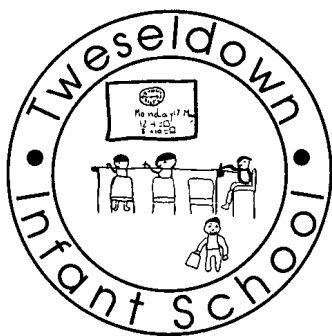




TWESELDOWN INFANT SCHOOL

Policy for Supporting Pupils with Medical Conditions

Rationale

Section 100 of The Children and Families Act 2014 places a duty on the Governing Body to make arrangements for supporting children with medical conditions. Tweseldown Infant School will undertake to comply with this legislation and follow the statutory guidance produced by The Department of Education 'Supporting Pupils with Medical Conditions at School'. [Supporting pupils with medical conditions at school - GOV.UK](https://www.gov.uk/guidance/supporting-pupils-with-medical-conditions-at-school)

1. Aims and Objectives

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governors will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Tweseldown Infant School is an inclusive school that welcomes and supports pupils with medical conditions. The school endeavours to provide children with medical conditions the same opportunities as other pupils in school. We are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. In support of this the school will receive and fully consider advice from healthcare professionals, and listen to and value the views of parents and pupils.

Tweseldown Infant school will ensure that all staff understand their duty of care to children and young people in the event of an emergency.

Tweseldown Infant School recognises that all children with the same medical condition will not necessarily have the same needs. The school also recognises that medical needs can change over time.

Tweseldown Infant School understands the importance of medication and care being taken as directed by healthcare professionals and parents. All administration of medicines will be arranged and managed in accordance with the Supporting Pupils with Medical Conditions guidance

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff.

All staff will have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development, as well as having educational implications.

2. Roles and Responsibilities

The named person with overall responsibility for this policy is:

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. School will work in partnership with healthcare professional, social care professionals, Local Authorities, Parents and Pupils

Governing Body

The Governing Body has ultimate responsibility to make arrangements to support children with medical conditions in school and ensure that a policy is developed and implemented. The Governing Body will:

- that arrangements are in place to support pupils with medical conditions. In doing so it will ensure that such children can access and enjoy the same opportunities at school as any other child.
- ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- 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
- ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.
- ensure that the arrangements put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented

Headteacher

The Headteacher will ensure:

- the school's policy for Supporting Pupils with Medical Conditions is developed and effectively implemented with partners
- all staff are aware of the policy and understand their role in its implementation
- all staff that need to know are aware of the child's condition

- Take overall responsibility for the development of IHP's
- Make sure that school staff are appropriately insured and aware 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
- There are sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- There are cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- Supply teachers are briefed;
- Risk assessments are carried out for school visits, holidays, and other school activities outside the normal timetable;
- Individual healthcare plans are monitored

School Staff

- will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions
- Tweseldown Infant School is compliant with Benedict's Law including staff training, the purchasing of auto injectors and updated IHCP's.
- Will take into account the needs of pupils with medical conditions that they teach.
- Will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- Be aware of children with medical conditions in their class. They should ensure that they are aware of any triggers, symptoms and arrangements for administration of medicines.
- Allow all pupils to have immediate access to their emergency medication.
- Understand common medical conditions and the impact it can have on pupils and their learning.
- may be asked to provide support to children with medical conditions, including administration of medicines (although they cannot be required to do so)

Parents

- will provide the school with sufficient and up to date information about their child's medical needs
- will be involved in the development and review of their child's Individual Healthcare plan
- will carry out any action they have agreed as part of its implementation e.g. provide medicines and equipment and ensure they, or another nominated adult, are contactable at all times.
- The family of a child will be key in providing relevant information to school staff about how their child's needs can be met.

Pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support, as appropriate for their age, and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan.
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will be informed when the medication has not been administered for this reason and it will be parent's responsibility to make appropriate arrangements for administration of medication.

SENDCo (Special Needs and disability) Co-ordinator

Will be responsible for developing the Individual Healthcare plans which will be drawn up in partnership with the school, parents/carers 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. A copy of the finished care plan will be given to parents for approval, it is parent's responsibility to ensure that all details are correct.

School Nurse

Every 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. Where possible, they will do this before the child starts school.
- liaising with lead clinicians locally on appropriate support for the child and associated staff training needs and by providing advice and liaising with staff on the implementation of a child's medical care.

3. Identifying pupils with health conditions

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers. The School will follow the process outlined in the document 'Process for Identifying Children with a Health Condition,' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. Our 'on entry to school' forms 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.

4. Individual Health Care Plan

Whenever the school is notified that a pupil has a medical condition, whether short term or long term, they will have an Individual Health Care plan (IHP) established. IHP's will help ensure that Tweseldown Infant School supports pupils with medical conditions effectively. They will provide clarity about what needs to be done. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). We will assess and manage risks to the child's education, health and social wellbeing, and minimises disruption.

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

- What needs to be done
- When
- By whom

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate, or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

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

Their development

Where children require an Individual Health Care Plan, the Headteacher and SENCO will work with the parents and relevant healthcare professionals to write it. 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, who has the role of the individual with responsibility for developing IHCPs, will consider the following when deciding what information to record on IHCPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 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/carers 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/carer or 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. Where a child has an emergency healthcare plan prepared by their lead clinician, it will be used to inform the development of their Individual Healthcare Plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

Where there is a new diagnosis in year or a child joins mid-year, every effort will be made to ensure that arrangements are put in place within two weeks.

Where a child is transitioning from another school there will be liaison with the member of staff responsible for pupils with medical conditions and parents, to ensure the school is prepared for the child's needs and that arrangements for staff training or support are in place.

The IHCP's will be displayed in classrooms and in blue backpacks so that all relevant staff are aware of a pupil's medical condition, symptoms of condition any triggers and what procedures to follow in an emergency. A copy of the IHCP's are also kept in each class's individual first aid rucksack. These are also given to lunchtime supervisors. Emergency medication, such as inhalers and auto injectors are also stored in these bags.

As a school we have an emergency auto-injector in the hall. This is only to be used in an emergency and if the child has an auto-injector in school.

Individual healthcare plans are reviewed at least annually in the autumn term, or earlier if evidence is presented that the child's needs have changed. It is parent's responsibility to inform the school of any changes to medication, symptoms, triggers or administration of medication as soon as possible to ensure continuity of care

5. Staff Training and Support

All new staff will be inducted on the policy when they join the school through the induction training schedule. Records of this training will be stored in the Health and Safety file kept in the school office.

Whole staff training will provide awareness training on the school's policy for supporting children with medical conditions, which will include what their role is in implementing this policy. This training will form part of the overall training plan for the school annually.

Any training undertaken and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

The awareness training will be provided to staff by INSET and staff meetings and records kept.

The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. They will normally lead on identifying and agreeing with the school the type and level of training required for individual healthcare plans, either during development or at review, and how this can be obtained. The school may choose to arrange training themselves and will ensure this remains up-to-date.

Staff will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the Individual Healthcare Plans.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in Individual Healthcare Plans.

Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.

Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

A 'Staff Training Record– Administration of Medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

6. Managing Medicines on School Premises

The administration of medicines is the overall responsibility of parents/carers. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, and this may therefore include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent (the 'Parental Agreement for School to Administer Medicines' will be used to record this)– except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will always be informed
- We will only accept prescribed medicines if these 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 will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of emergency.
- Types of emergency medicines include:
 - Injections of adrenaline for acute allergic reactions
 - Injections of Glucagon for diabetic hypoglycaemia
 - Inhalers for asthmatics
- 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).
- The name of the child, dose, expiry and shelf-life dates will be checked before medicines are administered.
- On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.
- It is the responsibility of the parents/carer to dispose of their child's medicines; Accordingly, we will return any medicines no longer required, including those where the date has expired to the parent to arrange for safe disposal. Medicines returned to parents will be recorded on the tracking of medication form.
- Sharps boxes will always be used for the disposal of needles and other sharps. Collection and disposal of these will be arranged locally through the school's contractor who will remove them from site every 3 months.

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary.
- We will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. We will ensure that the controlled drugs is easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will 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 in school.

Storage

All medicines other than emergency medication will be stored safely in a locked cabinet, which cannot be easily removed for the premises, and with hinges that cannot be easily tampered with. Where medicines need to be refrigerated, they will be stored in a dedicated refrigerator in a clear labelled, airtight container. There will be restricted access to this refrigerator.

Children will know where their medicines are at all times and how to access them immediately if needed. Where relevant, they will know who holds the key to the storage facility.

Medicines such as asthma inhalers, and blood glucose testing meters will be readily available to children and not locked away. If the child is too young or immature to take personal responsibility for their inhaler, staff will make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name

We will also ensure they are ready and available when outside of the school premises, e.g. on school trips.

Storage of medication whilst off site will be maintained at steady temperature and 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.

Record Keeping

A written record will be kept of all medicines that have been administered at school, including how much, when and by whom, on the relevant form. Any possible side effects of the medication will also be noted and reported to parents/carers. We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Only prescribed medication can be administered and parents will be informed.

Parents will be informed if their child has been unwell in school.

7. Emergency Procedures

Where a child has an Individual Healthcare plan this will clearly define what constitutes an emergency and explain what to do including ensuring that all relevant staff are aware of emergency symptoms and procedures. We will ensure other children in the school know what to do in general

terms such as informing a teacher immediately if they are concerned about the health of another child.

If a child needs to be taken to hospital, a member of staff will stay with the child until the parent arrives or accompany a child to hospital in an ambulance if necessary.

8. Day Trips/Off-site Activities

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so, unless evidence from a clinician states that this is not possible.

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off-site activity or day trip, and that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We 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 a risk assessment so that planning arrangements take account of any steps needed, to ensure that pupils with medical conditions are included (refer to guidance on school trips). We will consult with parents and pupils, with advice from the relevant healthcare professional, to ensure that pupils can participate safely.

9. Unacceptable Practice

Staff are expected to use their discretion and judge each case on its merits with reference to the child's individual healthcare plan on its merits. The school considers it is not generally acceptable to:

- Prevent children from 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 a 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 care plan.
- Send a child that is unwell to the office unaccompanied
- Penalise children for their attendance record if their absences are related to their medical condition.
- Prevent children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- Require parents or make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life.
- Require parents or make them feel obliged to accompany their child on off-site activities, including school trips.

10. 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 have parental permission for administering medicines and staff will have had training on the administration of the medication or medical procedure.

11. Complaints

Parents or children who are dissatisfied with the support provided should discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Emergency Asthma Inhalers

As a school we have agreed to not purchase and keep emergency inhalers.

Linked Policies-

First Aid Policy

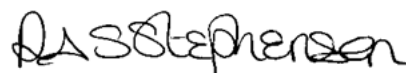
Data Protection & UK GDPR Policy

Special Educational Needs and Disability Policy

Date of latest review: Autumn 2026

Date ratified by Governing Body: Autumn 2026

Signed by Chair of Governors:



Signed by Head Teacher:

Kim Tottem

Next review date: Autumn 2027

Member of staff responsible: SENDCo

Governing Body or governor(s)/committee(s) responsible: Full Governing Body