



## **Supporting Pupils at School with Medical Conditions Policy**

**WILLOW GROVE PRIMARY SCHOOL  
SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS**

**ADOPTION AND AMENDMENTS TO SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY**

<b>Section</b>	<b>Governors' Meeting or Committee</b>
Whole document	KET Steering Group – 25 <sup>th</sup> April 2024
Whole document	30 <sup>th</sup> June 2025
Whole document	LGB – 16 <sup>th</sup> March 2026
Next Review: 2026/2027	

# WILLOW GROVE PRIMARY SCHOOL

## SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

### Introduction

Willow Grove Primary School is under a duty to make arrangements for supporting pupils with medical conditions. This policy sets out what those arrangements are. This policy follows the guidance published by the DfE in April 2014 and updated in December 2015, 'Supporting pupils at school with medical conditions'.

This policy is restricted to pupils with an ongoing medical problem. Minor, short term or one-off medical problems are covered by the separate Illness and Medication Policy.

Willow Grove Primary School will maintain a focus on each individual child with a medical condition and seek to give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

The school will always aim to:

- have a good understanding of how medical conditions impact on a child's ability to learn
- increase the child's confidence
- promote self-care

Procedure to be followed whenever the school is notified that a pupil has a medical condition

- *Initial meeting to be held with parents/carers and healthcare professionals if appropriate*
- *Details of condition to be recorded in the school management information system*
- *All relevant staff to be informed of condition i.e. senior leadership team, year group leader, class teacher, teaching assistant, Medical Officer, office staff, midday staff*
- *If specialist training is required for school staff, this is to be arranged as a matter of urgency. If the condition cannot be managed in school without staff being specifically trained, the pupil will not be able to attend until such training has been completed*
- *Parents/carers to keep the school fully informed in a timely manner of any changes to the condition or treatment required*
- *Regular meetings to be held between class teacher / year group leader / Medical Officer /parent / carer – any additional relevant staff to be invited to attend*

### Individual Healthcare Plans

Individual Healthcare Plans "IHP" or Care Plans exist to document a child's medical needs and provision being made for those needs. They are a useful tool for the school to use to ensure that it meets the needs of the child. They are written with input from all the relevant parties including the Medical Officer, welfare assistant and parent. They may be written and overseen by the child's allocated welfare assistant if there is one.

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Plans will be developed with child's best interests in mind and will ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

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

The following information will be recorded on plans:

- *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 assessments, use of rest periods or additional support in catching up with lessons, counselling sessions;*
- *the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. 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;*
- *separate 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/child, the designated individuals to be entrusted with information about the child's condition; 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.*

### **Managing medicines on school premises**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so

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- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- The circumstances in which the school will administer non-prescription medicines will be set out in the IHP or, where non-prescription medicines are not covered in the IHP, as laid down in the school's Illness and Medication Policy.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Records will be kept and parents will be informed.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when off school premises eg on school trips
- A controlled drug that has been prescribed for a child will be kept securely stored in a non-portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- Appropriately trained school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should 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 to be administered at school will be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

### **Protocol for school to follow if the child is absent for long periods due to illness or hospitalised and is unable to attend school**

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- School staff will be in close contact with the child's parents and with their agreement will prepare appropriate work for the child to complete at home
- In the unfortunate instance of the child having to stay in hospital for a significant amount of time, school staff would be in contact with the Hospital School staff to ensure that the curriculum is relevant and consistent for the child

### **Record keeping**

Written records must be kept of all medicines administered to children

### **Procedures for emergency situations**

- *Reference will be made to IHP*
- *Medication will be administered in accordance with written instructions by a competent person*
- *Parents/carers will be informed of the situation immediately*
- *Emergency services will be called as appropriate and medical information will be passed to them without delay*
- *For pupils with medical conditions leaving the school site, an action plan will be agreed with parents/carers before the event*
- *Parents/carers must keep the school up to date with emergency contact numbers at all times*

### **Day trips visits and sporting activities**

Where possible the school will offer flexibility and make reasonable adjustments so that pupils with medical conditions can take part.

- *Trained staff will be made available where possible to accompany a child with medical conditions on day trips / sporting activities*
- *An emergency first aid pack will be carried by the trained member of staff in case of an emergency whilst off the school premises.*
- *Controlled medication will only be taken off-site after consultation with the appropriate medical authorities*

The school will carry out risk assessments regarding the participation of pupils with medical needs.

The school may meet parents as part of preparing to meet the child's needs on a trip. Where possible the school will arrange adjustments to the programme, accommodation or food provision to meet a child's needs.

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### Unacceptable practice

*It will be unacceptable 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. 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*

### Policy Implementation

- The Headteacher has overall responsibility for the implementation of this policy
- The school is committed to making sure that all relevant staff will be made aware of the child's condition. *The school management information system will be updated with relevant information, regular meetings with relevant staff (i.e. termly)*
- The school has arrangements in place in case of staff absence or staff turnover to ensure someone is always available. *additional members of staff will be kept informed, trained in order to ensure continuity of care*
- briefing for supply teachers,
- The school will make sure risk assessments for school visits, holidays, and other school activities outside of the normal timetable include provision for pupils with medical conditions. Risk assessments for trips will be overseen by the EVC Coordinator.

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- The school will monitor individual healthcare plans.

### **The Roles of those involved in providing support for pupils with medical conditions**

Roles are given in brief here. For full details please refer to the DfE guidance.

#### **Governing Bodies**

- Must make arrangements to support pupils with medical needs, including making sure a policy is developed and implemented
- Must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- Ensure staff have access to information and other teaching materials

#### **Headteachers**

- Ensure policy is developed and adequately implemented with partners
- Make sure all staff are aware of the policy and understand their role in implementation
- Ensure all staff who need to know are aware of a particular child's medical condition
- Ensure sufficient staff are appropriately trained
- Overall responsibility for the development of Individual Healthcare Plans
- Make sure the Medical Officer is aware of pupils requiring support

#### **School Staff**

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **School nurses**

- The school will either have an employed nurse or access to school nursing services.
- They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.

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- They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

### **Other Healthcare Professionals**

- Should notify Medical Officer and the School Nursing Service of pupils requiring support.
- May provide advice on developing IHPs

### **Pupils**

- Provide information about how their condition affects them.
- They should be fully involved in discussions and contribute to their IHP

### **Parents**

- Provide school with sufficient up to date information
- Are involved in development and review of IHP
- Should carry out any action they agreed to as part of implementation of IHP

### **Local Authorities**

- Are commissioners for school nurses as well as maintained schools.
- Have a duty to promote co-operation between relevant partners

### **Clinical Commissioning Groups**

- Responsible for commissioning other healthcare professionals such as specialist nurses.
- They have to ensure that commissioning is responsive to children's needs and that health services can cooperate with schools

### **Ofsted**

- The inspection framework places clear emphasis on meeting needs of disabled children and pupils with SEND. Inspectors are briefed to consider pupils with medical conditions alongside these groups and to report on how well their needs are being met.

### **Staff Training**

The school has a responsibility to ensure staff are properly trained and any member of staff providing support to a pupil with medical needs will receive suitable training.

Staff must not give prescription medicines or undertake health care procedures without appropriate training.

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- *Willow Grove Primary School will ensure that relevant staff are released from their usual duties in order to support pupils with medical conditions*
- *Training records will be maintained within the schools management information system (Arbor)*
- *Training will be sought from recognised providers following advice from the relevant health care professionals*
- *All staff will be made aware of the medical conditions of pupils in school at an inset day training session, this will be at the same time as the annual epi-pen/diabetic training*
- *The Headteacher, in conjunction with the relevant medical professionals will ensure that an appropriate number of staff are trained to manage the individual medical conditions*

### **Insurance**

LGB must ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

### **Complaints handling**

Any complaint in relation to this policy or the school's implementation of it should be raised in accordance with the school's ordinary complaint's policy.

### **Review Frequency**

This policy will be reviewed annually.

Willow Grove Primary School  
16<sup>th</sup> March 2026