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Supporting Pupils with Medical Conditions in School

*This policy sets out the duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions under Section 100 of the Children and Families Act 2014. In meeting the duty, the governing body, proprietor or management committee **must** have regard to guidance issued by the Secretary of State under this section (Supporting pupils at school with medical needs (DfE, April 2014)).*

Section 100 came into force on 1 September 2014.

School Context

The staff at Overstone Primary School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEND are not discriminated against or treated less favourably than other pupils.

Principles

This policy and any ensuing procedures and practice are based on the following principles:

- All children and young people are entitled to a high quality education and participate in all aspects of school life, including school trips;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school, including lunch, unless this is specified in their individual healthcare plan;
- Our school will make reasonable adjustments where necessary to enable all children to attend school. However, we understand that certain absences related to their medical condition such as hospital appointments are sometimes unavoidable;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires;
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals. This also includes drinking, eating, taking toilet or other breaks whenever they need in order to manage their medical condition effectively;

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- If a child becomes ill, easy access to their inhalers and medication, administered by a relevant adult when and where necessary is essential. However, if the child is not too poorly, they will be accompanied by a suitable adult to the office to access their medication;
- Parents are not required to attend school to administer prescribed medication or provide medical support to their child. If a child is too poorly to stay in school, parents will be contacted in the first instance.

Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs or disability (SEND) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at Overstone Primary School have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

Named person in school with responsibility for medical policy implementation

The member of staff responsible for ensuring that pupils with health needs have proper access to education is **Anuska Lockey**. They will be whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be their responsibility to pass on information to the relevant members of staff within the school. They will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement. They 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.

Parents/carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving,

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including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

School staff

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. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

The Head teacher

The head teacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The head teacher will ensure that all staff who need to know are aware of a child's condition. They will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The head teacher has overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

The Governing body

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will 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.

School health teams

School health teams 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 may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

Other healthcare professionals

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 healthcare plans.

Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.

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Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff are able to give prescription medicines on voluntary basis, with the parents' consent. They will not be able to undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy.

Procedures

Notification

Information about medical needs or SEND is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held **before** the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents/carers are either sent a health questionnaire or a template plan related to the diagnosed medical condition and if the parents share any concerns, the school nurse will follow up with the parent/carers if required. At this meeting parents/carers can seek advice on the health of their child. In other cases, such as a new diagnosis or children moving to a new school mid-term or when the pupils' needs change, every effort should be made to ensure that arrangements are put in place within **two weeks**.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff.

Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may suggest a referral to a specialist consultant where a full paediatric assessment can be carried out. Schools do not have to wait for a formal diagnosis before providing support to pupils.

Individual Healthcare Plans

Not all children with medical needs will require an individual healthcare plan. 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 head teacher will take a final view. *A model letter inviting parents to contribute to individual healthcare plan development is provided at appendix 2.*

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be

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needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. *A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided at appendix 3.*

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within 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. *A template for individual healthcare risk assessment is provided at appendix 4.* The School Nurse or specialist Nurses may also provide a specific emergency healthcare plan for particular medical conditions where key information and an emergency plan is summarised on one page and shared with staff.

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

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have an EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in an EHC plan, the individual healthcare plan will be linked to or become part of that EHC plan.

Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Pupils too ill to attend school

The school should make a referral to the Hospital and Outreach Education (HOE) as soon as they become aware that a child is unlikely to attend school full time. Hospital and Outreach Education is a Pupil Referral Unit which provides educational support for children and young people with complex medical and/or mental health needs which prevent them from attending school full time. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, HOE and the relevant medical professionals.

If pupils are well enough, they can learn from home using Google Classroom or Tapestry. Lessons will be provided by the class teacher. Where appropriate, pupils may join lessons remotely.

Medicines in school

The Governors and staff of Overstone Primary School wish to ensure that pupils with medical needs receive proper care and support at school. The utmost caution must therefore be exercised when giving medication to any child.

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The school's medication policy is in place to prevent errors in administering medication. The policy must be followed at all times and on all occasions.

The Headteacher will accept responsibility, in principle, for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so.

A parent/carer requesting the administration of medication may request a copy of the school's policy.

Medication will only be accepted in school if it has been prescribed by a doctor or given as treatment for an ongoing condition.

Non-prescribed medicines, unless provided as part of an ongoing, long-term condition, will not be given in school.

Medication will not be accepted anywhere in school without written and signed instructions and permission from parent/carer.

The original permission form will be copied. The copy will be kept with the medicine and the original form will be placed in the 'Medicines Administration Permissions Forms' folder in the school office. The date/s and time/s of administering medicine will be recorded on both forms.

Each item of medication must be delivered in its original container and handed directly to the school office. All medicines (bottle or box) must be labelled with the child's full name.

Each item of medication must be clearly labelled and provided with the correct spoon/syringe to administer the medicine. Parents must complete the Medication Consent Form (appendix 1) before the school will take responsibility of administering any medication.

The school will not accept items of medication that are in unlabelled containers.

Unless otherwise indicated, all medication to be administered in school will be kept in a designated clearly identified locked cupboard in the office. Medication requiring cold storage will be kept in the designated refrigerators, on the labelled shelf, in the staffroom. Receipt and administration of Prescribed medication will follow the process outlined on the 'Staff Process for Accepting and Administering Medication' document (Appendix 5).

When giving medication two responsible adults must be present. The consent form must be completed and filed before staff will administer the medication. Once the medication has been administered, the two staff members will sign the 'Record of medication administered to an individual child' (Appendix 6).

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Where it is appropriate to do so, pupils may administer their own prescribed medication if necessary under staff supervision.

It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of the pupil's need for medication.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance.

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. Separate, formally agreed arrangements are acceptable on educational visits that involve an over-night stay. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

There may be circumstances where the Headteacher's (or a person delegated by the headteacher) discretion will be applied.

Emergency Situations

Where a child has an individual healthcare plan, this will 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 will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Day trips, Residential and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, other school activities outside of the normal timetable or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

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Complaints

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

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Appendix 1: Parental agreement for school to administer medication

Medication Consent Form
Please use block print throughout

The school will not give your child any medication unless you complete and sign this form and the Head teacher has confirmed that school staff have agreed to administer the medication.

Child's name:	Date:	Year:
Parent emergency contact:		
Doctor:	Surgery:	Surgery Tel:
Medication:		Storage requirements:
Dosage:		Use before date:
Any special guidance / frequency:		
Consequences if medication or treatment missed / action required:		
PARENT / GUARDIAN CONSENT. Please read and sign. <i>This task is being undertaken voluntarily and in a spirit of general care and concern. We will make every effort to administer this medication on time and as required. The member of staff responsible can make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately.</i> Signature:		
STAFF MEMBER. DO YOU UNDERSTAND EXACTLY WHAT IS REQUIRED? YES/NO Signature:		

1. Original: Retain with medication
2. Copy: to be filed in Medication File

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Appendix 2: Model letter inviting parents to contribute to individual healthcare plans

Dear parent/carer,

Developing an individual healthcare plan for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupil at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your child needs, and how this will be provided. The plan will be developed in partnership between yourselves, your child, the school and the relevant healthcare professional, who will be able to advise us on your child's case. The aim of this partnership is that the school are aware of how to support your child effectively, and provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of your child's medical condition and the degree of support needed.

It may be that the decision is made that your child will not need an individual healthcare plan, but we will need to make judgements about how your child's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

A meeting to discuss the development of your child's individual healthcare plan has been arranged for _____. I hope that this is convenient for you, and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people: _____. Please let me know if you would like us to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan.

If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me on the number below.

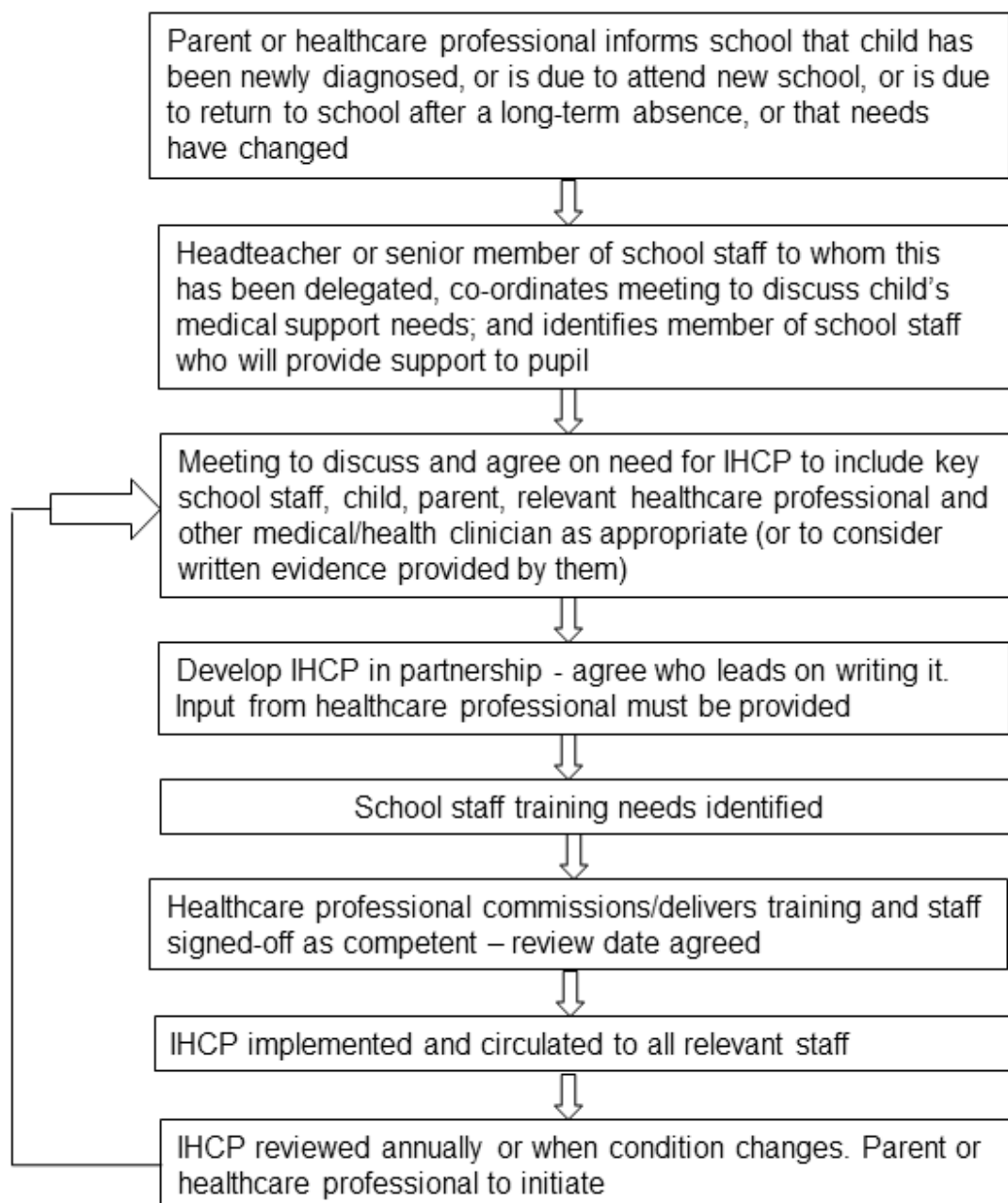
Yours sincerely,

Named person with responsibility for medical policy implementation

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Appendix 3: Flow chart for developing an individual healthcare plan



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Appendix 4: Individual healthcare risk assessment

Individual risk assessment for _____ (Year)

Hazard	Possible means of overcoming problem	Associated Issues	Actions Decided	Date of Action & adult responsible

Signed:

.....

Role:

.....

Date Completed:

.....

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Appendix 5: Staff Process for Accepting and Administering medication.
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Staff Process for Accepting and Administering medication.

1. Parents completes and submits the medication consent form to the office along with the medication.
 2. Office staff check the details and decide whether or not the medication is to be accepted and ensure the school is clear about when and how to administer the medicine.
 3. Office staff will inform the parent that we will do our utmost to administer the medicine to the best of our ability providing a staff volunteer is able to do so at the time allocated each day.
 4. Office staff inform the class of the medication and dosage including the frequency and time of the dosage. Office staff will also share information relating to how to administer the medicine.
 5. Class staff will make a note of this and if willing, will then be responsible for reminding the child each day.
 6. At the agreed time, a class staff member will take the child to the office. They will access the medication and ask an office staff member to be a witness*. No staff member should administer any medication without a second person. Once a witness is secured, the medication can then be administered with both adults in agreement of the dose as labelled on the medication.
 7. Once administered, both staff members will need to sign the *Record of medication administered to an individual child* form and return to class.
- Where the staff member is unfamiliar with the medication, the child or the process they may ask an office staff member to administer the medication at an appropriate moment.

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Appendix 6: Record of medication administered to an individual child

Medication Administration Record

Pupil's Name: _____

Class: _____

Medication: _____

Time to be given: _____
(check prescribing label)

Controlled medication e.g. Ritalin received:

(Give date(s) and number of tablets) _____

Review date: _____

Medication Given	Date	Time	Signature	Print Your Name	Verifying signature
Examples Ritalin (1 tablet)	06.01.25	12.00			
Epilim (200mg/5ml)	12.01.25	12.30			

Note1: Controlled medication e.g. Ritalin must be measured or counted on receipt and recorded above.

Note 2: it is important that there is a minimum 4-6 hours gap between doses of paracetamol based medication. If unsure contact should always be made with parents before administering.