



Hopping Hill Primary School

Supporting Pupils with Medical Needs in School

Person responsible for the policy	<i>Liz Doughty</i>
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Approved by	<i>FGB</i>
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*This policy sets out the duty on 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 under Section 100 of the Children and Families Act 2014. In meeting the duty, the governing body, proprietor or management committee **must** have regard to guidance issued by the Secretary of State under this section, including *Supporting pupils at school with medical conditions*.*

Section 100 came into force on 1 September 2014.

School Context

The staff at Hopping Hill Primary School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need, allergy or SEN are not discriminated against or treated less favourably than other pupils. Allergy-specific arrangements are set out in the school's Allergy Safety Policy and should be read alongside this policy.

Legal framework

This policy has due regard to all relevant legislation and 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 (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2014, updated 2017) 'Supporting pupils at school with medical conditions'
- 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'
- DfE (2026) 'Allergy safety in schools' and Hopping Hill Primary School Allergy Safety Policy

Principles

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires; and that
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will not engage in unacceptable practice, as follows:

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; nor
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or

- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Allergies, including risk of anaphylaxis, are medical conditions and are covered by this policy where they affect a pupil's attendance, inclusion, medication, emergency care or individual healthcare planning. The detailed arrangements for identifying allergy risks, reducing exposure to known allergens, catering, adrenaline auto-injectors and responding to allergic reactions are set out in the school's Allergy Safety Policy.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

The governing board will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil 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.

The headteacher will be 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 pupils with medical conditions are properly supported.
- Having overall responsibility for the development of Individual Healthcare Plans.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified. Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils 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.

Named person in school with responsibility for medical policy implementation

The member of staff responsible for ensuring that pupils with health needs have proper access to education is Liz Doughty, SENDCo. She will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school. Mrs Doughty will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

Parents/carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions.

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 Individual Healthcare Plan.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Informing the school of any new diagnosis or changes in their child's condition or in the treatment their children are receiving, including changes in medication, as soon as possible.

Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

School staff

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

School health teams

School health teams are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

Other healthcare professionals

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.

Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

Relevant medical information and emergency arrangements will be shared with staff involved in breakfast club, after-school clubs and other school-run wraparound provision where this is needed to keep pupils safe.

Procedures

Notification

Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class.

School keeps a register of pupils with medical conditions to identify and safeguard these children. This register is held in a central, secure location, with access by staff as appropriate, and includes the child's individual healthcare plan. We ensure that the child's confidentiality is protected in line with the General Data Protection Regulation (GDPR), and will only share this information with relevant members of staff and healthcare as appropriate.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class. A summary of the class Medical Needs Register is kept in the register box so that it can be referred to easily. Support staff have summarised copies of the Medical Needs Register as they may be working with children from several different classes. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff. The School Nurse is consulted as required.

Any medical concerns the school has about a pupil may be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

Individual Healthcare Plans (IHPs)

Not all children with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom.

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans, 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 to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEND but does not have an Education Health and Care Plan (EHCP), their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in an EHCP, the individual healthcare plan will be linked to their EHCP.

Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Pupils too ill to attend school

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). The school should make a referral to the Hospital and Outreach Education as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Hospital and Outreach Education and the relevant medical professionals.

Medicines in school

Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. 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 under 16 will be given prescription or non-prescription medicines without their parent's written or verbal consent unless in an emergency situation where school staff are acting in loco parentis. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

The school only accepts prescribed medicines that are prescribed 4 or more times a day; exceptions can be made at the discretion of the Head Teacher. All medicines must be in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

Non prescribed, or over the counter medicines, will only be administered under the following criteria. This medication must be in date, in a named box or package, and be provided by the parent/carer.:

- Where a child's care plan requires the use of a named medicine that is not prescribed by a medical professional.
- Short term during specific medical treatment, such as pain management in school eg following a broken arm to allow a child to attend school
- At the discretion of the Headteacher as required

Date of expiration will be checked before administration of medicines.

All medicines are stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

Controlled drugs that have been prescribed for a pupil are securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school.

The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. This will be completed using an online record and reporting site called Medical Tracker.

Significant medical incidents, medication errors and near misses will be recorded, reviewed and used to strengthen practice, including any updates needed to individual healthcare plans, training or risk controls.

Any side effects of the medication to be administered at school should be noted.

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

At the end of each term all medicines will be returned to parents.

The school ensures that there are members of staff trained to administer routine and emergency medication and undertake procedures to meet the care needs of an individual child.

All staff are aware of the specific members of staff trained to administer medication or medical procedures in an emergency situation.

Staff who may be regularly expected to administer medication and undertake medical procedures will be provided with the appropriate training. Staff are encouraged to volunteer for this role as part of their duty of care.

Intimate Care

Children sometimes need help with drinking, eating, dressing or toileting. See the Intimate Care Policy.

Emergency Situations

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Allergies and emergency adrenaline/Use of Adrenaline auto-injectors in schools.

Pupils with allergies, including those prescribed adrenaline auto-injectors or at risk of anaphylaxis, will be supported through this policy and through the school's Allergy Safety Policy. Where an allergy requires an individual healthcare plan, the plan will identify the pupil's known triggers, symptoms, medication, emergency actions and any reasonable adjustments needed during the school day, clubs, visits or other school-organised activities. The school may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis where both medical authorisation and written parental consent for use of the spare has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. If a child appears to be having a severe allergic reaction (anaphylaxis) the emergency services will be called without delay, even if their own AAI device or spare has been used. In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) will be contacted and advice sought from them.

The school's detailed arrangements for allergy information, allergy registers, risk reduction, catering, storage and access to prescribed or spare adrenaline auto-injectors, staff training and emergency response are set out in the

Allergy Safety Policy. Staff should follow the pupil's individual healthcare plan and the Allergy Safety Policy in any suspected allergic reaction or anaphylaxis. Any AAI's held by school will be considered a spare/back-up device and not a replacement for a pupil's own AAI. Each child will have an AAI stored visibly in or directly near their classroom with a second AAI located in the school office. The school office holds a log of dates that pens expire and liaise with school nurse to replace.

Day trips, Residential and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Where a pupil has an allergy, the visit or activity leader must also check the pupil's individual healthcare plan and follow the Allergy Safety Policy so that food, medication, trained staff and emergency arrangements are considered in advance. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

Complaints

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Key Reference Documents:

Department for Education guidance - Supporting pupils at schools with medical conditions guidance:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history>

Using emergency adrenaline auto-injectors in schools guidance:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

Guidance for schools in England on using emergency inhalers:

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

Asthma at school and nursery guidance:

<https://www.asthma.org.uk/advice/child/life/school>

Legal information about diabetes in school:

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/diabetes-in-schools-legal-information>

Supporting young people with epilepsy. A guide for schools:

<https://www.youngpilepsy.org.uk/guide-for-schools/>