



## **Warren Park Primary School**

### **Supporting Pupils with Medical Conditions**

Reviewed by:	SENDCo	Responsibility:	FGB
Last Review:	May 2026	Next Review:	May 2027
Review Cycle:	Annually	Ratified by FGB:	18.05.2026
Chairperson's signature:	<i>J.P. Fish</i>		

#### **Introduction**

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 premises with medical conditions. The Department for Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

At Warren Park Primary School, the governing body and the Head Teacher are committed to ensuring children with medical conditions are 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.

#### **Roles and Responsibilities**

The Governing Body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governors will ensure that sufficient staff have received suitable training and are competent before they become responsible for supporting children with medical conditions. The Governing Body should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

All staff have a duty of care to follow and co-operate with the requirements of this policy. This policy will be available for all of the above to review and refer to on the Teacher's Pool ('T' drive).

An appendix can be found attached to this policy detailing members of staff and their roles.

#### **The Governing Body**

- They are responsible for making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed, implemented and regularly reviewed (yearly).
- They will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- They will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

- They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed (INSET training, staff meeting and teacher's pool).

### **Head Teacher/SENDCo**

- will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans (IHP), including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- have overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- will contact the school nursing service in the case of any child 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 or appropriate medical agencies.
- will support the teachers and support staff by ensuring the relevant training is undertaken.
- ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date. (CPOMs and pupil records)

### **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.
- School staff will 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 will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Staff will be responsible for the recording of medicines given, using the schools 'Administration of Medicines & Treatment Consent Form'
- They will work with external medical agencies to report back changes in conditions.
- The Admin Officer (AO) holding a full First Aid qualification will review children's individual care plans for pupils in the school's care.
- Adults will prioritise medical care over other duties.

### **Year Group Leaders and SENDCo**

- The SENDCo will ensure Care Plans are passed on to the new year groups and uploaded onto CPOMS; and that an opportunity to ask questions and plan in training occurs during transition meetings in July.
- Year Group Leaders must ensure all staff are aware of the Care Plan and are comfortable with their responsibilities for the care of individuals.
- Year Group Leaders must be aware of any changes and pass these on as above.
- Care plans are located in the medical room and on the CPOMS system. The AO puts them on the system at the beginning of the academic year and also when updates and new plans evolve throughout the school year.

## **Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, for example provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.
- Provide all documentation from the healthcare professional which contains the details of medication required during the school day which will need to be included in the plan.

## **School Nurses/ Medical Agencies**

- The school has 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.
- 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.
- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.
- Community nursing teams are also a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

## **Identifying Children with Health Conditions**

It is a statutory requirement that the schools governing body and head teacher will ensure that this 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. We will obtain confirmation from parent/ carers to confirm if their child has a medical condition.
- We will use the questionnaire 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.
- From all of the above information we will ensure a care plan is produced for the individual child.

## **Individual health care plans (See also Appendix Two)**

It is a statutory requirement that the schools governing body and head teacher will ensure that this 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 Care Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed. The Care Plans 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.

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 SENDCo will work in partnership with the parents/carer, and a relevant healthcare professional e.g. 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 an Educational Health Care (EHCP), the individual healthcare plan will be linked to or become part of that EHCP.

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

Each plan will be reviewed annually unless a child's arrangements or condition changes, in which case the plan will be reviewed accordingly.

### **Statutory Requirement of Care Plans**

The Governing Body and the Head Teacher should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. This will be monitored through spot checks from the Governing Body. 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.

### **Care Plans Will Include Consideration of the Following:**

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The SENDCo and the AO 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, 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;
- 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.

## **Staff Training**

The schools governing body and head teacher will ensure that this policy 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. Any member of school staff, at Warren Park Primary School, 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)

- 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 the SENDCo. 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 of the Individual Healthcare Plans.
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, with implications and preventative measures.

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

All staff will receive the necessary 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 training will be provided for new staff as part of their induction.

A staff training record is kept by the school office which records any awareness training, in relation to Supporting Children with Medical Conditions.

## **The Child's Role**

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 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**

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, which 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 (an 'Administration of Medicines and Treatment Consent Form' form will be used to record this), A documented tracking system to record all medicines received in and out of the premises is in place.

- Prior to administration we will ensure the identity of the child is confirmed by a known adult.
- The full name of the child must always be used in all communications.
- An adult must escort a child to the medical room and confirm their identity. The adult administering medication to confirm the identity of the child directly with the child or accompanying adult.
- The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.
- If 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 do so. If the child is too young or immature to take personal responsibility for their inhaler, staff should help.
- All inhalers are stored in a safe but readily accessible place which is usually in the pods in classes, (the Outdoor Classroom have an emergency inhaler in their first aid kit), 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. 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. If controlled drugs need to accompany a child on a school trip, the drug will be in a locked container where appropriate (provided by the parent/carer when required) and carried by a named person at all times during the school trip.
- 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 may administer age appropriate school paracetamol i.e. Calpol and anti-histamine i.e. Piriton, at parent's request, after a phone call to the parents explaining symptoms. This will be recorded following school procedures and parents will be informed.
- Aspirin may not be administered unless it is on prescription.
- 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 i.e. EpiPens 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 may include:*

- *Injections of adrenaline for acute allergic reactions*
- *Inhalers for asthmatics*
- *Injections of Glucagon for diabetic hypoglycaemia*
- *Other emergency medication i.e. 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 the first aid room where it cannot be easily tampered with and cannot be easily removed from the premises.
- Where medicines need to be refrigerated, they will be stored in a locked refrigerator in the first aid room, clearly labelled. There must be restricted access to a refrigerator holding medicines.
- Children will not be allowed to access medicines for themselves but will report to the school office when medication is due.
- 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. These items will be securely kept in the individual child's year group so they are readily available and a record kept of the date and time of administration.
- Storage of medication whilst off site will be maintained at an appropriate temperature and be 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 document. The school will dispose of any medicine which has been supplied directly by the school.

When necessary, sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through an appropriate provider.

## **Medical Accommodation**

The Medical Room will be used for all medical administration/treatment purposes. The location/room will be made available when required.

There is also an additional medical space in Year R, the Koala room, which is available for treatment of some specific medical conditions, as agreed on the Health Care Plan.

## **Record Keeping**

A record of what has been administered including how much, when and by whom, will be kept. Records will be kept on file. Any side effects of the medication will be reported as soon as possible to the parent/carers.

## **Emergency Procedures**

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 i.e. 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).

## **Trips and Residential**

Before arranging a trip/residential the lead teacher will review Care Plans and ensure they are aware of how a child's medical condition will impact on their participation in any off-site activity or day trip, we will ensure that there is enough flexibility for all children to participate according to their own abilities within

reasonable adjustments. All staff involved in a trip or residential will be made aware of any medical needs of children involved, including any medication that needs to be administered. This will be included on the overriding Educational Visit Risk Assessment which is shared with all staff and volunteers attending the trip and a copy is located in the office.

Teachers 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 an Educational Risk Assessment (as required for trips and residential) 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.

Teachers should provide an Educational Risk Assessment that plans in arrangements and takes account of any steps needed to ensure that pupils with medical conditions are included.

Records of treatment and/or administration of medicines will be kept during trips and residential and returned to the school to be filed as soon as is practicable.

### **Unacceptable Practice**

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, 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 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
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child.

### **Liability and Indemnity**

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

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

## **Appendix One – Staff in Post 2025/2026**

Head Teacher                      Elizabeth Cooper

SENDCo                              Lynne Lofting

Admin Officer (AO)              Amy Davies

Business Manager                Jo Winslade

## Appendix Two

### Process for developing individual healthcare plans

