



# St John's Gosport C of E Primary School

## Supporting Pupils with Medical Conditions in School Policy

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### **School Vision:**

St John's Gosport Church of England Primary School endeavours to provide a happy, safe, caring community rooted in Christian values; where everyone is valued and grows to their full potential.

*John 10:10 – I came so that they may have life – life in all its fullness*

### **Mission Statement:**

At St John's Gosport Church of England Primary School we aim to achieve our vision by providing a broad balanced curriculum and learning experiences that develop our children in body, mind and spirit; setting high standards for all, confident that we can achieve success. Thus ensuring that when our children leave us they are independent learners, who are well equipped to be responsible citizens of the future and reach their potential.

**Safeguarding** at St John's C of E Primary School is carried out in line with the statutory guidance in 'Keeping Children Safe in Education' published by the Department for Education.

*This policy is mostly a generic Hampshire County Council policy modified according to the school's particular circumstances.*

## Introduction

At St John's Gosport C of E Primary School we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school, to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' [supporting pupils with medical conditions at school](#) and the Early Years Foundation Stage statutory from the Department for Education (DfE). We will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

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

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

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

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

## Key Roles & Responsibilities

**Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.**

The Governing Body is responsible for ensuring that:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy
- The governing board delegates the day-to-day implementation of this policy to the headteacher.

**The Head teacher is responsible for:**

- ensuring that the school's policy is developed and that it is shared with staff and parents.
- ensuring that there is an adequate number of trained staff to carry out the child's needs and to follow the child's care plan.
- contacting outside agencies to support the child's medical condition.
- making sure school staff are appropriately insured and that the staff are aware that they are insured to support the child.

- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date.

**Teachers and Support Staff are responsible for:**

- any member of staff may be asked to support a child's medical condition, including administering medication
- staff should receive appropriate training to care for and administer medication

**The School Link Nurse is responsible for:**

- notifying the school when a child has been identified as having a medical condition which will require school support.
- supporting staff on implementing a child's individual healthcare plan and provide advice and liaison
- other healthcare professional such as GPs and paediatricians should notify the school nurse when a child has been identified as having a medical problem
- specialist nurses may give advice and training for children with particular health conditions such as Diabetes.

**Parents are responsible for:**

- informing the school of their child's medical condition and current treatment.
- providing the school with up to date healthcare plans and be involved in the development of their child's IHP.
- signing the relevant permission forms for the administration of medication.
- liaising with the school on their contact details.
- reporting any changes in the child's health or care plan.
- providing medicines and equipment and ensuring they as nominated adult are contactable at all times.

**Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

**Ofsted:**

- To provide a frame work to place clear emphasis on meeting the needs of disabled children and pupils with SEN needs.
- To inspect that the needs of pupils with chronic or long-time medical conditions alongside the pupils with less medical requirements.
- To ensure the school has a policy to deal with children needs appropriately.

**Equal Opportunities**

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, 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 on school trips, visits and sporting 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/carers and any relevant healthcare professionals will be consulted.

## Local Arrangements

### Identifying children with health conditions

**Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.**

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team.

We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly. Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

#### **Local authorities:**

- Are commissioners for maintained schools Under Section 10 of the Children Act 2004 they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools.
- To make arrangements for children away from education due to medical reasons.

### Individual health care plans

**Statutory Requirement: The Governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions**

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of :

- The nominated person
- The parents to work with the school and relevant healthcare professionals to write the plan based on evidence provided.
- When consensus cannot be reached on the care plan, the head teacher can take a final view.
- Healthcare plan should be accessible to those who need to refer to them but ensuring they are confidential.
- The plan should be written so that they are easy to follow by staff who are not in the care profession.
- Healthcare plans for asthma and allergies are written for school by a nominated staff member (Head of First Aid) following NHS guidelines.
- Annual review should be carried out on all healthcare plans.
- Healthcare plans should be updated and relevant to the child's needs.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The nominated staff member will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the

child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care Plan (EHCP), the individual healthcare plan will be linked to or become part of that statement or EHCP.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

**Statutory Requirement: The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.**

Healthcare plans are updated and reviewed at the start of the school year (September) to allow for changes in the child's health over the summer. New children entering in Year R and in other year groups are also reviewed and a care plan is prepared.

**Statutory Requirement: When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:**

- Child's name
- Medical Condition
- Triggers, sign and symptoms
- Treatment
- The pupils needs and medication requirements, dose and time to administer.
- Time, facilities equipment, testing, access to food and drink.
- Dietary requirements.
- Environmental issues, (crowded corridors and classrooms)
- How to manage absences from school, additional support to catch up with lessons.
- Who will supply this support.
- Who in school needs to know about the child's condition. Eg Kitchen staff, sports coaches
- Permission from parents to administer medication to the child.
- What to do in an emergency.

#### **Early Years: Obtaining information about medicines**

The EYFS framework states that settings must include how they obtain information about a child's need for medicine and a system for keeping this information up to date.

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school 02392 582404 or an email to [adminoffice@st-johns-gosport.hants.sch.uk](mailto:adminoffice@st-johns-gosport.hants.sch.uk) if their child's medical needs change during the school year.

### **Staff training**

**Statutory Requirement: The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.**

**The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.**

**Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)**

All new staff will be inducted on the policy when they join the school. The nominated person will give the new staff an induction to the first aid arrangements and the policies for administration of medicines within school. Training for the use of an Epi-pen and asthma inhalers will be given. **Records of this training will be kept on the SAR by the School Business Manager.**

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out every Year or when a new child who requires medication joins the school.

The awareness training will be provided to staff by *group training, e-mails and verbally 1:1 for individual children.*

We will retain evidence that staff have been provided the relevant awareness training on the policy by an *attendance register of staff attending the training session.*

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

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

A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

## The child's role

**Statutory Requirement: The Governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.**

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

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

## Managing medicines on School Premises

**Statutory Requirement: The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines.**

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

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

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is Supporting pupils with medical conditions training tracking sheet

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

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

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

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

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

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

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

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

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

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

Types of emergency medicines include:

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

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

### **Storage**

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in the locked refrigerator in the medical room, in a clearly labelled airtight container or in the kitchen near the headteacher's office, which has a fobbed door. There must be restricted access to a refrigerator holding medicines.

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

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

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

### **Disposal**

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

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through the child's parents who will remove them from site when the sharps box is full.

### **Medical Accommodation**

The medical room in the KS2 corridor, fridge in the kitchen by the headteacher's office and a locked cupboard in the school office will be used for medical storage. The nominated person will administer medicines either in the medical room or school office. The location/room will be made available when required.

### **Record keeping**

**Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children.**

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

For all children , including EYFS children, we will:

- › Enter each pupil's medicine need in the school's system
- › Update our records when parents/carers of pupils inform us of changes to their child's needs
- › Keep a record of changes, labelling the most recent record for each child
- › Make sure that all staff have access to records so that they are informed about pupils' medical needs
- › Securely hold this information digitally in accordance with the UK GDPR
- › Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

## Emergency Procedures

**Statutory Requirement: The Governing body will ensure that the 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 ie. 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 arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

## Day trips/off site activities

**Statutory Requirement: The Governing body should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.**

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

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

## Other issues

Salbutamol Asthma inhalers for emergency use.

There are two emergency inhalers in school one to be kept in school and one for out of school activities.

These inhalers are to be taken apart and cleaned after each use.

Only to be given to children who are on the list for the emergency inhaler

## Unacceptable practice

**Statutory Requirement: The governing body will ensure that the school's policy is explicit about what practice is not acceptable..**

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues (this does not include potty training.) No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

### **Liability and Indemnity**

**Statutory Requirement: The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk**

Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk

Staff at the school are indemnified under the County Council self insurance arrangements.

The County Council's is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

### **Complaints**

**Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.**

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

### **Monitoring Arrangements**

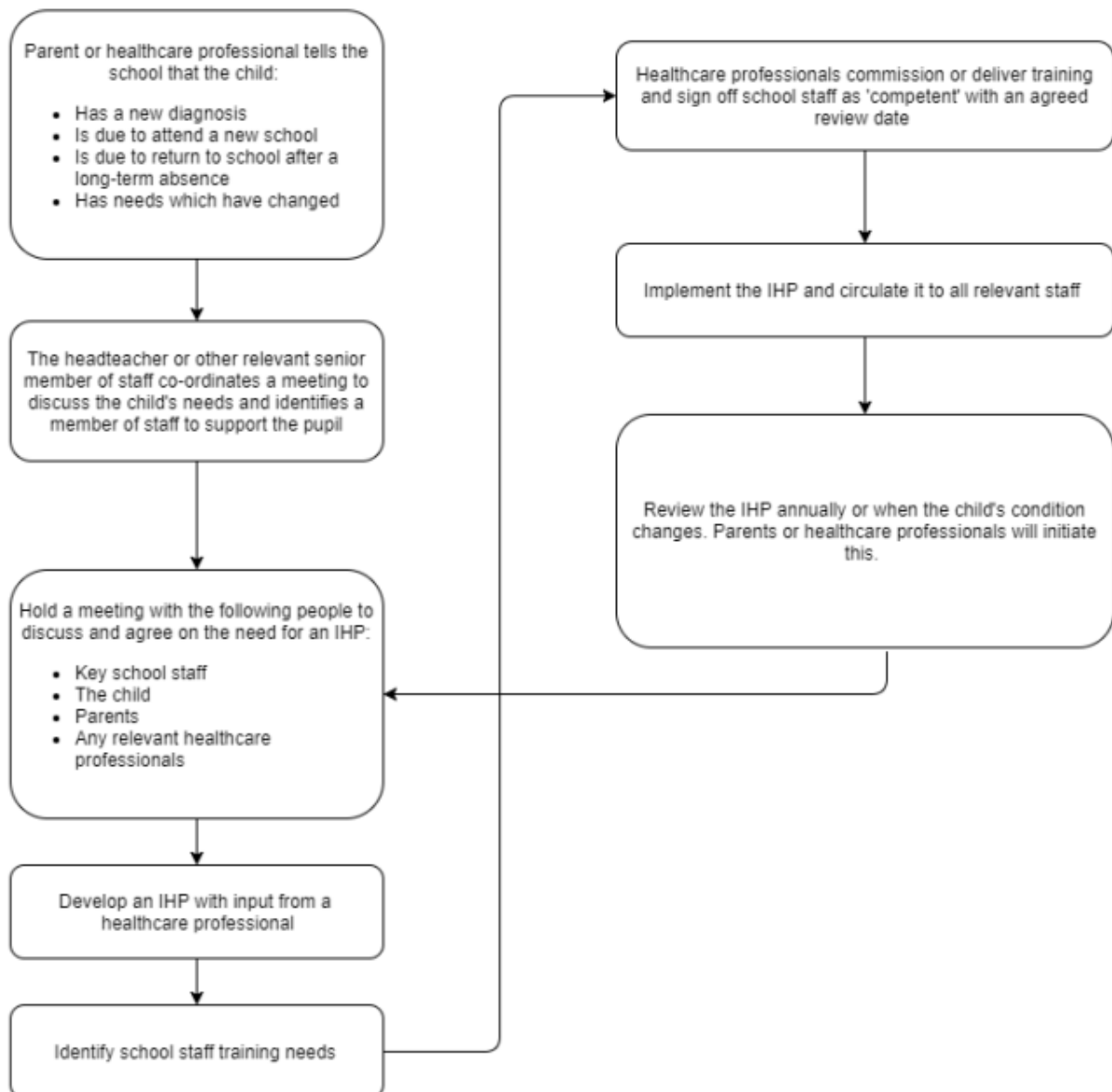
This policy will be monitored by the Headteacher, School Business Manager and Health and Safety lead. It will be reviewed annually by governors.

### **Links to other policies**

This policy links to the following policies:

- > Accessibility plan
- > Complaints
- > Equality information and objectives
- > First aid
- > Health and safety
- > Safeguarding
- > Special educational needs information report and policy

## Appendix I: Being notified that a child has a medical condition



## Appendix 2: Procedures for children who are sick or infectious

- > Pupils who have an infectious disease shouldn't attend school
- > Parents should notify the school if their child has an infectious disease
- > If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- > Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- > Children with sickness/diarrhoea should not return to school from 48 hours of the last time the child has sickness/diarrhoea.
- > Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the [UK Health Security Agency's exclusion table](#) will not be allowed to return to school until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- > Reducing or eliminating sources of infection through good hygiene practices
- > Good handwashing practice
- > Encouraging and facilitating healthy eating
- > Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- > Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- > Establishing a daily cleaning routine for:
  - > Nappy changing facilities
  - > Play areas
  - > Toys, activities and equipment