

# The Federation of Burley and Sopley Primary School Supporting Pupils with Medical Conditions 2026



## Our Vision

*Together, we nurture a love of learning that celebrates the wonder of childhood and prepares every child for the future.*

We develop environments that support learning, where creativity, critical thinking, and resilience flourish. Our schools promote empathy, celebrate diversity, encourage children to respect differences and take responsibility for themselves and their communities.

By embracing the wider world and fostering strong, collaborative relationships between our schools, we build a forward-thinking community with high expectations for all. We empower children to think independently, stay safe, and grow into confident, compassionate individuals ready to thrive in an ever-changing world.

### INTRODUCTION

The Federation of Burley and Sopley Primary Schools offer an inclusive community that aims to support and welcome pupils with medical conditions.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

In meeting the duty, the governing body must have regard to guidance issued by the Secretary of State. This guidance came into force on 1 September 2014 and can be found here:

["Supporting Pupils at School with Medical Conditions"](#)

### KEY POINTS

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported

We will endeavor to ensure that children with medical conditions are properly supported so that they have full access

to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils in School with Medical Conditions document. All staff have a duty of care to follow, and we cooperate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply. Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

### **Key Roles & Responsibilities**

The governing body is responsible for:

- Ensuring arrangements are made to support pupils with medical conditions in school; including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The headteacher is responsible for:

- Ensuring that their school's policy is developed and effectively implemented with others. They must ensure that staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The headteacher should ensure that all staff are aware of children with medical conditions in school, and that there are a sufficient number of trained staff to implement healthcare plans where needed. In some cases this may involve recruiting a member of staff for this purpose. The headteacher should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The headteacher has overall responsibility for the development of individual healthcare plans. They should contact the school nursing service 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.

Teachers and support staff responsibilities:

- Any member of staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although this is not a requirement. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. 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.

The School Nurse (every school has access to school nursing services) is 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, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking

advice and support in relation to children with a medical condition.

- Local Arrangements

### **Individual Health Care Plans (IHCP)**

We recognise that IHCPs are recommended, in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex, however, not all children will require one. The school, healthcare professional and parent should agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an IHCP, which will provide clarity on what needs to be done, when and by whom. It will be the responsibility of the headteacher and SENDCo to work with parents and relevant healthcare professionals to agree a plan and who will lead on writing it. If consensus cannot be reached, the headteacher is best placed to take a final view. The responsibility for ensuring the plan is finalised and implemented rests with the school.

A healthcare plan, and subsequent reviews, will be initiated in consultation with the parent/carer; by a member of school staff or by a healthcare professional involved in providing care to the child. The headteacher and SENDCo should work in partnership with the parents/carer, and a relevant healthcare professional e.g. school nurse, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should be involved whenever appropriate to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Education Health and Care (EHC) plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

See appendix 1 for the flowchart for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

The governing body will ensure that all IHCPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social wellbeing and minimises disruption.

The schools will use the model Hampshire IHCP to ensure all necessary information on the child's medical condition is recorded. The headteacher will organise appropriate risk assessments and discussions with class teachers, parents, SENDCo and the child itself to arrange and record suitable support in school and on trips.

The information that should be recorded on individual healthcare plans includes:

- 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 – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counseling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this 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. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- 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 development of their individual healthcare plan

### **Staff Training**

The governing body ensures that staff are supported in carrying out their role to support children with medical conditions and that this is reviewed annually or when needed with the admission of a new child to the school. The headteacher will assess and arrange to meet the training needs of identified staff. Any member of staff asked to support a child will receive suitable training. This may be from the local school nursing team, hospital team, other healthcare professionals or parents.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training.

All new staff will be inducted on the policy when they join the school through the induction process of sharing policies.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions, which will clearly show their role in implementing the policy. This training will be carried out annually or following a review of the policy. The awareness training will be provided to staff during Inset days or staff meetings and all staff will be expected to attend.

We will retain evidence that staff have been provided with the relevant awareness training on the policy by minutes of the meetings.

Where required, we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfill the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training. A 'staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

### **The Child's Role**

Where possible, and in discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication. Usually this will be to inform the parent/carer at the earliest opportunity. Where possible we will endeavor to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parents the appropriate level of supervision required and document this in their healthcare plan.

### **Managing Medicines on School Premises**

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside

of school hours. However, the headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child without their parents/carers written consent. A documented tracking system to record all medicines received in and out of the premises is in place. The name of the child, dose, expiry and shelf-life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labeled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Children who are able to use their own inhalers themselves are encouraged to go to the office when needed. This is a safe and easily accessible place. All inhalers are clearly marked with the child's name.

Controlled drugs will be securely stored in a locked cupboard which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so, and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place. We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short-term basis. Parents will be asked to complete an administration of medicine form.. The schools keep a supply of paracetamol (e.g. calpol) and allergy relief medicine (e.g. piriton) in a locked cupboard accessible only by staff. These medicines are used in an emergency and only after a parent has been contacted. If we have concerns we will seek further guidance from the link School Nurse.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycemia

Other emergency medication will be stored in accordance with the normal prescribed medicines procedures (see storage section).

### **Storage**

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premises.

Where medicines need to be refrigerated, they will be stored in a medicine fridge located in the school office in a clearly labeled airtight container.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school

premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of IHCPs will be taken off site to ensure appropriate procedures are followed.

### **Disposal**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parents/carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged with parents and we will ensure that they are removed from site monthly.

### **Medical Accommodation**

We do not have a dedicated medical room. The school office or another appropriate space, such as the disabled toilet at Sopley, will be used for all medical administration/ treatment purposes. The Nurture room will be made available when required.

### **Record Keeping**

The governing body ensures that written records are kept of all medicines administered to children. A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

### **Emergency Procedures**

The Governing body will ensure that the school's policy sets out what should happen in an emergency situation. Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parent(s) arrives. This includes accompanying them to hospital by ambulance if necessary, taking any relevant medical information, care plans etc. that the school holds.

In classrooms, the staff room and the school office, (and in the first aid cupboard in the disabled toilet at Sopley) summarised versions of specific children's medical needs are displayed including signs and symptoms and actions to take in an emergency. These are shared with staff and referred to during staff meetings.

### **Day Trips / Off Site Activities**

The Governing body ensures and monitors that arrangements are 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.

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off-site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate

fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **Unacceptable Practice**

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits; it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- 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;
- send a child who becomes ill to the school office or medical room unaccompanied or with someone unsuitable; • penalise children 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 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; or
- 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 the child.

### **Liability and Indemnity**

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Staff at the school are indemnified under the Hampshire County Council self-insurance arrangements for schools with a service level agreement (SLA).

The County Council is self-insured and has extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

### **Complaints**

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Executive Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## **Appendix 1**

### **Model process for developing individual healthcare plans**

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed



Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided



School staff training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

