SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

HATFIELD PEVEREL INFANT AND NURSERY SCHOOL

Inspiring a Love of Learning

THIS POLICY WAS FORMALLY ADOPTED FROM JUNIPER EDUCATION: NOVEMBER 2025

APPROVED BY THE GOVERNING BODY: NOVEMBER 2025

POLICY TO BE REVIEWED: NOVEMBER 2026

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1. Introduction

Children with medical conditions are entitled to a full education and have the same rights to admission to school as other children. The school will not refuse to admit a pupil on medical grounds, including those with long-term or complex medical conditions.

The school is committed to ensuring that pupils with medical conditions are supported so that they have full access to education, including school trips and physical education. Full account will be taken in the operation of the Policy, of the latest Department for Education guidance, specifically: Supporting pupils with medical conditions at school September 2014 - updated August 2017, and additional guidelines related to COVID-19.

2. Principles

The school and its staff will:

- enable children to access their inhalers and medication and administer their medication when and where necessary;
- not assume that every child with the same condition requires the same treatment;
- have proper regard to the views of the child or their parents/carers, and medical evidence or opinion;
- not send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP;
- if the child becomes ill, send them to the school office or medical room accompanied by someone suitable;
- not penalise children for their attendance record if their absences are related to their medical condition;
- not prevent children from eating, drinking, or taking toilet or other breaks whenever they need to manage their medical condition more effectively;
- not require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues;
- facilitate children to participate in all aspects of school life.
- Implement and regularly update procedures according to national health guidelines for managing COVID-19. This includes protocols for social distancing, mask-wearing, hygiene practices, and remote learning options for students unable to attend school due to the pandemic.
- Individual Care: Recognise that each child's medical condition is different and requires tailored treatment and care plans.
- Work closely with parents/carers, healthcare professionals, and the pupils themselves to develop and update IHCPs.
- Develop and maintain a clear protocol for emergency situations, including immediate response to COVID-19 symptoms and other medical emergencies.
- Avoid unnecessary absences or exclusions from school activities due to medical conditions, unless specified in the IHCP.

3. Responsibilities

Those with Parental Responsibility are responsible for providing the school with sufficient and up-to-date information about their child’s medical needs. They must provide all medicines and equipment and ensure that they or a nominated adult are always contactable.

Staff will consult with health and social care professionals, pupils, and parents to ensure that the needs of children with medical conditions are properly understood.

4. Safeguarding

Staff and pupils must adhere to the child protection policy.

- We recognise that there is a need to treat all children with respect, especially when intimate care is given. No child should be attended to in a way that causes any distress, embarrassment or pain and the care provided must be consistent.
- If a member of staff has any concerns about physical changes in a child's presentation (for example any marks, bruises, unkempt appearance etc.) they will immediately follow the procedures outlined in the child protection policy. If a child makes an allegation against a member of staff, procedures in the child protection policy will be followed.
- In line with their safeguarding duties, the school will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. Consequently, the Headteacher will not accept a child in school at times when it would be detrimental to the health of that child or others to do so.
- If a child is hurt accidentally, they should be immediately reassured, and the adult should check that he or she is safe. The incident must be reported immediately to the designated safeguarding lead.

5. Procedures

When the school is notified of a medical condition for a new or existing pupil, the following procedure is followed.

a) The Headteacher, or senior member of school staff to whom this has been delegated, will co-ordinate a meeting to discuss the child's medical support needs and identify member(s) of school staff who will provide support to the pupil.

b) The senior member of staff will call a meeting to discuss and agree if there is the need for an Individual healthcare plan (IHCP). The meeting will include key school staff, the child, parent/carer, relevant healthcare professionals and other medical/health clinicians as appropriate (or consider written evidence provided by them).

c) The senior member of staff will coordinate the writing of an IHCP, if this is deemed appropriate, in partnership with the parents and healthcare professionals.

d) The senior member of staff will identify any training needs required and ensure that these take place.

e) The IHCP will be shared with all relevant members of staff and implemented.

f) The senior member of staff will organise the annual review of the IHCP or when the need arises if sooner. The parents/carers are responsible for informing the school of any changes that may require a review of the IHCP.

g) If the school is notified that the child is going to move school, the Headteacher will ensure that the receiving school is fully informed about the child's medical needs as soon as possible. When a child moves school, the IHCP is transferred along with all the child's records.

h) Safeguarding policies, including child protection, will be strictly adhered to. This includes ensuring that COVID-19 related health policies do not compromise child safety and welfare.

Individual Healthcare Plans (IHCPs)

IHCPs will vary in style and complexity according to each child's needs.

- IHCPs will be kept confidential to only those individuals who need to know.
- IHCPs will be drawn up in partnership with the school, parents/carers, relevant healthcare professionals and, if appropriate, the child.
- The school will take account of religious and cultural sensitivities.
- Where the child has special educational needs (SEN) but does not have an EHC plan, their special needs will be mentioned in the IHCP.
- Where the child has an EHC plan, the IHCP will be linked to or become part of EHC plan.
- As a minimum, the IHCP will include:
    a) the medical condition, its triggers, signs, symptoms, and treatments;
    b) the pupil's resulting needs, including medication and other treatments in sufficient detail to enable staff to manage the condition;
    c) specific support for the pupil's educational, social, and emotional needs;
    d) the level of support needed and how much self-management the child has;
    e) who will provide the support, their training needs, competency, and cover arrangements;
    f) who in the school needs to be aware of the condition and how this information will be shared;
    g) written permission and agreement from parents/carer and the Headteacher/Principal for medication to be administered by a member of staff or the pupil during school hours;
    h) separate arrangements for procedures outside of school, including on residential visits if appropriate;
    i) a risk assessment for the child;
    j) what to do in an emergency, including contact details and contingency arrangements.
- If a child refuses to take medicine or carry out a necessary procedure included in their IHCP, staff will not force them to do so, but will follow the procedure agreed in the IHCP. They will ensure that the parents/carers are informed so that alternative options can be considered.

6. Intimate care

Intimate care, is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves, but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

In most cases, intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure, only a person suitably trained and assessed as competent will undertake the procedure.

Intimate care needs will be planned carefully. Any child who requires intimate care will always be treated with respect and the welfare and dignity of the child is important.

Staff who provide intimate care are trained to do so and are aware of best practice. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much as possible for themselves. This may mean, for example, giving the child responsibility for washing themselves. Individual healthcare plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is attended to. Typically, one child will be catered for by one staff member unless there is a sound reason for having more staff present. If this is the case, the reasons should be clearly documented. Recording equipment such as mobile phones and cameras must not be taken into areas where intimate care is carried out.

If a child becomes distressed or unhappy about being cared for by a member of staff, the matter will be discussed and reviewed, and outcomes recorded. Parents and carers will be contacted at the earliest opportunity as part of this process to reach a resolution. Further advice will be taken from outside agencies if necessary.

7. Resources

The school will ensure that all the required resources, such as provisions for individual needs, PPE, sharps bins, clinical waste bins etc are provided.

8. Staff training

Staff will not give prescription medicines or undertake healthcare procedures without appropriate training. It is for the Headteacher to decide whether written instructions from the parent or on the medication container are sufficient or whether additional training is necessary. Any training or guidance detailed in an IHCP must be followed.

All staff involved in the care of a child with a medical condition will be suitably trained in line with the child's IHCP.

The Headteacher or delegated senior member of staff is responsible for liaising with healthcare professionals and ensuring that the training needs of all staff members required by an IHCP are fulfilled.

The Headteacher will arrange whole-school awareness training about the school's pupils with medical needs at least annually and as part of the induction of new staff.

9. Managing medicines on school premises

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

No medicines will be given to a child without the written consent of a parent. This might be in the form of an agreed IHCP.

The school will only accept prescribed medicines if these are in-date, labelled, provided in the original packaging, and include instructions for administration, dosage, and storage.

- When no longer required, medicines must be returned to the parent.
- Sharps boxes will be used for disposal of needles and other sharps.

All medicines will be stored safely. Children must know where their medicines are always and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away, both in school and on school trips.

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. The school will, otherwise, keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency.

Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected in IHCPs.

9. Record keeping and communication

The Headteacher is responsible for ensuring that written records are kept of all medicines administered to children.

Communication with parents/carers about a child's intimate care will always be through confidential and direct contact; details will not be recorded in home/school communication books.

10. Risk assessments for activities in school and away from the school site

The Headteacher will ensure that the risk assessment in each child's IHCP is reviewed at least annually and whenever there is a change of circumstances.

In the case of a medical emergency not covered by a risk assessment, the school will seek emergency medical assistance by calling 999, or the local emergency number if abroad, for an ambulance. School staff will remain with the child until a parent/carer arrives.

11. Complaints

Parents/carers with a complaint about their child's medical condition should discuss these directly with the Headteacher / Designated Safeguarding Lead in the first instance. If the Headteacher / Designated Safeguarding Lead cannot resolve the matter, they will direct parents/carers to the school's Complaints Procedure.

This policy was published by Juniper Education

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DATE February 2024

LAST EDITION: December 2020

REVIEW: Annual (Recommended)

Updates since last edition: N/A