The Humber Estuary Federation

Supporting Pupils with Medical Needs Policy

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Monitoring/Review Date	Autumn 2026
Consultations/Training	Mrs Esther Parnaby

1.Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

- The Headteacher, Miss Hayley Twidale, will ensure that sufficient staff are suitably trained.
- All relevant staff including supply and other temporary staff will be made aware of the child's condition.
- Cover arrangements will be put into place to cover for staff absence to ensure appropriate provision is always available.
- Risk assessments will be put into place for educational visits and other school activities outside the normal timetable.
- Individual Healthcare Plans (IHPs) will be monitored and involve appropriate health care professionals.

The named person with responsibility for implementing this policy is Mrs E Parnaby

2. Introduction

At Goxhill Primary School children with medical conditions, in terms of both physical and mental health, will be appropriately supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Children with medical conditions will be encouraged and supported to access and enjoy the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care whilst at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

Goxhill Primary School recognises that each child's needs are individual. We also recognise that needs may change over time and that this may result in extended absence from school. The school will make every effort to minimise the impact upon a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The school will strive to give pupils and their parents' confidence in the school's approach.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have a Statement or Education, Health and Care (EHC) Plan – also introduced by the Children and Families Act 2014. We will work together with other schools, health professionals, other support services, and the Local Authority. Sometimes it will be necessary for the school to work flexibly, for example, by means of a combination of attendance at school and alternative provision / personalised learning.

3 Legislation and statutory responsibilities

At Goxhill Primary School we recognise and will meet our duties and responsibilities in relation to supporting pupils at school with medical conditions. These duties and responsibilities are contained in the legislation and statutory guidance listed below:

- Department for Education's statutory guidance - 'Supporting pupils at school with medical

conditions' April 2014 (updated December 2015) – governing bodies, proprietors and management committees must have regard to this guidance in order to meet the duty / responsibilities of the Children and Families Act 2014.

- Children and Families Act 2014 (Section 100) – places a duty upon governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
- Equality Act 2010 – some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010.
- Special Educational Needs and Disability (SEND) Code of Practice July 2014 – some children with medical conditions may also have special educational needs (SEN) and may have a Statement, or Education, Health and Care (EHC) Plan. For children with SEN this policy / procedure statement should be read in conjunction with school SEN policies and the SEND Code of Practice.
- Human Medicines (Amendment No. 2) Regulations 2014 – allows schools to hold stocks of asthma inhalers containing salbutamol for use in an emergency. These regulations come into effect on 1 October 2014.

4. Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

4.1 The governing board

The Governing Body will ensure that:

• Pupils in school with medical conditions are supported.

• This policy is reviewed at least annually, developed, implemented and monitored.

• Staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions.

• There are quality assurance systems in place to ensure that pupils in school with medical conditions are supported (e.g. case monitoring / assurance audits).

4.2 The Executive Headteacher

The Executive Headteacher has overall responsibility for the development of IHPs.

The Headteacher will ensure that:

- The Supporting Pupils at School with Medical Conditions Policy / Procedure is developed and effectively implemented with partners, including ensuring that all staff are aware of the policy and that they understand their role in implementing the policy.
- The Headteacher will ensure that all staff who need to know are aware of a child's medical condition.
- Sufficiently trained staff are available to implement the policy and deliver against all the IHPs, including in contingency and emergency situations
- Ensure that all staff are appropriately insured to support pupils in this way.
- Liaise with the school nurse in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.

4.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

4.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

4.6 Local Authority, School nurses and other healthcare professionals

Goxhill Primary School will liaise with the Local Authority as required by a child's medical needs The Local Authority has a duty to commission a school nursing service to this school. The Local Authority will provide support, advice and guidance, as appropriate.

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

4.7 Clinical Commissioning Groups (CCGs)

Goxhill Primary School will communicate with CCG colleagues as required by a child's medical needs. CCGs commission other healthcare professionals such as specialist nurses. They ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

5 Equal opportunities - Educational visits and sporting activities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

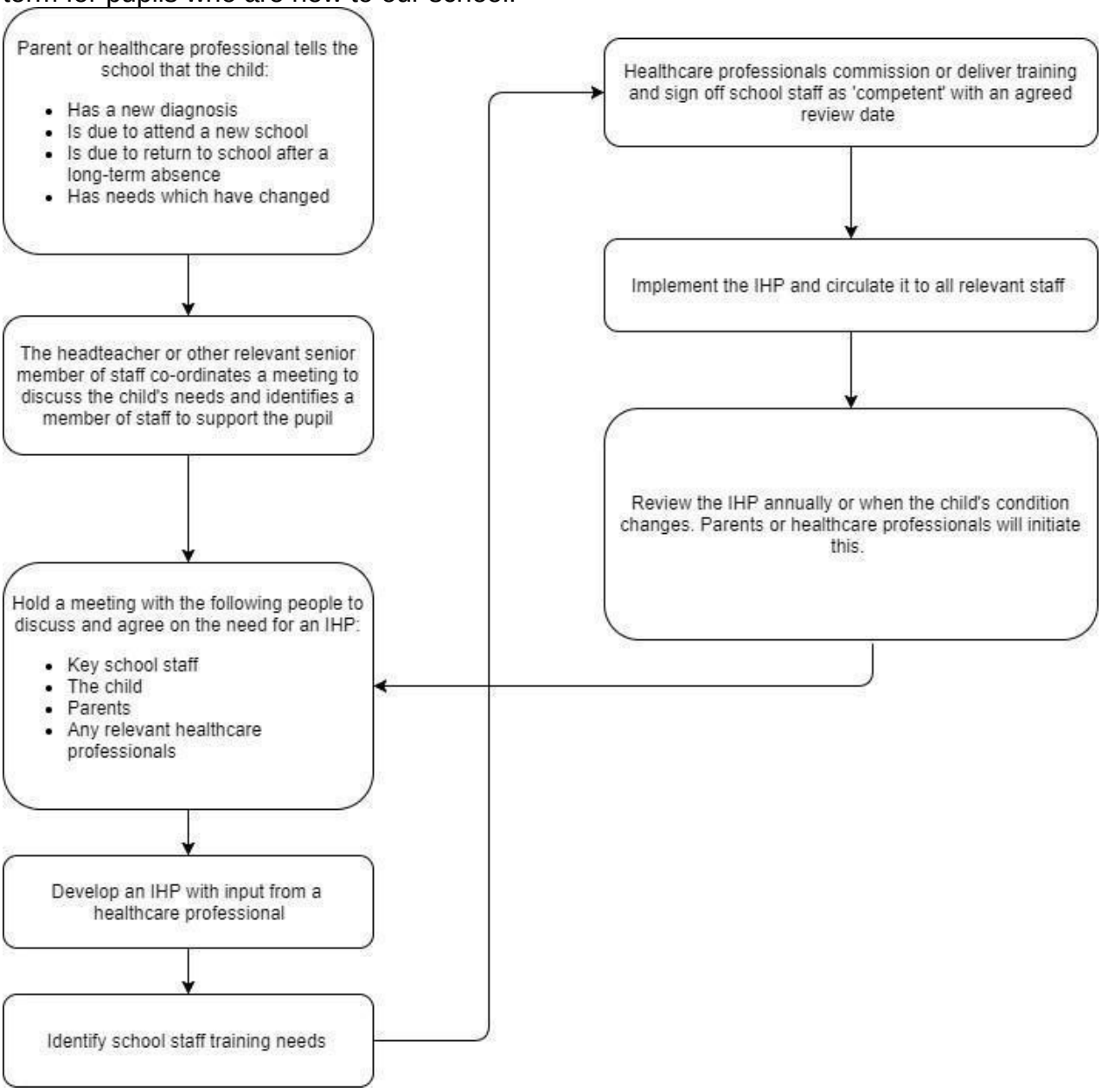
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

6 Procedure to be followed when notification is received that a pupil has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant

term for pupils who are new to our school.



The school, in consultation with all relevant stakeholders including parents, will:

- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to the existing IHP.
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Put arrangements into place in time for the start of the new school term.
- In other cases, such as a new diagnosis or children moving to a new school mid-term, make every effort to ensure that appropriate arrangements are in place within two weeks.
- Provide support to pupils where it is judged by professionals that there is likely to be a medical condition.

7 Individual healthcare plans

The Executive Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCO.

In liaison with, and with appropriate oversight of, a relevant healthcare professional (e.g. school nurse / nurse specialist – diabetes / epilepsy / paediatrician, etc). The purpose of an IHP is to ensure that there is clarity about what needs to be done, when and by whom.

An IHP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex and require specific management. However, not all children will require an IHP.

The school, healthcare professionals and parents will agree, based upon evidence, when an IHP would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view.

A flow chart for agreeing the support required is provided above and in Annex A and a template IHP is provided in Annex B.

Input from a healthcare professional must be provided. The IHP is confidential to parents / young person and to those school staff who need to know.

The level of detail within an IHP will depend upon the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have a Statement or EHC Plan, their special educational needs will be referred to in their IHP.

IHPs, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care for the child.

IHPs will be drawn-up in partnership between the school, parents, and a relevant healthcare professional, e.g. Specialist or Community / School Nurse / other health professional. Wherever possible, the child should also be involved in the process. The aim is to capture what needs to be done to help staff and the child manage their condition and overcome any potential barriers to getting the most from their education.

Responsibility for ensuring the plan is finalised rests with the school. IHPs will be reviewed at least annually or more frequently if evidence is presented that the child's needs have changed. IHPs are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any EHC Plan / Statement, as appropriate.

7.1 Information to be recorded

When deciding upon the information to be recorded on IHPs, the following will be considered:

- 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. E.g. 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 child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the child's condition and the support required. Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. appropriate Risk Assessments.
- Where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child's condition.
- 'What to do in an emergency', including whom to contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician

that could be used to inform the development of their school IHP.
- Informing / sharing appropriate IHP information with other relevant bodies (e.g. Home to School Transport) – through appropriate agreement / consent.

8 Managing medicines

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:

- 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 child will be given prescription or non-prescription medicines without their parent's written consent – (except in exceptional circumstances where the medicine has been prescribed to a young person without the knowledge of the parents).
- Non-prescription medicines will be administered / managed by parents, as far as is reasonably practicable, should they be needed during the school day. For the administering of non-prescription medicines during an educational visit, parents should provide written consent.
- No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Medicines will be stored safely. This will be in the First Aid fridge in the main office. Epipens are stored in the child's classroom and also in the medical cabinet located in the rear foyer leading to the playground. Some medicines (Inhalers) may be stored in classroom store cupboards. Children who need to access their medicines immediately, such as those requiring asthma inhalers, will be shown where they are. On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
- If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container in the school office. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication will be noted. This information will be recorded on Medical Tracker and parents will receive an electronic notification when medication has been administered.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal.
- Electronic records will be kept of all medicines administered to children and parents / carers will be informed if their child has been unwell at school.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. This will be supervised and overseen by a second member of staff. Parents will always be informed.
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9 Pupils managing their own needs

School staff will support pupils in managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their Healthcare plans.

Pupils medicines and relevant devices will be stored securely and will be administered by staff in line with the child's healthcare plan. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

10 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition,
  e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

11 Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

12 Training

Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school.

All members of staff providing support to a child with medical needs will have been trained beforehand. Staff who provide specific support to pupils with medical conditions will be included in meetings where this is discussed.

All staff training in relation to medical conditions will be recorded / signed off in terms of competency. The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the Governing Body.

Some training may be arranged by the school, and other types may make use of the skills and knowledge provided by the school nursing service, or specialist nursing services, among others. In some cases, a specific health care professional will be required to provide appropriate training.

Training may involve onsite or off-site provision.

Parents / carers and appropriate healthcare professionals will be asked to supply specific advice in relation to possible training requirements.Staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident to deliver the support.

It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions. The Supporting Pupils at School with Medical Conditions Policy / Procedure will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

13 Liability and indemnity

The Governing Body ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions.

From time to time, the school will need to review the level of cover for healthcare procedures and any associated related training requirements (such as may be the case with specific children with complex needs).

14 Complaints

We encourage parents to discuss their concerns directly with the SENDCO or Head teacher in the first instance.

Should we be unable to resolve difficulties in this way and should parents wish to pursue a complaint, they should follow the usual official complaints procedure. Details of the complaints procedure can be obtained from the school offices or are available on the Federation and individual school websites. Confidentiality is always observed.

15 Monitoring arrangements

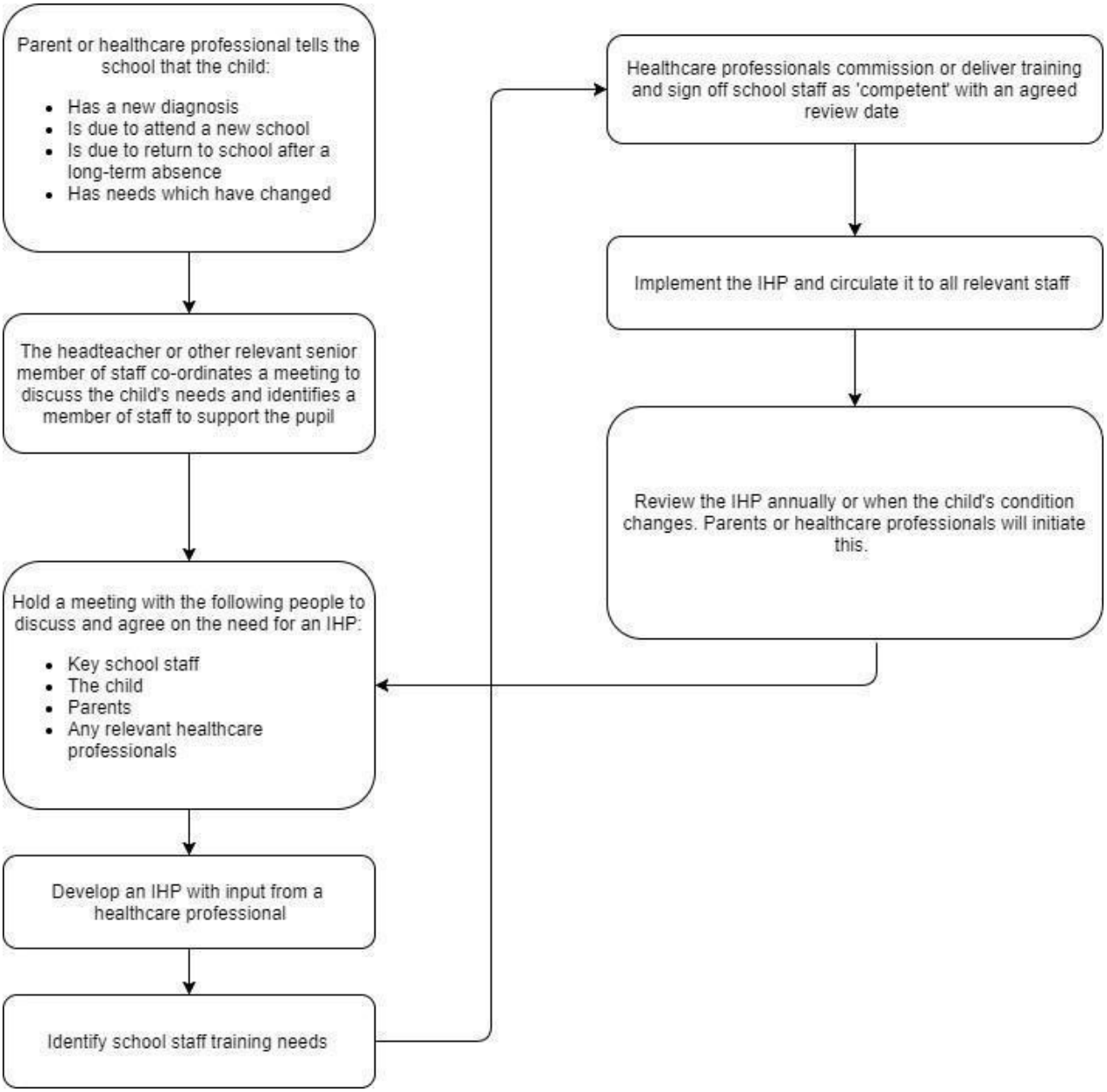
This policy will be reviewed and approved by the governing board annually.

16 Links to other policies

This policy links to the following policies:

- Administering medicine policy
- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

ANNEX A



ANNEX B

HEALTH CARE PLAN FOR:

Condition:

Preventions/treatment/action to be taken:

Medication Taken: . .
Steps for Treatment/actions

.

CONTACT DETAILS

1.

2.

3.

OTHER INFORMATION

G.P:

Consultant:

PARENTAL CONSENT I agree to the staff taking responsibility and administering medication in the event of a reaction taking place.

Name _____ Signature_____

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth D D M M Y Y

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

D D M M Y Y

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

D D M M Y Y

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30–60 seconds, up to a maximum of 10 puffs.
3. **Call 999 for an ambulance if:**
   - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Health & care information you can trust

asthma uk

Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am – 5pm; Mon – Fri)

www.asthma.org.uk