



Pensilva Primary School

Supporting Pupils With Medical Conditions

Date of Adoption	
Review Date	Autumn 2026

Chronology

Date	Action
Sept 25	Policy reviewed by headteacher
Sept 25	Adopted by full governing body

Signed:

Pensilva Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department of Education's statutory guidance released in April 2014 updated 11th December 2015 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014. The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.

Ofsted places a clear emphasis on meeting the needs of pupils with SEN with disabilities; this also includes:

Key roles and responsibilities

a) The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions
- Providing support, advice/guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Body of Pensilva Primary School is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics, ethnicity/nationality/origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting activities, remain healthy and achieve their academic potential as far as reasonably possible.
- Ensuring that relevant training is delivered to a sufficient member of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring written records are kept of all medicines administered to pupils.

- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

c) The Headteacher is responsible for:

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- The day to day implementation and management of the Support Pupils with Medical Conditions Policy and Procedures of Pensilva Primary School.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Supporting the SENDCo in developing individual Healthcare Plans (IHPs) where appropriate.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy.
- Ensuring more than one staff member is identified, to cover holidays/absences and emergencies.
- Ensuring the correct level of insurance is in place for staffs who support pupils in line with this policy.
- Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment/care.
- Holding a 'spare' salbutamol asthma inhaler for emergency use.

d) Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and for familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of pupils with medical conditions in lessons.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

e) School nurses are responsible for:

- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP.
- Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support.
- Assisting the Headteacher in identifying training needs and providers of training.

f) Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

g) Pupils are responsible for:

- Providing information on how their medical condition may be affecting them at any one time.
- Contributing to their IHP.
- Complying with the IHP and self-managing their medication or health needs, including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

2) Training of staff

Newly appointed teachers and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction. The clinical lead for each training area/session will be named on each IHP.

School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

3) Medical Conditions register/list

Schools admissions forms should request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.

Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

For pupils on the medical conditions list, a secondary transfer meeting should take place in advance of transferring to enable parents, school and health professionals to prepare HP and train staff if appropriate.

4) Individual Healthcare Plans (IHPs)

Where necessary an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Disability Coordinator (SENCO) and medical professionals.

IHPs will be easily accessible to appropriate staff, whilst preserving confidentiality. A more discreet location for storage such as a password-protected data file or locked storage facilities will be more appropriate in some circumstances. However, if the case of conditions with potential life-threatening implications, the information should be available clearly and accessible to everyone.

IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.

Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the alternative provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

5) Transport Arrangements

Where a pupil with an IHP is allocated school transport, the school should invite a member of the Local Authority Transport team to arrange for the escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver/escort and the Transport team will ensure that the information is supplied when a change of operator takes place. Parental consent will be sought prior to the IHP being copied to any other agency, including Transport.

For some medical conditions, the driver/escort will require adequate training. For pupils who receive specialised support in school with their medical condition, this must equally be planned for travel arrangements to school and included in the specification to tender for that pupil's transport.

When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.

Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

6) Education Health Needs (EHN) referrals

All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils. In order to provide the most appropriate provision for the condition, the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

7) Medicines

Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours, this includes those prescribed three times a day – before school, after school and bedtime. If this is not possible ie. Medicine prescribed four times a day, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.

No child will be given prescription medicines without written parental consent except in exceptional circumstances.

No child will be given medication containing aspirin without a doctor's prescription.

Medicines **MUST** be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

A maximum of four weeks' supply of the medication may be provided to the school at one time.

Controlled drugs that have been prescribed for a pupil are kept securely stored in a non-portable container. Controlled drugs should be easily accessible in an emergency.

Controlled drugs will be stored in the school safe or in the staff room fridge in a locked box. Other prescriptions medicines will be stored in a locked container in the office area.

Any medications left over at the end of the course will be returned to the child's parents.

Written records will be kept of any medication administered to children. Pupils will never be prevented from accessing their medication.

An emergency salbutamol inhaler kit is kept voluntarily by school.

Pensilva Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

Staff will not force a pupil if the pupil refuses to comply with their health procedure. In such cases parents will be informed immediately and the resulting actions will be clearly written into the IHP.

8) Emergencies

Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms. Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9) Day trips, residential visits and sporting activities

Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities as far as is reasonably possible, and not prevent from doing so unless a clinician states it is not possible.

To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions.

Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

10) Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that pupils with the same condition require the same treatment.