ST. KATHARINE'S C.E. (V.A.) PRIMARY SCHOOL

Medical Conditions Policy

Supporting Pupils with Special Medical Needs

Reviewed by	Head Teacher and School Business Manager
Review Date	09.09.2026
Date Agreed by Resources Committee	18.09.2026
Next review date	Autumn term 2027

1. DEFINITION

Section 100 of the Children's and Families Act 2014 places a duty on schools to make arrangements for supporting pupils at their school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. This policy reflects Department for Education guidance from 'Supporting pupils at school with medical conditions' April 2014 and following updates.

Pupils' medical needs may be broadly summarised as being of two types:
(a) Short-term possibly affecting participation in school activities whilst they are on a course of medication or have an injury.
(b) Long-term potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**).

2. ENTITLEMENT

The school accepts that pupils with medical needs have the right to the full education available to other pupils. The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary care and support. School will make reasonable adjustments to enable pupils to participate fully and safely on school visits.

We are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at school 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.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- Choose whether or not they are prepared to be involved
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of the inclusion team any concern or matter relating to supporting pupils with medical needs.

3. AIMS

The school aims to:

- Assist parents/carers in providing medical care for their children
- Educate staff and children in respect of special medical needs
- Maintain appropriate staff training in first aid and other specific medical needs
- Liaise as necessary with medical services in support of the individual pupil
- Ensure pupils access to full education if possible
- Monitor and keep appropriate records.

We do this by:

- Being a caring, welcoming and supportive Christian school in which staff, pupils, parents and governors work together in a safe environment
- Promoting the welfare of all our pupils, protecting them from physical, sexual and emotional abuse, neglect and bullying in line with the statutory guidance in 'Keeping Children Safe in Education' (Department for Education)
- Creating a rich curriculum that provides our children with the knowledge and skills needed to become lifelong learners and responsible citizens
- Developing strong positive partnerships with parents, the church, the local community and taking part in both national and global projects.
- Promoting our Values of Grace, Integrity and Aspiration in everything we do.

4. POLICY IMPLEMENTATION

The Head Teacher has overall responsibility for policy implementation. The school office team and class teachers will act on the Head Teacher's behalf to:

- 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 and other school activities outside the normal timetable
- Monitor individual healthcare plans.

5. EXPECTATIONS

It is expected that:

- Parents will notify the school if their child has a medical condition. Providing the school with sufficient and up to date information about their child's medical needs
- Parents will ensure that they, or another nominated adult, are contactable at all times
- Parents/carers will be encouraged to co-operate in training children to self-administer medication if this is practicable
- Where parents/carers have asked the school to administer the medication for their child they must ask the pharmacist to supply any such medication in the original packaging. The prescription and dosage regime should be typed or printed clearly on the outside. The name of the pharmacist should be visible
- Any medications not presented properly will not be accepted by school staff. It is the parents/carers responsibility to deliver all medicines to the school office and complete the relevant forms. It is also the parents/carers responsibility to collect their child's medicines at the end of the school day from the office, except where the medicine is being held in school on a permanent basis
- Any non-prescribed medications will only be administered once parents/carers have completed a *Parental Agreement for School to Administer Medication* and if the school are made fully aware of any previous doses given. These have to be in their original packaging
- Employees will consider carefully their response to requests to voluntarily assist with the giving of medication or supervision of self-medication and that they will consider each request separately. If they cannot assist directly they will find a qualified member of staff to assist
- The school will liaise with the School Nursing Team for advice/training about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in

the interests of the pupil. Training will be updated as often as required

- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use must be stored in the staff room pigeon hole or held in a bag that is securely stored within cupboard in classroom and kept out of the reach of pupils. Any staff medicine is the responsibility of the individual concerned and not the school

6. IDENTIFYING MEDICAL CONDITIONS

The school will establish clear arrangements for identifying pupils who have medical conditions that may require additional support. The school will maintain an up-to-date record of all individuals with medical conditions that may require support, including details of whether an IHP is in place.

The school will also set out arrangements for gathering information about medical conditions before a pupil is admitted to the school. This may include requesting relevant information from the previous setting, such as an existing IHP where one has been implemented.

The school will ensure that parents are asked to provide information about any medical conditions and the impact these conditions may have on the pupil's participation in school life.

For pupils starting at the school, the school will ensure that appropriate arrangements are in place in time for the start of the relevant school term. In situations where a pupil joins the school mid-term, or where a pupil already on roll receives a new medical diagnosis, the school will make every effort to ensure that appropriate arrangements are put in place as quickly as possible.

7. INDIVIDUAL HEALTHCARE PLANS (IHP)

Children with significant, complex, long-term, or fluctuating medical needs that impact their health, wellbeing, or safety in school should have an Individual Healthcare Care Plan (IHP). This is written by the school office/SENCO in consultation with parents. The IHP is signed off by staff and parents and then sent to the child's GP/consultant to be signed off. The school will seek the advice of the School Nursing Team where appropriate to support the writing of a child's IHP. This should be distributed to all relevant staff and also taken off site if pupils are off site on school activities or trips. We will ensure that plans are reviewed annually or earlier if evidence is presented that the child's needs have changed.

In is expected that both the school and parents will carry out agreed actions contained in the IHP.

Any parent reporting that their child has an ongoing medical condition such as epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). The school will arrange to meet with a parent or send home a health questionnaire, depending on which is most suitable. It is a legal requirement that this is updated annually. It will not be necessary for a pupil to have a formal diagnosis for them to have an IHP. If it is clear that a pupil has medical needs, arrangements will be put in place to support them, ensure they can engage fully with education, and be included in the life of the school. Such arrangements will be recorded in an IHP.

The school will ensure that pupils with medical conditions receive appropriate support through the use of IHPs where required. An IHP will set out the arrangements that will be put in place to support the pupil while they are in school and will provide clear guidance for staff on how the pupil's medical needs should be managed.

IHPs will be particularly important in certain circumstances, including where a pupil:

- Requires prescribed medication while at school.

- Has a medical condition requiring a personalised care or action plan from a healthcare professional.

- Has a known allergy requiring active management – allergy safety will be handled in accordance with the Allergen and Anaphylaxis Policy.

- Has a medical condition that constitutes a disability requiring reasonable adjustments.

Where a pupil requires prescribed medication in school, the IHP will set out arrangements for administering the medication, relevant healthcare professional contact details, procedures in the event of complications or side effects, and parental consent for administration. Where specific members of staff have been trained to administer medication or provide personalised medical support, they will be identified within the plan along with appropriate cover arrangements.

Where healthcare professionals provide personalised care or action plans, e.g. allergy, asthma, diabetes or seizure management plans, the school will incorporate these into the IHP. Where relevant, the plan will also identify known allergens, risk reduction measures and any prescribed emergency medication, including arrangements for the use of adrenaline auto-injectors.

Where a pupil's medical condition requires reasonable adjustments under equality legislation, the IHP will set out the adjustments required and how they will be implemented.

Examples of situations where an IHP may not be necessary may include:

- **Hay fever (allergic rhinitis)** where the condition can be managed through access to appropriate non-prescription medication in accordance with the school's medical conditions policy.

- **Eczema** where the condition can be managed through the use of appropriate medication. The school will remain mindful that certain activities, such as sand play or swimming, may trigger flare-ups and will take reasonable steps to minimise risks where appropriate.

- **Food intolerances** that can be effectively managed by avoiding specific foods.

- **Mild asthma**, which may be managed through the pupil's Asthma Action Plan and access to their inhaler medication. Pupils with more complex or severe asthma will normally require an IHP.

The headteacher will ultimately decide, in discussion with parents and, where appropriate, relevant healthcare professionals, whether a pupil's medical condition can be managed through the school's general medical conditions arrangements or whether an IHP is required to ensure that appropriate and individualised support is in place.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

The IHP will be developed with the child's best interests in mind. In preparing the IHP the school will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

IHPs will include the following information:

- 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;
- **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 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;
- **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.

8. STAFF TRAINING AND SUPPORT

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training. Training needs are assessed regularly and training will be accessed through the School Nursing Team and third party suppliers.

Any member of school staff providing support to a pupil with medical needs will have received suitable training. All staff have completed anaphylaxis training in accordance with Benedict's Law.

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

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training.

The school will ensure that appropriate arrangements are in place so that all staff, including teaching staff, support staff, supply staff and cover staff, are informed of this policy and understand the procedures to follow when supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical

conditions they are asked to support, their implications, and any preventative measures that must be taken.

Training will be commissioned by the school and provided by School Nursing and commercial training suppliers.

9. TRAINING FOR STAFF SUPPORTING PUPILS WITH IHPS

The school will ensure that any pupil with a medical condition requiring support has an IHP which sets out the arrangements that will be put in place to meet their needs. The governing board will ensure that members of staff who are likely to be involved in supporting the pupil are aware that an IHP is in place and understand the responsibilities and procedures outlined within it.

Where a pupil has an IHP, the plan may identify specific training needs for staff who are involved in providing support. In some cases, relevant healthcare professionals may advise on the type and level of training required, how this training can be obtained, and whether an assessment of competency is necessary.

The school will maintain arrangements for the training of staff whose role includes supporting pupils with specific medical needs. Training will normally be provided on an annual basis unless healthcare professionals involved in the pupil's care advise that a different frequency is required.

The school will ensure that staff receive appropriate training so that they can:

- Provide the required support safely and effectively, which may include administering prescribed medication or carrying out healthcare procedures in accordance with an IHP.
- Understand the potential risks associated with providing such support.
- Recognise the signs and symptoms associated with the relevant medical condition, understand possible triggers, and appreciate the potential impact on the pupil.
- Understand and implement appropriate preventative measures and emergency procedures, including recognising when a pupil may be at risk and taking the action set out in the IHP.

Training will be sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions and to fulfil the requirements set out in IHPs. Staff will be provided with information about the specific medical conditions they may be required to support, the implications of those conditions, and the preventative and emergency actions they may need to take.

10. THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS (INCLUDING INTIMATE CARE)

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 by a First Aider. We see this as an important step towards preparing pupils for the next stage of their education. Where their medical needs require help with **intimate care** the school will provide care in accordance with our Toileting and Intimate Care Policy and the child's Individual Healthcare Plan.

11. MANAGING MEDICINES ON SCHOOL PREMISES

The school will:

- 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

- Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken and only given as per parent/ carer's written instructions
- Where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours

- The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

- in the circumstance of inhalers, each parent/ carer will have provided an asthma card containing close instructions for the school to follow
- Parents/carers are required to complete a consent form to administer medicines which is available from the school website or school office.
- All medicines will be stored securely and safely.
- Children will know where their medicines are at all times and will be able to access them immediately, only with a qualified first aider. Medicines such as asthma inhalers, will be always readily available to children within their year group area and not locked away, including when pupils are off site, e.g. On school trips. Adrenaline pens and other emergency prescribed medication will be kept centrally in the staff room.
- On all school trips/ off-site sporting visits first aid bags and medical bags containing any children's specific medicines will be collected by the teacher/ teaching assistant in charge, and checked by a second member of staff. An emergency contact/ medical needs list and a medication log is available in Arbor. It is the teacher/teaching assistant in charge of the group of children leaving the school premises to check that they have all the necessary first aiders, medicines and first aid kits with them.
- All medications will be checked so that they are in date and a member of office staff will check all medications in school remain in date. Parents/carers will be contacted if medications are running out of date or expired. If for any reason medication has expired this is classed as an emergency – parents/carers will be contacted once this is discovered and expired medication will not be administered. The exception to this would be on the advice of a medical professional or the emergency services.
- When no longer required, medicines will be collected directly by the parent. Medicines not collected will be will be disposed of at a local pharmacy where possible. The school will notify parents/carers using email or telephone.
- 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.
- The school 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 administered at school will also be noted in the record sheet.
- For on and off site PE lessons the blue inhaler bag should be taken with the class to the location of the lesson. For off-site epi-pens and other emergency medication will be collected by the teaching assistant in charge of the group of pupils participating in PE and taken outside to the area the lesson is taking place. All medications must be returned immediately the lesson ends.
- Refrigerated medication will be kept in the staff room fridge in the kitchen.
- All non-permanent non-refrigerated medications are to be stored in the staff room cupboard. Permanent medicines are held in the staff room medicine cupboard. In exceptional circumstances an alternative secure area will be arranged.

- Where a child's medical needs require intimate care a conversation will be had with the parent/ carer and a plan devised.

12. NON-PRESCRIBED MEDICINES

The school will administer non-prescribed medicines in cases where it is necessary for it to be taken during the school day and no family member is available to administer it. The medication should be in the original container and be within its expiry date. Parents/carers are required to complete a Parental Agreement for School to Administer Medicine form which is available from the school office or school website.

13. EMERGENCY PROCEDURES

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies. Contact details and information on medical conditions are all kept in the student directory in the school office and are accessible via Arbor.

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. Teachers have a copy of the class medical conditions report and any emergency first aid posters in their class register folder. Year group first aid boxes and first aid bags also contain this information.

If a child needs to be taken to hospital, staff should stay with the child until the parents/carers arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

14. 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 contacted if their child has been unwell at school.

15. 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. Risk assessments for school trips and events will take into account children with additional medical needs. All emergency medication is taken on off site and managed by the designated first aider.

16. DEFIBRILLATORS

The school has an automated external defibrillator (AED). The AED is stored in the reception lobby. All staff members are aware of the AED's location and what to do in an emergency. No training is required to use the AED, as voice and/or visual prompts guide the rescuer through the entire process.

The emergency services will always be called where an AED is used or requires using. AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a weekly basis by the school office, who will also keep an up-to-date record of all checks and maintenance work.

17. EMERGENCY AUTO ADRENALINE INJECTORS (AAI)

The school holds emergency AAI's, these are stored in the staff room medication cupboard. AAI's can

be used on children who are known to be at risk of anaphylaxis, with recorded parental consent where their own AAI is missing, broken, out-of-date, misfired, or cannot be accessed quickly in an emergency.

Consent should be sought from the emergency services, w**here a child or adult** on site experiences a sudden severe allergic reaction or anaphylaxis

18. COMPLAINTS

If you have a complaint about how your child's medical condition is being supported in school please contact the school office in the first instance. For all complaints, in the first instance our Complaints Policy should be referred to.

Appendix one

ROLES AND RESPONSIBILITIES

The Inclusion Leader, has responsibility to ensure that this policy is fully implemented in school with support from the School Business Manager and Head Teacher.

Head Teacher:	Mrs Nicola St. John
Deputy Head:	Mrs Emma Burton
Safeguarding Lead:	Mrs Emma Burton
	Mrs Fiona Pollard
Deputy Safeguarding Lead:	Mrs Nicola St. John
	Mrs Emma Foyle
School Business Manager:	Mrs Tracey Deem