SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

HATFIELD PEVEREL INFANT AND NURSERY SCHOOL

Inspiring a Love of Learning

APPROVED BY THE GOVERNING BODY: SEPTEMBER 2026

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1. Introduction

The school recognises that children and young people with medical conditions have the same right to access education, participate fully in school life, achieve their potential and be kept safe as their peers. The school is committed to providing an inclusive environment in which pupils with medical conditions are welcomed, supported and enabled to attend school regularly and participate in all aspects of school life, including educational visits, enrichment activities, clubs and physical education.

The school will make arrangements to support pupils with medical conditions in accordance with Section 100 of the Children and Families Act 2014 and current Department for Education statutory guidance. The school recognises that medical conditions may be visible or invisible, fluctuating, long-term, complex or undiagnosed, and support will not be delayed pending formal diagnosis where needs are evident.

The school will maintain:

- A separate Allergy Safety Policy
- Individual Healthcare Plans (IHPs), where required

See also

- First Aid Policy
- Children with health needs who cannot attend school Policy

The Governing Body will appoint:

- A named Governor responsible for medical conditions – *Amanda Smith*
- A named senior leader responsible for the implementation of this policy- *Mrs Z Fairbairn Headteacher*

The school is ensured by Essex County Council, this provides cover for staff who provide support to pupils with medical conditions, including the administration of medication

The school and its staff will:

- adopt a whole-school approach to supporting pupils with medical conditions
- promote inclusion by design and seek to remove barriers to learning, attendance, wellbeing and participation
- recognise that medical conditions may fluctuate and may not always be visible
- actively support pupils' mental health and wellbeing
- make reasonable adjustments where a medical condition may constitute a disability under the Equality Act 2010
- enable children to access their inhalers and medication and administer their medication when and where necessary;
- ensure pupils can access emergency medication immediately when required
- 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 IHP;
- send a pupil who becomes ill 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;
- recognise that each child's medical condition is different and requires tailored treatment and care plans. (individual care) We will not assume that every child with the same condition requires the same treatment;
- work closely with parents/carers, healthcare professionals, and the pupils themselves to develop and update IHPs;
- develop and maintain a clear protocol for emergency situations, including immediate response to medical emergencies.
- avoid unnecessary absences or exclusions from school activities due to medical conditions, unless specified in the IHP.

2. Responsibilities

The Governing Body

The Governing Body will ensure:

- appropriate arrangements are in place to support pupils with medical conditions
- this and other related policies are reviewed annually
- that pupils with medical conditions are supported to participate fully in all aspects of school life
- that members of staff who provide support to pupils with medical conditions are able to access the information and other support materials as needed
- include medical condition related risks are on the school's risk register
- review incidents and near misses and ensure lessons are learned

The Headteacher/Name Senior Leader

The Headteacher/Named Senior Leader will ensure:

- the school's policy and procedures are developed and effectively implemented with partners
- that all staff are aware of the policy and procedures for supporting pupils with medical conditions
- that all staff understand their role in its implementation
- that all staff who need to know are aware of a child's condition
- that staff receive training and are able to implement the policy and deliver against all healthcare plans, including contingency and emergency situations
- that school staff are appropriately insured and aware they are insured to support pupils in this way
- the school nursing service is contacted 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
- emergency procedures are effective
- appropriate records are maintained
- monitor inclusion and attendance of pupils with medical conditions

Parents/Carers

Those with Parental Responsibility 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 individual healthcare plan
- carry out any action they have agreed to as part of the healthcare plan's implementation
- provide all medicines and equipment. Medication should be in date and correctly labelled
- ensure that they or a nominated adult is always contactable

Staff

- any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- school staff should take into account the needs of pupils with medical conditions that they teach
- school staff will take part in and complete all related training
- all school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- staff will consult with leaders, health and social care professionals, pupils, and parents to ensure that the needs of children with medical conditions are properly understood

Pupils

- Pupils will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

3. Safeguarding

The fact that there has been an incident relating to the management of a child or young person's medical condition (including allergies) would not in and of itself warrant a referral to local safeguarding partners. A safeguarding referral would only be needed where an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk. (KCSIE 2026)

The school also recognises that poor management of medical conditions may present safeguarding risks. Medical needs, attendance concerns, emotional wellbeing and exclusion from educational opportunities will be considered through safeguarding processes, where appropriate. All support arrangements must preserve the child's dignity, privacy and human rights.

All 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/safeguarding policy will be followed.

- in line with their safeguarding duties, the school will ensure that pupil health is not put at unnecessary risk from, for example, infectious diseases.
- if a child is hurt accidentally, they should be immediately reassured, and the adult should check they are safe. The incident must be reported immediately to the Designated Safeguarding Lead.

4. Procedures

4.1 Identifying Pupils with Medical Conditions

The school will maintain a register of pupils requiring support for medical conditions and identify needs through:

- Admission forms
- Parent notifications
- Healthcare professionals
- Transition meetings
- Existing healthcare plans

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. 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 IHP, if this is deemed appropriate, in partnership with the parents, healthcare professionals and, where appropriate, the pupil.

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

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

f) The senior member of staff will organise the annual review of the IHP 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 IHP.

g) If the school is notified that the pupil is going to move school, the Headteacher/Designated senior member of staff 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 IHP is transferred along with all the child's records.

h) Safeguarding policies, including child protection, will be strictly adhered to, ensuring child safety and welfare are not compromised.

4.2 Transition Arrangements

At Hatfield Peverel Infant and Nursery School, we are committed to ensuring smooth, well- supported transitions for all pupils at every stage of their early education journey. When children are starting school, we actively contact their previous nursery or early years settings to gather essential developmental and safeguarding information, alongside collecting comprehensive details directly from parents via our admissions forms. During key-stage transitions or when pupils are transferring between schools, we work collaboratively with staff to ensure continuous care and academic progression. Finally, when the time comes for our pupils to move on or transition to the juniors, all relevant academic, pastoral, and personal records are securely and efficiently shared with the receiving school, ensuring their new teachers have everything they need to welcome and support them from day one.

4.3 Emergency Situations

All staff must know how to summon emergency assistance and access emergency medication both in school and on school trips within and outside the UK.
Where a pupil has an IHP, it will clearly outline what constitutes an emergency, what to do and ensure all key staff are aware of symptoms and procedures. The school will ensure there is access to emergency medication. In an emergency, staff are expected to act to safeguard the welfare of pupils.

In-school Emergency Procedures

Immediate Response and Assessment

- **Assess and Stabilise:** Have the nearest staff member check responsiveness Danger, Response, Airway, breathing while immediately summoning a qualified first-aider.
- **Manage the Group:** Direct surrounding children away from the incident to a safe, supervised area to maintain calm and prevent panic.
- **Never Move Unnecessarily:** Avoid moving a seriously injured or unresponsive child before emergency medical advice is secured, unless they are in immediate secondary danger.

Communication and Emergency Services

- **Notify the office to call 999 or 111:** Send an immediate alert to the school office or senior leadership team (SLT) who will call 999 immediately for life-threatening situations (e.g., breathing difficulties, unconsciousness, severe bleeding, suspected fractures). Explicitly state key triggers like "anaphylaxis" if an adrenaline auto-injector is used. Use NHS 111 for non-urgent guidance. Administrative staff will pull the child's medical file where appropriate, prepare access gates, and coordinate emergency responders

Parent Contact and Record Keeping

- **Inform Parents/Carers:** Contact parents or designated emergency contacts as soon as the child is stable or emergency services have been dispatched.

If a child or young person needs to be taken to hospital, a member of staff will stay with them until their parent/carer arrives or accompany them to hospital if taken by ambulance.

Off-site Emergency Procedures

If a child or young person experiences a life-threatening medical emergency, anyone, – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis. (Supporting children and young people with medical conditions and allergy – September 2026)

5.1 Individual Healthcare Plans (IHPs)

IHPs will vary in style and complexity according to each child's needs. These plans are 'owned' by the setting which the pupil attends. Some plans may be informed by advice from healthcare professionals; however, they are not clinical documents.

IHPs describe the arrangements to support the individual pupil. New pupils will require a new IHP to be drawn up as part of their transition.

- It is not necessary for a pupil to have a formal diagnosis for them to have an IHP.
- IHPs should be put in place to support the pupil engage effectively in their education and be fully involved in school life. The IHP will include these arrangements.
- IHPs will be kept confidential to only those individuals who need to know.
- IHPs will be drawn up in partnership with the school, parents/carers, relevant healthcare professionals and, if appropriate, the child.
- Any pupil who requires medication while in school will have an IHP put in place. The IHP will set out arrangements for administering medication, contact details of the relevant health professional and procedures in the event of any complications or side effects. The IHP should also record parental consent for the medication to be administered to the pupil (other than in the exceptional circumstances where medication is prescribed without a parent's knowledge). If a specific member of staff has been trained to administer medication or deliver personalised care plans, they will be named on the IHP, together with cover arrangements in their absence.
- Personalised care plans and/or action plans issued by a healthcare professional will be included in the IHP. This includes, for example. allergy and asthma action plans, diabetes care plans and seizure plans.
- Where a pupil has a known allergy which requires active management, an IHP will be put in place for them along with the Allergy and/or Asthma action plan. The IHP will specify known allergens, risk reduction measures and whether they have been prescribed adrenaline. *(See Allergy Safety Policy for more information)*
- 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 IHP.
- Where the child has an EHC plan, the IHP will be linked to or become part of EHC plan.
- As a minimum, the IHP 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; including examination arrangements and reasonable adjustments, where required

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) attendance and participation arrangements

i) wellbeing support

j) transition arrangements, where required

k) any linked allergy action plans or asthma plans

l) separate arrangements for procedures outside of school

m) The child's medical condition and individual safety requirements will be integrated into the main class trip risk assessment for any out-of-school visits. This document will be shared confidentially with attending school staff on a strict need-to-know basis.

n) what to do in an emergency, including contact details and contingency arrangements

o) emergency medication location

p) review dates and responsible persons

If a child refuses to take medicine or carry out a necessary procedure included in their IHP, staff will not force them to do so but will follow the procedure agreed in the IHP. They will ensure that the parents/carers are informed so that alternative options can be considered.

5. 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.

6. 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.

7. Staff training

All staff will receive whole-school awareness training at least annually and as part of the induction process. In addition, temporary, including trainee teachers, agency and supply staff will receive relevant information. First Aid training alone is not considered sufficient training for supporting pupils with medical conditions. Training is provided to staff to ensure:

They can provide the necessary support safely, including giving prescription medicines or undertaking healthcare procedures in accordance with an IHP

They understand any risks associated with providing support

They can recognise symptoms of the medical condition, known triggers, appreciate their effects and know what preventative and emergency measures to take.

They can recognise if the pupil may be at risk and can take the required action.

They are competent and have confidence in their ability to support any pupil with a medical condition, and to fulfil the requirements as set out in their IHP.

They understand any specific medical conditions they are being asked to deal with, their implications and the preventative and emergency measures staff may need to take.

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

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 IHP are fulfilled.

8. 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 or someone with parental responsibility (except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of parents. This will be recorded on the IHP. 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, who will arrange for safe disposal. Sharps boxes will be used for disposal of needles and other sharps.

- **Safe and Secure Storage:** All medicines will be stored safely and securely out of reach of young children, while remaining instantly accessible to authorised staff.
- **Staff Access Awareness:** Because infant and nursery-aged children cannot self-administer medication, all staff working with the child will know exactly where their medicines are kept and who holds the codes to any secure storage facilities.
- **Immediate Availability:** Emergency medicines and devices—such as asthma inhalers, blood glucose testing meters, and adrenaline auto-injectors (AAIs)—will never be locked away from staff. They will be kept in a designated, safe, but unlocked location (such as a high shelf or staff-managed medical bag) to ensure they are readily available to adults in an emergency, both in school and on school trips.
- **Trips and Off-Site Activities:** The school will maintain strict arrangements to ensure all required emergency medications are carried by a designated staff member during trips and off-site activities.

No child under 16 will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g., for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be consulted and informed.

Due to the age and development of children in an infant and nursery setting, no child is deemed competent to bear possession of a controlled drug. This will be reflected in IHPs where required.

9. Record keeping and communication

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

Any serious incident, near miss or medication error involving a pupil with a medical condition or allergy will be recorded as soon as is feasible. Records will include:

- Who was affected?
- What happened, where and when
- Why the incident occurred (as far as is known)
- How staff and pupils responded
- What was done to support the individual
- Whether emergency services were called
- How the incident concluded

The incident report should be shared with the parent/carer. Parents/carers will have the opportunity to discuss what happened and to contribute their views to any consequent lessons learned review.

The report should always be shared with the governing body. The governor responsible for medical conditions and/or allergy will need to consider what lessons to learn and whether any changes are required to the school's policy.

While the school does not cook meals on site, we operate as a food business when distributing snacks, fruit, milk, or meals provided by our external catering partner. In accordance with statutory allergy safety guidelines, any severe allergen-related food safety incident or "near miss" occurring on the premises must be reported to the local authority's Environmental Health team and the Food Standards Agency. A full review will also be conducted with our external meal provider.

Schools, colleges and early years settings must report incidents which arose directly from the way they undertook a work activity, and which resulted in death or immediate hospitalisation to the Health and Safety Executive

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

Risk assessments will be used to help the school to determine where risks are likely to arise and what action can be taken to minimise those risks. Risk assessments should be specific to the individual pupil and the activities in question. This can include:

- educational visits
- extra-curricular activities
- after-school clubs
- external providers operating on the school site

All children and young people are encouraged to participate in visits. Hatfield Peverel Infant and Nursery School will consider any reasonable adjustments required to ensure pupils can participate fully and safely in all visits. All risk assessment planning will include consideration of the required steps to include children with medical conditions and needs.

Planning will include

- arrangements for taking any required medications
- relevant emergency procedures

A pupil's IHP will be taken on visits in case the information is required or needed in an emergency.

At least one trained first aider will always accompany any school visit.

The Headteacher/Senior member of staff will ensure that each child's IHP 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. Wellbeing

The school recognises that medical conditions can have a significant impact on emotional wellbeing, friendships, participation and self-esteem. Pupils with medical conditions will be supported to feel included, valued and safe.

The school's pastoral team, SENCO and designated safeguarding lead will work together to ensure that pupils with medical conditions receive appropriate emotional support and that any concerns relating to wellbeing, attendance, peer relationships or inclusion are identified and addressed at an early stage.

Measures will be taken to reduce stigma and prevent bullying linked to medical conditions.

- Through an age-appropriate RSHE/PSHE curriculum

- Recording, investigating and responding promptly to any incidents of bullying, teasing or exclusion linked to a medical condition in accordance with the school's Behaviour and Anti-Bullying Policies
- Pastoral support for pupils who may experience anxiety, low self-esteem, isolation or emotional difficulties as a result of their medical condition.

12. Complaints

Concerns relating to medical condition should be raised in the first instance with the school. Complaints will be managed in accordance with the school's Complaints Policy