



Supporting Children with Medical Conditions Policy

Signed by headteacher: *A Hughes*

Signed by Chair of Governors: *David Bradley*

Date of Approval: October 2025

Date for review: October 2027



Supporting Children with Medical Conditions Policy

AI Generated Summary

 Our aim is to ensure children with physical or mental health conditions can fully access school life, stay healthy, and reach their potential.

 We work closely with parents, healthcare professionals, and the local authority to understand each child's needs and provide effective support.

 Some pupils will have an Individual Healthcare Plan (IHP) outlining their condition, medication, support needed, and what to do in an emergency.

 Staff receive training to administer medication and support children safely, and no child is denied a place due to their medical needs.

 Children are encouraged to manage their own condition where possible, and staff help them access medicines quickly when needed.

 Emergency procedures are in place, and staff remain with a child until parents or medical help arrive.

 Children with medical needs are supported to take part in trips, sports, and activities, with risk assessments and adjustments made.

 The school follows all legal requirements and ensures insurance and safeguarding procedures are in place for staff providing support.

Statement of intent

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

The school believes it is important that parents of children with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that children feel safe in the school environment.

Some children with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some children with medical conditions may also have SEND and have an Education, Health and Care (EHC) plan collating their health, social and SEND provision. For these children, the school's compliance with the SEND Code of Practice and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

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

1. Legal framework

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

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968

- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting children at school with medical conditions' (statutory guidance)
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with, and should be read alongside, the following school policies and procedures:

- Administering Medication Policy
- First Aid Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Drug and Alcohol Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Equality Policy
- Attendance and Absence Policy
- children with Additional Health Needs Attendance Policy
- Admissions Policy

2. Roles and responsibilities

Governing board

The governing board is responsible for:

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

Headteacher

The headteacher is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.

- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring children with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a child with a medical condition requires support that has not yet been identified.

Parents/Carers

Parents/carers are responsible for:

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

Children

Children are responsible for:

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

School staff

School staff are responsible for:

- Providing support to children with medical conditions, where requested, including the administration of medicines, but are not required to do so.
- Taking into account the needs of children with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieving the required level of competency before taking responsibility for supporting children with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a child with a medical condition needs help.

School nurse

The school nurse is responsible for:

- Notifying the school at the earliest opportunity when a child has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for children with medical conditions.

Clinical commissioning groups (CCGs) and other healthcare professionals

- Ensuring commissioning is responsive to children' needs and that health services can cooperate with schools supporting children with medical conditions.
- Providing advice on developing IHPs and support for children with specific conditions (e.g., asthma, diabetes, epilepsy), where required.
- Providers of health services will cooperate with the school, including communicating with the school nurse and participating in local outreach training.

Local authority (LA)

The LA is responsible for:

- Commissioning school nurses for local schools.

- Promoting cooperation between relevant partners.
 - Making joint commissioning arrangements for EHC provision for children with SEND.
 - Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
 - Working with the school to ensure that children with medical conditions can attend school full-time.
 - Where a child is away from school for 15 days or more (whether consecutively or across a school year), making alternative arrangements so the child receives a suitable education.
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3. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4. Notification procedure

When the school is notified that a child has a medical condition that requires support in school, the parent will inform the school office. If required the school will arrange a meeting with parents, healthcare professionals and the child, with a view to discussing the necessity of an IHP.

The school will not wait for a formal diagnosis before providing support to children. Where a child's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence (including medical evidence and consultation with parents).

For a child starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a child joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Staff training and support

- Any staff member providing support to a child with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training.
 - Training needs will be assessed by the school nurse (in liaison with the SENDCo) through the development and review of IHPs, **on an annual basis** for all school staff, and when a new staff member arrives.
 - A first-aid certificate will not constitute appropriate training for supporting children with medical conditions.
 - Through training, staff will gain the competence and confidence to support children with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.
 - Whole-school awareness training will be carried out **annually** for all staff and included in the induction of new staff members.
 - Training will be provided by the following bodies: the school nurse; a GP consultant; and, where relevant, the parents of children with medical conditions (for child-specific advice). Parents will not be used as sole trainers.
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6. Supply teachers

Supply teachers will be:

- Informed of all relevant medical conditions of children in the class they are providing cover for. This information is kept in the class register folder in each classroom.
 - Covered under the school's insurance arrangements.
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7. Individual healthcare plans (IHPs)

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

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

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The child's needs, including medication (dosages, side effects (if applicable) and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication - If applicable
- Who needs to be made aware of the child's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the child
- Separate arrangements or procedures required during school trips and activities
- What to do in an emergency, including contact details and contingency arrangements
- Where a child has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed at least annually, or earlier if a child's medical circumstances change.

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

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

8. Managing medicines

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

children under 16 years old will not be given prescription or non-prescription medicines without their parents'/guardians' written consent. No child under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

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

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

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

The school will hold an asthma inhaler for emergency use. The inhaler will be stored in the **reception office** and its use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

9 Non-prescription medicines

The school recognises that children may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over-the-counter medicines (e.g. E45 cream). To support full attendance, the school may facilitate the administration of non-prescription medicines following parental request and consent. When making arrangements for the administration of non-prescription medicines, the school will apply the same standards of care, records and procedures as for prescription medicines. In particular:

- **Parent/carer consent:** Written consent is required before any non-prescription medicine is administered. Parents may be contacted by phone on the day to confirm the timing of the last dose and check for potential duplication.
- **Duration:** Non-prescription medicines will not be administered for longer than the period stated in the product's instructions without medical advice.
- **Original packaging:** Medicines must be supplied in their original container, be in-date, and clearly labelled with the child's name (added by an adult if needed). Instructions for administration, dosage and storage must be included.
- **Authorised staff only:** Only staff who are authorised and appropriately trained will administer non-prescription medicines.
- **Record keeping:** Every administration will be recorded, including the child's name, medicine, dose, time, and the administering staff member's signature; any observed side-effects will also be recorded.
- **If unwell:** If a child is deemed too unwell to be in school, they will be cared for and parents will be asked to collect them rather than continuing to administer non-prescription medicines in school.

10. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The school catering provider (**City Catering**) will ensure all requirements are met and that pre-packed foods for direct sale (PPDS) are labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist children with managing their allergies.

The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a child has been prescribed an AAI, this will be written into their IHP.

A **Register of Adrenaline Auto-Injectors (AAIs)** will be kept for all children who have been prescribed an AAI. A copy will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

children who have prescribed AAI devices will have details of where the device is stored in their IHP. The **first device** will be kept in their classroom for easy access; **any additional devices** will be kept in the school office.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members. In the event of anaphylaxis, the closest trained staff member will administer the AAI. If necessary, other staff members may assist (e.g., if the child needs restraining).

Where available, the school will keep a **spare AAI** for use in an emergency. The spare AAI will be stored in the **school office**, protected from direct sunlight and extreme temperatures, and checked monthly by office staff to ensure it remains in date. The spare AAI will only be administered to children at risk of anaphylaxis and where written parental consent has been gained. Where a child's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a child who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a child is, or appears to be, having a severe allergic reaction, **999** will be called even if an AAI has already been administered.

When any AAI is used, the following will be recorded on the medical record form:

- Where and when the reaction took place
- How much medication was given and by whom

Doses (as a guide):

- **Under 6 years:** 150 micrograms
- **6–12 years:** 300 micrograms

AAIs will not be reused and will be given to the emergency services or the child's parent/carer for disposal. On school trips, children at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

11. Record keeping

Written records will be kept of all medicines administered to children. Proper record keeping will protect both staff and children, and provide evidence that agreed procedures have been followed.

12. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

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

children will be informed in general terms of what to do in an emergency (e.g., telling a teacher).

If a child needs to be taken to hospital, a member of staff will remain with the child until their parents arrive. When transporting children with medical conditions to medical facilities, staff will be informed of the correct postcode and address for use in navigation systems.

13. Day trips, residential visits and sporting activities

children with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify reasonable adjustments to enable participation. In addition, advice will be sought from children, parents and relevant medical professionals. The school will arrange for adjustments to be made for all children to participate, except where evidence from a clinician (e.g., GP) indicates that this is not possible.

14. Unacceptable practice

The school will not:

- Assume that children with the same condition require the same treatment.
 - Prevent children from easily accessing their inhalers and medication.
 - Ignore the views of the child or their parents/carers.
 - Ignore medical evidence or opinion.
 - Send children home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunchtimes, unless this is specified in their IHP.
 - Send an unwell child to the school office alone or with an unsuitable escort.
 - Penalise children with medical conditions for their attendance record, where the absences relate to their condition.
 - Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues.
 - Create barriers to children participating in school life, including school trips.
 - Refuse to allow children to eat, drink or use the toilet when they need to in order to manage their condition.
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15. Liability and indemnity

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

The school holds an insurance policy with **RPA** covering liability relating to the administration of medication.

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

16. Complaints

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

17. Home-to-school transport

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

18. Defibrillators (AEDs)

The school has an **automated external defibrillator (AED)** stored in the **admin office** on the wall for easy access.

All staff members will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually. No specialist device-specific training is needed to use an AED, as voice and/or visual prompts guide the rescuer; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for children under the age of eight.

19. Monitoring and review

This policy is reviewed on an annual basis by the governing board and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Next scheduled review date: October 2026

Appendices

Appendix A: Individual Healthcare Plan (IHP) – Implementation Procedure

1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
 2. The Headteacher/Deputy coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the child.
 3. A meeting is held to discuss and agree on the need for an IHP.
 4. An IHP is developed in partnership with healthcare professionals (where available), and agreement is reached on who leads.
 5. School staff training needs are identified.
 6. Training is delivered to staff and review dates are agreed.
 7. The IHP is implemented and circulated to relevant staff.
 8. The IHP is reviewed annually or when the condition changes (revert to step 3).
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Appendix B: Individual Healthcare Plan Template

child's name:

Group/class/form:

Date of birth:

child's address:

Medical diagnosis or condition:

Date:

Review date:

Family contact information

Name:

Relationship to child:

Phone number (work/home/mobile):

Name:

Relationship to child:

Phone number (work/home/mobile):

Clinic/hospital contact

Name:

Phone number:

Child's GP

Name:

Phone number:

Who is responsible for providing support in school?

child's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices, environmental issues, etc.:

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:

Daily care requirements:

Specific support for the child's educational, social and emotional needs:

Arrangements for school visits and trips:

Other information:

Describe what constitutes an emergency, and the action to take if this occurs:

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed or undertaken – who, what, when:

Form copied to:

Appendix C: Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by:

Name of child:

Date of birth:

Group/class/form:

Medical condition or illness:

Medicine

Name/type of medicine (as on the container):

Expiry date:

Dosage and method:

Timing:

Special precautions and/or other instructions:

Any side effects the school needs to know about:

Self-administration – Yes/No:

Procedures to take in an emergency:

Contact details

Name:

Daytime telephone number:

Relationship to child:

Address:

I will personally deliver the medicine to: *Name and position of staff member*

I confirm the above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature

Date

Appendix D: Record of Medicine Administered to an Individual child

Name of child:

Group/class/form:

Date medicine provided by parents:

Quantity received:

Name and strength of medicine:

Expiry date:

Quantity returned:

Dose and frequency of medicine:

Date	Time given	Dose given	Name of member of staff	Staff initials
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Staff signature:

Parent signature:

Appendix E: Record of All Medicine Administered to children

Date	child's name	Time	Name of medicine	Dose given	Reactions, if any	Staff signature	Print name
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Appendix F: Staff Training Record – Administration of Medication

Name of school: Bitterne Manor Primary School

Name of staff member:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature:

Print name:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Print name:

Date:

Suggested review date:

Appendix G: Contacting Emergency Services (display near main office phone)

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- **The telephone number:** 023 8022 7596
- **Your location:** Bitterne Manor Primary School, Quayside Road, Southampton
- **The postcode:** SO18 1DP
- **The exact location of the individual within the school.**
- **The name of the individual and a brief description of their symptoms.**
- **The best entrance to use and where the crew will be met and taken to the individual.**

Appendix H: Letter Inviting Parents to Contribute to IHP Development

Address line one

Address line two

Town/City

Postcode

Date

RE: Developing an Individual Healthcare Plan (IHP) for your child

Dear Parent/Carer,

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting children at school with medical conditions for your information.

A central requirement of the policy is for an IHP to be prepared, setting out what support each child needs and how this will be provided. IHPs are developed in partnership with the school, parents, children (where appropriate), and the relevant healthcare professionals who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although IHPs are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within IHPs will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's IHP has been scheduled for *date*. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached IHP template and return it to the school office, together with any relevant evidence, for consideration at the meeting. If you have any questions, please contact us via *email address* or *phone number*.

Yours sincerely,

Name

Job role

Appendix I: Incident Reporting Form

Date of incident:

Time of incident:

Place of incident:

Name of ill or injured person:

Details of the illness or injury:

Was first aid administered? If so, give details:

What happened to the person immediately afterwards?

Name of first-aider:

Signature of first-aider: