professional duties and they cannot be forced to do this.

However, staff are required to take into account the needs of those pupils with medical conditions they teach. They will receive sufficient and suitable training, and achieve the necessary level of competency, before they take on responsibility to support these children.

Staff will not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any Individual Healthcare Plans).

Any member of school staff will know what to do and respond accordingly, when they become aware that a pupil with a medical condition needs help.

The School Nursing Team

The School Nursing Team is 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 will do this before the child starts at the school.

Local Arrangements Identifying children with health conditions

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers. The School will follow the process outlined in the document 'Process for Identifying Children with a Health Condition,' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place, prior to the child commencing at the school to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual Health Care Plans

Their Role

Individual Health Care plans will help ensure that the School supports pupils with medical conditions effectively. They will provide clarity about what needs to be done, when and by whom. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). We will then consider if an IHP is appropriate based on the pupils needs. At Chalk Ridge we will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimises disruption.

We recognise that Individual Healthcare Plans are recommended in particular 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 will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. Where consensus cannot be reached, the Headteacher will take the final view.

In consultation with the parents/carer, an Individual Healthcare Plan (and its review) will be initiated by a member of school staff, or by a healthcare professional involved in providing care for the child.

Their Development

Where children require an Individual Healthcare Plan, the Headteacher and SENDCO will work with parents and relevant healthcare professionals to write it.

The SENDCO will draw up and/or review the Plan, in partnership with the parents/carer, and a relevant healthcare professional who can best advice on the particular needs of the child e.g. the School, specialist or a children's community nurse. Where a child has a special educational need identified in an Education, Health and Care (EHC) plan, the Individual Healthcare Plan will be linked to, or become part of, that EHC plan.

To develop a Plan, the School may also refer to the flowchart contained within the document 'Process for Identifying Children with a Health Condition', for identifying and agreeing the support a child needs.

Plans will be developed with the child's best interests in mind and ensure that the School assesses and manages the risks to the child's education, health and social well-being and minimises disruption.

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and education providers to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively. The class teacher and SENDCO will be responsible coordinating any catch programmes and appropriate reintegration to full time education.

Their Content

We will use the DfE Individual Healthcare Plan template DfE to record the plan. This will record the following:

• 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 will 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 who to contact, and contingency arrangements. Where a child has an emergency healthcare plan prepared by their lead clinician, it will be used to inform the development of their Individual Healthcare Plan.

Staff Training and Support

All new staff will be inducted on the policy when they join the school through the induction training schedule. Records of this training will be stored in the Health and Safety file kept in the school office.

All staff will be provided awareness training on the school's policy for supporting children with medical conditions, which will include what their role is in implementing the policy.

Training for epilepsy and allergy awareness will be carried out annually. Staff must produce certificates of completed training to demonstrate understanding competency.

The awareness training will be provided to staff by INSET and staff meetings.

We will retain evidence that staff have been provided the relevant awareness training on the policy by filing signature sheets in the Health and Safety folder that is kept in the school office.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confidence in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the Individual Healthcare Plans.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff Training Record– Administration of Medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

The Child's Role

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their Individual Healthcare Plan. Staff should not force a pupil to take medicine or undertake a procedure; the agreed IHP process should be followed and parents informed.

Where appropriate we will seek to gather the pupil's views and record them on the IHP including where a pupil's preferences or understanding affect day-to-day support.

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parents the appropriate level of supervision required and document this in their Healthcare Plan.

Managing Medicines on School Premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, and this may therefore include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without a parent's/carer's written consent (the 'Parental Agreement for School to Administer Medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is The Children's Services Medication Tracking Form.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

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

Children who are able to use their own inhaler themselves are encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff will make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis. Where the School has concerns it will seek further guidance from the link School Nurse.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication i.e. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, which cannot be easily removed from the premise, and with hinges that cannot be easily tampered with. Where medicines need to be refrigerated, they will be stored in a dedicated refrigerator in a clearly labelled airtight container. There will be restricted access to this refrigerator.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of Individual Health Care Plans will be taken off site to ensure appropriate procedures are followed.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through the school's contractor who will remove them from site every 3 months.

Medical Accommodation

The medical room will be used for all medical administration/treatment purposes. The location/room will be made available when required. The medical room has a washing facility and is near an accessible toilet with changing facilities.

Record keeping

A record of what has been administered including how much, when and by whom, will be recorded on a 'Record of Prescribed Medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers. We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

Emergency Procedures

Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and provide a process to follow and who is responsible. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrive. This includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

Day trips/off site activities

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off-site activity or day trip, and that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed, to ensure that pupils with medical conditions are included. We will consult with parents and pupils, with advice from the relevant healthcare professional, to ensure that pupils can participate safely.

Exclusion will not be based simply on diagnosis or administrative convenience, and will be justified by relevant clinical advice where participation is considered unsafe.

Unacceptable Practice

Although staff will be expected to use their discretion and judge each case on its merits with reference to the child's Individual Healthcare, the School considers 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; 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 eg. by requiring parents to accompany the child.

Liability and Indemnity

Staff at the school are indemnified under the County Council self-insurance arrangements. The County Council is self-insured and has extended this self-insurance to indemnify school staff who have agreed to administer medication, or undertake a medical procedure to children.

To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines, and the relevant members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Parents or children who are dissatisfied with the support provided should discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the School's complaints procedure.

Emergency Asthma Inhalers

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to not purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.