



Supporting Children with Medical Conditions Policy

Date ratified	March 2026
Committee Responsible for Policy	Children, Families and Community
Date to be updated	March 2027
Headteacher Signature	
Chair of Governors/ Committee Signature	

Growing together as children of God

At Holy Trinity C of E Primary School:

- we want our pupils to **grow** in confidence, independence, resilience and knowledge, so that all achieve their full potential and develop a life-long love of learning and of the world around us.
- we work **together** with families, community and church to model positive relationships, supporting each other and acknowledging that we are stronger when we work together.
- we are growing together as **children of God**, strengthening our faith, secure in the knowledge we are unique, loved and cherished

Biblical Basis of Policy

Jeremiah 29:11

‘For I know the plans I have for you,’ declares the LORD, ‘plans to prosper you and not to harm you, plans to give you hope and a future.’

1. Aims

This policy aims to ensure that:

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

The governing body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils’ conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education’s statutory guidance: Supporting pupils at school with medical conditions.

3. Roles and responsibilities

The Governing Body

The governing body has ultimate responsibility for making arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they become responsible for supporting children with medical conditions.

The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the drafting, development and review of their child's IHP
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment
- Inform the school immediately if changes in the child's medical condition or medication will require changes to the IHP

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, whenever this is appropriate. They are also expected to comply with their IHPs.

School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

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 and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

1. Parent or healthcare professional makes the school aware of a child who may need a new or updated IHP
2. If necessary, the Headteacher, SENDCo or School Business Manager co-ordinates a meeting to discuss the child's needs and identifies the relevant members of staff to support the pupil
3. Members of the school staff work with the parent to develop an IHP. Parents may be asked to complete the first draft of the IHP, depending on the needs of the child. Any relevant healthcare professionals will provide input
4. The school identifies staff training needs and works with healthcare professionals to commission or source training. In some circumstances it will be appropriate for healthcare professionals to sign off school staff as 'competent' with an agreed review date
5. The IHP is implemented and circulated to all relevant staff
6. The IHP is reviewed annually or when the child's condition changes. It is the parent's responsibility to inform the school if a change is required.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the School Business Manager who may enlist the support of the Office team.

Plans will be reviewed annually, or earlier if there is evidence that the pupil's needs have changed.

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

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

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

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body and the Headteacher, SENDCo or School Business Manager will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, pupil's timetable
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete assessments, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Allergies

At Holy Trinity we take allergies very seriously.

We raise awareness about allergies (specifically nut allergies) to the school community through information on the website, in Bulletins and at new parent meetings.

Parents/Carers are reminded that no food brought onto the school premises should contain nuts in any form. Staff will be alert to food that is brought into school and will take food from children if they are concerned that it might contain nuts, and will then remind families of the nut-free rule.

As part of our PSHE curriculum, children are taught allergy-awareness lessons. Children are reminded on a frequent basis that they should not share food due to allergies.

Most children with allergies can be catered for by Caterlink, our lunch providers. Families need to complete a Medical Diet Request Form from Caterlink. This is sent to the Caterlink's Special Diet Team, together with medical evidence of the allergy, who then liaise with the family. This process normally takes up to 3 weeks, during which time families will be asked to provide a packed lunch.

If Caterlink are able to cater for the medical diet parents will be informed by Caterlink, and the child's allergy details, together with their photograph, will be passed to the catering team by the special diet team.

Children who have an allergy, are given an orange band at lunchtime, which alerts the catering team.

Children on a medical diet do not get to choose their meal each day, they must only have the specific meal produced for them.

A number of staff are trained in understanding and dealing with Anaphylaxis (severe allergic reactions) and will use this training as the need arises.

8. Managing medicines

The school will administer medication that has been prescribed by a doctor, as well as over-the-counter medicine such as liquid paracetamol, ibuprofen or antihistamine where it has been provided by a parent for a specific child and for a specific illness/ injury.

Medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent (completion of a Permission to Administer Medicines at School form, available from the school office)

The school will only accept medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist where applicable, and include instructions for administration, dosage and storage

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The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

If a parent would like the school to administer medication on a regular or 'as needs' basis the IHP process outlined above will be followed and if applicable an IHP will be developed. The parent must also complete and sign a 'Permission to Administer Medication in School' form. Medicine should be handed to the office staff by a parent/ other adult and can remain in school until the parent wishes to collect it or until the last day of the academic year when all medicines will be returned to parents.

If a parent would like the school to administer medication on a temporary basis (e.g. antibiotics or liquid paracetamol), he or she must complete and sign a 'Permission to Administer Medication in School' form. Medicine should be handed to the office staff by a parent/ other adult at the beginning of the school day and collected again at the end of the school day.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken.

All medicines will be stored safely in the school office, either on the medical shelves or in the refrigerator. Special arrangements will be made for controlled drugs as outlined below.

Any medication that remains in school on a long term basis (e.g. because it is required on a regular basis or kept in school to be used when needed) will be stored in an individual medicine box which is labelled with the child's name, class, photograph and medicine information. Parents are asked to provide consent for their child's photograph and medical details to be used in this way as part of the IHP development process.

Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required. Parents are responsible for ensuring that any medication kept in school is in date.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone. Controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents on the same day so that an alternative option can be considered, if necessary.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 IHPs
- If the pupil becomes seriously ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

10. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Headteacher, SENDCo or School Business Manager. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Where applicable, healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

11. Record keeping

The governing body will ensure that written records are kept of all medicine administered to pupils, through the use of 'Permission to Administer Medicine in School' forms.

Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place in the school office. The Medical Conditions folder should not be removed from the school office.

12. Liability and indemnity

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are available on request.

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the issue cannot be resolved, the school's complaints procedure should be followed.

14. Monitoring arrangements

This policy will be reviewed and approved by the governing body every year.

15. Links to other policies

This policy links to the following policies:

- Accessibility Policy and Plan
- School Complaints Policy
- Equality Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Special Educational Needs (SEND) Policy