

Wincheap Foundation Primary School



Supporting Children with Medical Conditions Policy

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Wincheap Foundation Primary School
Supporting Pupils with Medical Conditions Policy

Contents

1. Rationale and Aims
 2. Roles and responsibilities
 3. Equal opportunities
 4. Procedures upon notification that a pupil has a medical condition
 5. Individual healthcare plans (IHPs)
 6. Managing medicines
 7. Emergency procedures
 8. Training
 9. Record keeping
 10. Liability and indemnity
 11. Complaints
 12. Monitoring arrangements
- Appendices and Record Templates

This policy was developed in consultation with parents and carers of pupils with medical conditions, staff and governors, including parent governors and will be reviewed every two years. Throughout this document all references to 'parents' includes any carer with legal responsibility for the child.

The Named Senior Teacher referred to within this document is: Marisa Kirby

1. Rationale and Aims

The staff and governors of Wincheap Foundation Primary School are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs.

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Providing cover staff with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The policy is drawn up in consultation with a range of local key stake holders within the school and health care setting and is written in line with the requirements of:

- DfE Statutory Guidance 'Supporting Pupils at school with Medical Conditions' (Dec 2015)
- Section 100 of the Children and Families Act 2014
- The Equality Act 2010
- The SEN Code of Practice DfE 2015 where children with medical conditions also have Special Educational Needs
- Mental Health and behaviour in schools: departmental advice for school staff DfE Nov 2018
- School Admissions Code DfE 2021

It should be read in conjunction with other school policies and documents including but not limited to:

Accessibility Plan
Equality Policy
Health and Safety Policy
Safeguarding and Child Protection Policy
SEND Policy and Information Report
Complaints Policy

Definitions of Medical Conditions

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

Short-term affecting their participation at school because they are on a course of medication

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances.

2. Roles and Responsibilities

The governing body is legally responsible and accountable for ensuring that arrangements are in place to support pupils with medical conditions. In doing so, they should ensure that children can access and enjoy the same opportunities at school as any other child. Governing bodies should consider that many of the medical conditions that require support at school will affect quality of life and may be life threatening. Governing bodies should therefore ensure that the focus is on the needs of each

individual child and how their medical condition impacts on their school life. The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need. Governing bodies must ensure that arrangements are in place to meet statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented. Where Individual Healthcare Plans are required, the governing body will ensure there are procedures in place for annual review and that these plans are developed with the child's best interests in mind, ensuring the school assesses and manages risks to the child's education and health and social wellbeing.

The Headteacher is responsible for:

- Ensuring the school's policy is developed and effectively implemented with partners and that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Making sure that school staff are appropriately insured and are aware that they are insured to support pupils with medical conditions
- Ensuring that procedures are in place so that all staff who need to know are aware of a child's medical condition and that sufficient trained numbers of staff are available to implement the policy.
- Contact with the school nursing service in the case of any pupil 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.
- Ensuring that there are adequate members of staff trained to ensure pupils can be supported in the event of staff absence or turnover.
- Ensuring that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Overall responsibility for the development and management of Individual Health Plans

The Named Senior Teacher is responsible for the management of the development, review and monitoring of Individual Health Plans.

School Staff. Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional responsibilities, they should take into account the needs of pupils with medical conditions that they teach. 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. School staff managing the administration of medicines and those who administer medicines will receive training where appropriate. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post. To ensure prompt response to a medical incident anywhere across the school, Teaching Assistants receive First Aid training.

School Health Service. The school can access support, training and advice by referring to Kent School Health. When a referral is made a School Nurse will be allocated to support the child, family and school. A communication agreement sets out ways in which the school nursing service can support the school. This includes advice and support in developing and implementing Individual Healthcare Plans in liaison with parents as appropriate and delivery of epilepsy and anaphylaxis awareness sessions as identified by school.

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. Healthcare professionals may provide advice and support in schools for children with particular conditions.

Parents/Carers must provide the school with sufficient and up-to-date information about their child's medical needs. In some cases, parents may be the first to notify the school that their child has a medical condition. Parents are key partners and the school will involve parents in the development and review of their child's Individual Healthcare Plan. Parents are responsible for carrying 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. It is the parent/carer's responsibility to make sure that their child is well enough to attend school and to liaise with their GP to ensure any medication is in date and still appropriate to the needs of their child. New medication must be passed to the school if it will be needed there.

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be 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, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Local Authorities are commissioners of school nurses for maintained schools and have a duty to promote cooperation between relevant partners 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, 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 needs (whether consecutive or cumulative across the school year)

Clinical Commissioning Groups at times other health professionals such as specialist nurses are commissioned to support children. They 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.

Ofsted- Ofsted inspectors must consider how well a school meets the needs of a full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those with special education needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

3. Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, in sporting activities and after-school clubs, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in these activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

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

The school may be notified about a pupil's medical condition by a parent or a health professional. On receiving notification, the Named Senior Teacher will make an appointment to meet with parents to discuss their child's medical needs and how these will impact on school life. The child's class teacher, SENCo and/or Pastoral Manager may also be involved in this meeting.

Where appropriate, when a medical condition is long term or complex, an Individual Healthcare Plan will be drawn up in consultation with parents. If appropriate, a health professional will also be involved in drawing up this plan. We will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

When a parent notifies the school about a medical condition which does not require a Healthcare Plan (e.g the child may need an inhaler for asthma from time to time when they suffer from a cold) the parent will be required to complete the form B 'Parental Agreement for school to administer medicine' (Template is in the Appendices of this policy). The medication will usually be administered by a member of the Office staff so that medicines can be kept securely, but where appropriate may be administered by another identified member of staff or self-administered under the supervision of an adult.

A record will be completed when medicine is administered- Form C 'Record of Medicine administered to all children'

5. Individual Healthcare Plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. The Named Senior Teacher has day to day responsibility for this process.

Where a pupil has a long term and/or more complex medical condition the Named Senior Teacher will work with parents and, where appropriate, other members of staff (e.g. SENCo) and health care professionals to develop an Individual Healthcare Plan. The pupil should also be involved at an age appropriate level.

A flow chart used to support the process of drawing up an Individual Healthcare Plan is attached in the Appendices, along with a template of what should be included in an IHP. Plans are reviewed at least annually, but earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents whether an IHP is needed or not.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved as far as possible.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Named Senior Teacher responsible for developing IHPs, will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil 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 pupil'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 pupil'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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

Where a child has a special educational need identified in an Education, Health and Care Plan (EHCP), the Individual Healthcare plan will be linked to that EHCP. All medical information will be treated confidentially.

All Individual Healthcare plans are reviewed on an annual basis and information is updated/amended as required. If a child's needs change at any point in the year, it is the responsibility of the parent to inform the school. The Individual Healthcare Plan will be amended in partnership with parents to accurately reflect the child's current needs.

Sharing of Information

We will ensure that information about a child's medical condition is documented and shared appropriately. This is to ensure all relevant staff are aware of pupils with medical conditions. All with whom it is shared must remember that all pupils have a right to privacy and may not share the information further without good reason (e.g. in the event of a medical emergency).

When a child has an IHP or any other medical plan, the Named Senior Teacher should maintain a central master copy and ensure that further copies are shared with the parents and relevant staff, and with external agencies where appropriate. Class Teachers should keep a copy of the IHP or other medical plan for reference.

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's Individual Healthcare Plan with the local authority.

Transitional Arrangements:

When a child moves classes at the end of each year, we hold teacher to teacher transition meetings. Additional transition meetings may be set up to involve parents and pupils if appropriate.

When a child moves to secondary school (or to a new school at any point), the Pastoral Manager will liaise with the key person at the next school. Where appropriate, this may include the setting up of a

transition meeting in which parents are also involved. Written information and Individual Healthcare Plans are forwarded.

6. Managing medicines on the school premises

At Wincheap Foundation Primary School no child will be given prescription or non-prescription medicines without their parent's written consent.

Where that has been given the following procedures are to be followed;

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- With parental written consent we will administer non-prescription medicines except aspirin or medicines containing aspirin unless these have been prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be liaised with at all times.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Wincheap Foundation Primary School will only accept prescribed medicines, with written permission from parent/carer 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 be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container.
- All medicines will be stored safely in the Office. Children should know where their medicines are at all times and be able to access them immediately.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available in classroom medical cupboards and not locked away. Asthma inhalers should be marked with the child's name.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Wincheap Foundation Primary School will keep a record (see template C and D) 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. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.

- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. Parents should obtain these from their child's GP and return them to a pharmacy for safe disposal.

Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drug Regulations 2001 and subsequent amendments, such as morphine or methadone.

- It may be necessary for children to be prescribed with controlled drugs as part of treatment for a medical condition. A child who had been prescribed a controlled drug may legally have it in their possession if we feel they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school.

Unacceptable Practice

Although staff at Wincheap Foundation Primary School will use their discretion and judge each case on its merit with reference to a 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 parent/carers; or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent 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 breaks whenever they need to in order to manage their medical condition effectively.
- Require parent/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including trips e.g. by requiring parents to accompany the child.

7. Emergency Procedures

The headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place as part of the general risk management process. 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.

In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany their child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents. Staff contacting emergency services need to ensure that the correct information about the child and their condition is given to enable the service to allocate the appropriate level of response. For example, in the case of an allergic reaction, clearly stating 'anaphylaxis' or 'breathing difficulties' to the emergency operator will prioritise paramedic dispatch.

The headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities. All staff are aware of procedures when dealing with a medical emergency. Medical emergencies should be supervised by a trained First Aider.

The procedures for contacting emergency services are displayed in the medical room.

Where a child has an Individual Healthcare Plan, this clearly defines what constitutes an emergency and sets out what to do. All relevant staff are aware of pupils with an Individual Healthcare Plan and understand the need to follow agreed emergency support procedures identified on the plan.

8. Staff training and support

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 set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

The school will liaise with healthcare professionals e.g. Physiotherapists, Specialist Nurses where specific advice and training is needed to support a child's needs. Awareness training can be accessed from the School Health Service where needed.

Wincheap Foundation Primary School has a large team of First Aiders, and training is reviewed and updated regularly. A database of First Aiders is maintained, which includes all Teaching Assistants to ensure good coverage across school site and activities. The school recognises that a first-aid certificate does not constitute full training in supporting children with specific medical conditions and, where identified, additional training will be sought for these. Where additional training is needed for

the administering of medicines it will be provided from an appropriate provider. Template E will be used to record staff training for administering of medicines and /or medical procedures.

9. Record Keeping

Written records are kept as detailed in the relevant sections of this policy, the templates for which can be found in the Appendices (section 14).

If a child has bumped their head, a medical slip is completed by the First Aider that treats the child which is sent to parents. If a child is unwell or has had an injury or accident of a more severe nature or in a sensitive area, the school will always contact parents.

10. Liability and Indemnity

Wincheap Foundation Primary School is covered by Kent County Council's Safehands Insurance Scheme. Specific details of this policy are held by the Business Manager. This policy is renewed annually.

11. Complaints

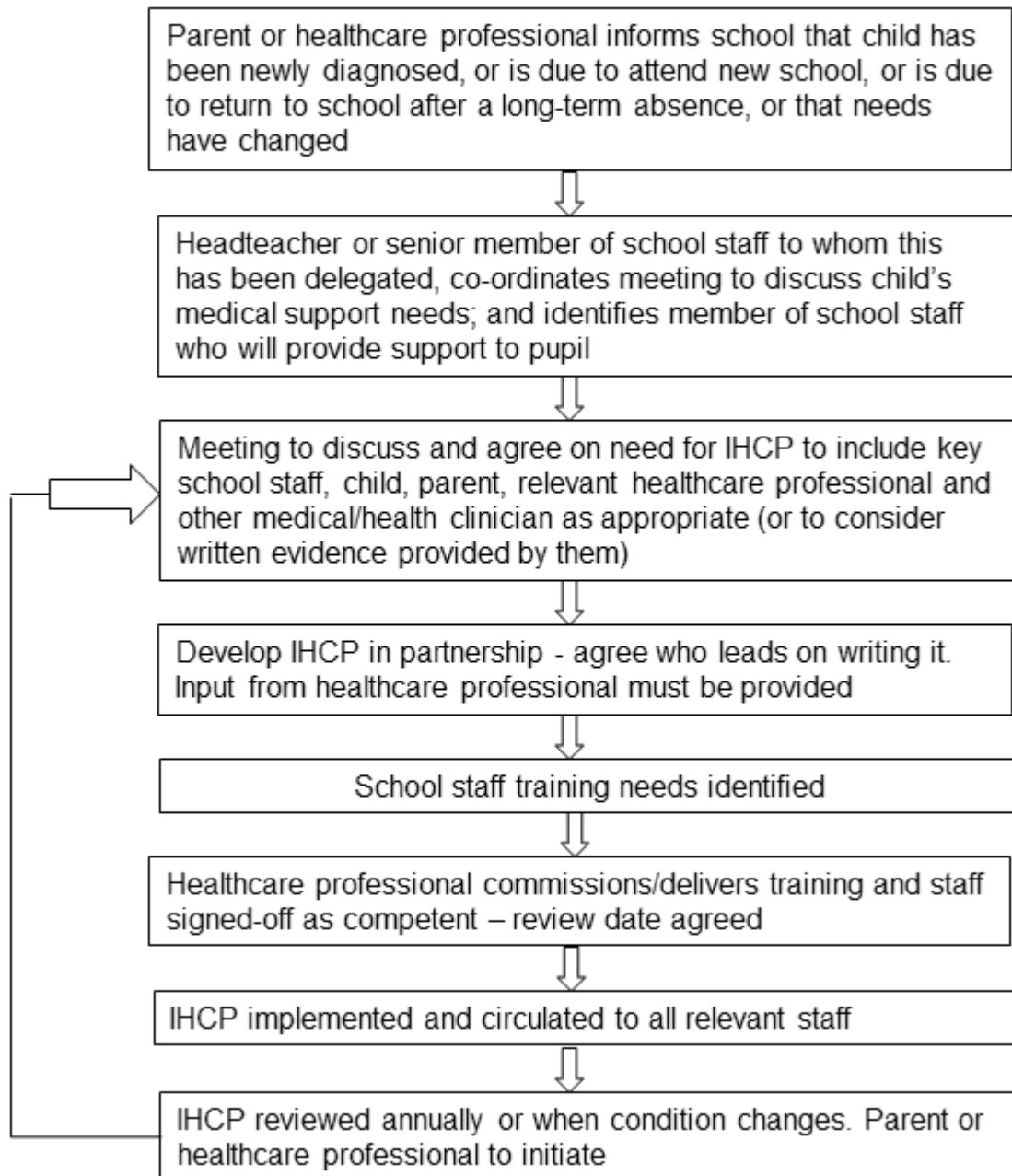
Should parents be unhappy with any aspect of their child's care, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not solve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary bring concerns to the attention of the headteacher. In the unlikely event of this not resolving the issue, the parent must make a formal complaint using the School's Complaints Policy.

12. Monitoring arrangements

This policy will be reviewed and approved by the governing board annually. If there are changes to the DfE guidance or school procedures following training or risk assessments the policy will be updated to include these.

Appendices and Record Templates

Appendix 1. Process for developing an Individual Healthcare Plan



Form A: individual healthcare plan

Name of school
Child's name
Group/class/form
Date of birth
Child's address
Medical diagnosis or condition
Date
Review date

Wincheap Foundation Primary School

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

Form B: parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school	Wincheap Foundation Primary School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver
the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Form C: record of medicine administered to an individual child

Name of school	Wincheap Foundation Primary School
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Form E: staff training record – administration of medicines and/or medical procedures

Name of school	Wincheap Foundation Primary School
Name of Staff Member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____ Date

I confirm that I have received the training detailed above.

Staff signature _____ Date

Suggested review date _____