Southrop Church of England Primary School

SUPPORTING CHILDREN WITH MEDICAL NEEDS

Version	Date	Amended by	Comments	Approved	Review Date
V2.0	May 23	J. McLellan	Standardised formatting. Removed reference to work placement programmes, and reference to staff administering pain relief. Updated protected characteristics. Include preventative asthma inhalers to be taken on residentials. Annual asthma, epipen and epilepsy refresher training included. Include section on school environment. Include signs of asthma attack and treatment.		May 25
V3.0	Dec 23	M Davies	Reviewed to ensure coverage recommended by Gov Hub		
V3.1	Sept 2025	MDavies	Check legislation. Added Asthma, Allergies, Anaphylaxis.		Sept 2027

SOUTHROP C OF E PRIMARY SCHOOL
SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY
Sept 2025

Contents

1. Introduction

The governing board of Southrop C of E Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment. Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.
In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

2. Legal Framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors schools
- Natasha's Law (Food Information Regulations 2019)

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance Policy
- Admissions Policy

3. Roles and Responsibilities

The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The Headteachers are responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified. Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable. Being sensitive to the needs of pupils with medical conditions.

School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help. Clinical commissioning groups (CCGs) are responsible for:
- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and pediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required. Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND. Providing support, advice, guidance, and suitable training for school staff, ensuring that

IHPs can be effectively delivered.

- Working with the school to ensure that pupils with medical conditions can attend school full-time. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

4. Notification Procedures

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the Headteachers. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP. The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgment will be made by the Co Headteachers based on all available evidence (including medical evidence and consultation with parents). For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Individual Healthcare plans

The Headteacher will have overall responsibility a IHP

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required as well as who will confirm the supporting staff members proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable Who needs to be made aware of the pupil's condition and the support required Arrangements for obtaining written permission from parents and the Co Headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities Where confidentiality issues are raised by the parents or pupil, the designated individual to be

entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

6.Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school nurse through the development and review of IHPs, on annual basis for all school staff, and when a new staff member arrives. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on annual basis for all staff, and included in the induction of new staff members.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be provided by the following bodies:
- Commercial training provider
- The school nurse
- GP consultant
- The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

7. Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action.

8. Managing Medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.
Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the children's classroom.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

9. Emergency Procedures

Medical emergencies will be dealt with under the school's emergency procedures. Where an IHP is in place, it should detail:

- What constitutes an emergency
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.
If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

10. Unacceptable Practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or

prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the school office alone or with an unsuitable escort
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

11. Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

12. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

13. Home to school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

14. Defibrillators

The school has an automated external defibrillator (AED) which is stored in the office. All staff members and pupils will be made aware of the closest AED's location and what to do in an emergency. No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use. The emergency services will always be called where an AED is used or requires using. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight. Maintenance checks will be undertaken on AEDs on a weekly basis by the school nurse, who will also keep an up-to-date record of all

checks and maintenance work.

15. Asthma

Southrop C of E Primary is committed to supporting children with asthma to ensure they are able to fully participate in all aspects of school life. We want to:

- Provide a safe and supportive environment for a child with asthma.
- Ensure staff are aware of child with asthma and understand how to respond to asthma-related emergencies.
- Support child in self-managing their asthma (where appropriate).

The school will:

- Maintain a register of a children with asthma.
- Request an Asthma Action Plan (AAP) from the parents/carers of children with asthma.
- Ensure all staff receive basic training on asthma awareness and emergency response.
- Keep reliever medication (e.g., salbutamol inhalers) in accessible locations.
- Have a spare emergency inhaler kit available (if permitted by law).
- Inform relevant staff of children with asthma and their individual needs.

Parent/Carer Responsibilities:

- Inform the school of their child's asthma diagnosis.
- Provide a copy of the Asthma Action Plan completed by a healthcare provider.
- Supply the school with up-to-date asthma medication (clearly labeled).
- Ensure medication is within the expiry date and replaced when necessary.

Child Responsibilities (as age appropriate):

- Carry their reliever inhaler with them if self-carry is allowed.
- Inform staff when experiencing asthma symptoms.
- Follow their Asthma Action Plan and seek help if needed.

Each child with asthma must have an up-to-date Asthma Action Plan on file, signed by a healthcare professional and parent/carer. The plan should be reviewed annually or when medication changes.

Asthma medication must be easily accessible at all times. Younger children's medication will be stored in a designated, easily accessible location (orange or yellow drawstring bag in cupboard in the classroom). This will be taken when not in the classroom by the class teacher.

Staff must be aware of where inhalers are kept and how to use them.

In the event of an asthma attack:

- Stay calm and reassure the child.
- Help the child to use their reliever inhaler (usually blue).
- Sit the child upright and encourage slow, steady breathing.
- If no improvement after 5-10 minutes, or if the child is distressed, struggling to breathe, or becomes unresponsive:
- Call emergency services (e.g999).

- Contact the child's parent/carer.
- Continue to give reliever inhaler every 5 minutes until help arrives.

16. Allergies and Anaphylaxis

Southrop C of E Primary School is committed to providing a safe and supportive environment for all children, including those with severe allergies. The school will:

- Protect children with life-threatening allergies.
- Educate staff and children on allergy awareness.
- Outline emergency procedures in case of anaphylaxis.
- Promote inclusion and reduce the risk of allergic reactions.

We consider:

An Allergy: An overreaction of the immune system to a substance (allergen), which may be mild or severe.

Anaphylaxis: A severe, potentially life-threatening allergic reaction requiring immediate medical attention.

Epinephrine (Adrenaline): Medication used to treat anaphylaxis, commonly delivered via an auto-injector (e.g., EpiPen).

The School will:

- Maintain an up-to-date list of children with severe allergies.
- Request and store Allergy Action Plans and prescribed epinephrine auto-injectors.
- Ensure staff are trained to recognize allergic reactions and administer emergency treatment.
- Minimize exposure to known allergens, particularly in food service areas and classrooms.
- Communicate relevant allergy information to staff and supervise activities accordingly.
- Keep spare epinephrine auto-injectors (if legally permitted and recommended).

The Parent will:

- Notify the school of their child's allergies and provide an Allergy Action Plan completed by a healthcare professional.
- Supply clearly labelled, in-date epinephrine auto-injectors and any other prescribed medication.
- Update the school on any changes in the child's allergy status or treatment.

The Child will (as appropriate):

- Avoid known allergens.
- Inform a staff member if they feel unwell or think they are having a reaction.
- Carry their auto-injector if self-carry is permitted and appropriate for their age and maturity.

Each child with an allergy will have an Allergy Action Plan on file, signed by a healthcare professional and parent/carer. The plan should be reviewed annually or when medication changes. All children with diagnosed severe allergies must have an individualized Allergy Action Plan, completed and signed by a healthcare professional and the parent/carer. Plans should include: allergens, signs of a reaction, emergency steps, and emergency contact details.

Allergy and anaphylaxis medication must be easily accessible at all times. Younger children's

medication will be stored in a designated, easily accessible location (orange or yellow drawstring bag in cupboard in the classroom). This will be taken when not in the classroom by the class teacher.

Staff must be aware of where this medication iskept and how to use them.

If a child is suspected to be experiencing anaphylaxis:

1. **Call for help immediately.**
2. **Administer the epinephrine auto-injector** without delay.
3. **Call emergency services** (999) and inform them it is a suspected anaphylactic reaction.
4. Lay the person flat (or in a position they find comfortable) and keep them still.
5. If symptoms don't improve in 5–10 minutes and a second injector is available, administer the second dose.
6. Inform the childs parent/carer as soon as possible.

We also ensure we:

- Promote allergen awareness among children and staff.
- Implement food safety practices in canteens and classrooms.
- Designate allergen-aware zones if needed (e.g., nut-free classrooms).
- Avoid using common allergens (e.g., nuts, latex) in classroom activities.
- Supervise food-sharing activities and ensure children wash hands before and after eating.

15. Equalities

This policy has been written to take into account the needs of all regardless of age, disability, race, religion, belief and gender, gender reassignment, marriage & civil partnership, pregnancy, maternity or paternity and sexual orientation. This policy has been written to take into account the needs of all regardless of age, disability, race, religion, belief and gender.

16. Values

Our twelve school values underpin the life of the whole school community. Those particularly pertinent to supporting children with medical conditions are:

Compassion. Children (and their parents/carers) will be treated compassionately in the treatment of their medical conditions.

Respect. All children regardless of their medical condition will be treated with equal respect in terms of their rights of access to the curriculum and non-curricular activities.

Responsibility. Everyone will take responsibility for assisting those with medical conditions are set out in their plans.

17. Monitoring

This policy is scheduled for review bi-annually. Comments from staff, parents and members of the public on this policy and its implementation are welcome and can be addressed to the

Headteacher.

APPENDIX 1
Record of Administration of _____ Dosage _____ To _____

DATE	TIME	SIGNATURE