



Itchen Abbas Primary School

Policy for Supporting Pupils with Medical Conditions

In line with the duty, which came into force on 1st September 2014 and subsequent updates, to support pupils at school with medical conditions we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Itchen Abbas Primary so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

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.

Policy implementation

The named person, who has overall responsibility for policy implementation, is the Headteacher, Mr. Rob Bogan

They will

- ensure that sufficient staff are suitably trained;
- ensure that all relevant staff will be made aware of the child's condition;
- 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; and
- monitor individual healthcare plans.

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

When our school is notified that a pupil has a medical condition we will:

- consult with parents
- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils
- ensure that transitional arrangements are in place between schools as required

Individual healthcare plans

Our school will send home a health questionnaire. 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). It is a legal requirement that this is updated annually. Where the child has a special educational needs identified in an Education Health Care Plan (EHCP), the healthcare plan will be linked to or become part of the EHCP.

At our school 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.

Our IHP (see appendix 1) requires information about:

- 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 (NB If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring)
- **who will provide this support**, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;

- **who** in the school **needs to be aware** of the child's condition and the support required;
- **arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;**
- 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, the designated individuals to be entrusted with the information; and
- **what to do in an emergency**, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. At our school those people involved in arrangements to support pupils at school with medical conditions include:

1. The headteacher, Mr Rob Bogan
 - The SENCO, Mrs Sarah Parsons
 - The Admin Officer, Mrs Jo Smith
 - The class teachers
 - Support and lunchtime staff
 - Partnerships with healthcare professionals and where appropriate, social care professionals.

The governing body should ensure that pupils with medical conditions are fully supported to enable the fullest participation possible within school life and ensure that involved members of staff have access to information and supporting materials

The headteacher should ensure this policy is developed and effectively implemented with partners. This includes all staff are aware of their roles and responsibilities and that all staff who need to know are aware of children's conditions. The headteacher is responsible for ensuring appropriate training is implemented including recruitment of new staff if required. The headteacher has the overall responsibility for the development of individual healthcare plans.

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They should be involved in the development and review of their child's individual healthcare plan and carry out any action they have agreed to as part of its implementation

Pupils with medical conditions should be involved in discussions about how their condition affects them and the support their needs. They should contribute as much as possible to the development of their individual healthcare plan.

School staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so. They should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff training and support

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training (see training record appendix 2). Training needs are assessed regularly and training will be accessed through HTLC.

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

The child's role in managing their own medical needs

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

Managing medicines on school premises

At our school:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child will be given prescription or non-prescription medicines without their parent's written consent
- We will never give medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed and permission gained.
- Where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
- We will only accept prescribed medicines if they are:
 - **are in-date**
 - **are labelled**
 - **are provided in the original container as dispensed by a pharmacist**

- **include instructions for administration, dosage and storage.** *(NB 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 will be stored safely.
- Children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps
- Controlled drugs that have been prescribed for a pupil will be 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 will be kept of any doses used and the amount of the controlled drug held. This will be discussed with the involved Health Professionals.
- School staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- **We will 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 will be noted in school**

Non-prescribed medicines

At our school we will administer non-prescription medicines with written consent from parents and only when not administering will be detrimental to the child's attendance at school.

We will administer non-prescribed medicines on request of the parent if they:

- Are in sealed packaging/unopened bottle
- Are in clearly identifiable packaging
- And on a short term basis
- We will strictly follow the administration instructions and if we have any concerns, will contact the parent.

Record keeping

We will ensure that written records are kept of all medicines administered to children. 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

Our school's policy sets out what should happen in an emergency situation.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. 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).

To request an ambulance – dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information, if asked.

1. The schools telephone number
2. Your name, role
3. The schools location: Itchen Abbas Primary School, School Lane, Itchen Abbas SO21 1BE
4. Exact location of the patient
5. Name of the patient and description of symptoms
6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
7. Following an emergency incident, records will be made and, if appropriate, a meeting held to review the Health Care Plan.

Day trips, residential visits and sporting 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. Although school staff should use their discretion and judgement, 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 for reasons associated with their medical condition 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 make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues, as a matter of routine or because the school has failed to put appropriate support in place. In exceptional circumstances, for example where a child's comfort, dignity, or wellbeing cannot be fully supported by the school, parents may be contacted and asked to support their child. This will be done sensitively and will not replace the school's responsibility to meet a child's ongoing needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

Liability and indemnity

Maintained schools and academies with an SLA with HCC will be insured as long as all appropriate training and risk assessment has taken place

Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

Complaints

If you have a complaint about how your child's medical condition is being supported in school please contact the Headteacher and the Chair of Governors in the first instance.

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 not agreed to purchase and keep emergency inhalers. This decision will be reviewed should the need arise. At this point, 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.

Annex A: Model process for developing individual healthcare plans

Annex B: Templates

Date ratified by Governors: January 2026

To be reviewed every 3 years

Date for next review January 2029

Model process for developing individual healthcare plans

Template A: individual healthcare plan

NAME – Individual Healthcare Plan for medical conditions including allergies	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Medical condition/Allergy: <i>Note what medical condition/allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the medical condition/allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the medical condition/allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their medical condition/allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their medical condition/allergy is not managed properly.</i> <i>Indicate how the medical condition/allergy may impact on the child or young person's learning.</i> <i>Indicate how the medical condition/allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between medical condition/allergy and SEN.</i>	
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to medical condition/allergy.</i>	
Visits and trips: <i>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.</i> <i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>	

Emergency response: Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached. Otherwise summarise the signs or symptoms which would indicate an emergency. Set out what to do in an emergency, including whom to contact. If relevant, note where “spare” adrenaline devices are located.	
Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date:

NAME – Individual Healthcare Plan for medical condition/allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: Record any <u>non</u> -prescription medication (e.g. calpol/oral antihistamines) which the child or young person may require to manage their medical condition/allergy in the education setting Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access Note whether parental consent has been given for the medical condition/allergy medication to be administered, and the date of consent.	
Parental consent:	Date:
Prescription medication: Record any prescription medication for medical condition/allergy prescribed by a healthcare professional (e.g. ibuprofen/adrenaline). Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access. Note whether parental consent has been given for the medical condition/allergy medication to be administered, and the date of consent.	
Prescribed by:	Date:
Parental consent:	Date:
Use of “spare” adrenaline devices: Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.	
Parental consent:	Date:
Use of “spare” salbutamol inhaler: If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.	
Parental consent:	Date:

NAME – Individual Healthcare Plan for an allergy Annex: Care or Action Plans issued by healthcare professionals	
Medical condition/Allergy / Asthma Action Plan: <i>Attach any Action Plan to the IHP for use in an emergency.</i> <i>Note which healthcare professional issued the plan, their role and the date issued.</i>	
Issued by:	Date:
Care Plan: <i>Note where any relevant care plan can be found.</i> <i>Note what staff are responsible for delivering / supporting delivery of the care plan.</i> <i>Note which healthcare professional issued the plan, their role and the date issued.</i>	
Date:	Date:

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

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 _____

Template C: record of medicine administered to an individual child

Name of school/setting	
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			
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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			

Template D: record of medicine administered to all children

Name of school/setting

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[illegible]

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
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 _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

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 pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely