





## Gateway Primary School Policy Cover Sheet

<b>Policy Name:</b>	<b>Supporting Pupils with Medical Conditions.</b>
<b>Adopted at / by:</b>	<b>FGB</b>
<b>Signed on behalf of the Governing Board</b>	
<b>Name:</b>	<b>Kevin Moyes</b>
<b>Date:</b>	<b>September 2025</b>
<b>Signed on behalf of Headteacher:</b>	
<b>Name:</b>	<b>Kayleigh Anstee</b>
<b>Date:</b>	<b>September 2025</b>
<b>Review period:</b>	<b>1 year</b>
<b>Date of next Review</b>	<b>September 2026</b>

# Gateway Primary School – Supporting Pupils with Medical Conditions Policy

## Statement of Intent

The Governing Board of Gateway Primary School has a duty to ensure pupils with medical conditions are properly supported.

This policy ensures that all pupils with medical conditions—whether physical or mental—receive the right support so they can:

- Play a full and active role in school life
- Stay healthy and safe
- Access the full curriculum, including trips and PE
- Achieve their academic potential

We aim to give parents confidence in the school's ability to support their child, and to help pupils feel safe and included.

Some pupils may be classed as disabled under the Equality Act 2010. In such cases, the school will comply fully with its duties under the Act.

Some pupils may also have special educational needs and disabilities (SEND) and an Education, Health and Care (EHC) plan. For these pupils, the school follows the DfE's *SEND Code of Practice: 0–25 years* and our own SEND Policy.

We work closely with pupils, parents, and health and social care professionals to make sure needs are clearly understood and effectively supported.

## Legal Framework

This policy follows all relevant laws and statutory guidance, including:

- 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

- DfE: *Supporting pupils at school with medical conditions* (2015)
- DfE: *SEND Code of Practice: 0–25 years* (2015)
- DfE: *Guidance on first aid for schools* (2000)
- Ofsted: *Education Inspection Framework* (2019)
- Department of Health: *Guidance on adrenaline auto-injectors in schools* (2017)

This policy works alongside these school policies:

- Administering Medication Policy
- SEND Policy
- Drug and Alcohol Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Equal Opportunities (Pupils) Policy
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance Policy

Roles and Responsibilities

### **Governing Board**

The Governing Board will:

- Fulfil all legal duties
- Ensure arrangements are in place to support pupils with medical conditions
- Guarantee equal access to education and activities
- Work with the LA, health professionals and support services
- Support pupils returning after long-term or repeated absence
- Focus on each pupil's individual needs
- Build parent and pupil confidence in school support
- Ensure staff are trained, competent and resourced
- Ensure no child is refused admission because of their condition
- Protect health by excluding only when necessary (e.g. infectious disease)
- Monitor the effective implementation of this policy

### **Headteacher**

The Headteacher will:

- Oversee the implementation of this policy
- Ensure staff know their roles and receive training
- Make sure enough staff are trained and available, including for emergencies
- Consider staffing needs when recruiting
- Lead on developing Individual Healthcare Plans (IHPs)
- Ensure staff are insured and aware of cover arrangements
- Contact the school nurse when extra support is needed

## **Parents**

Parents must:

- Inform the school if their child has a medical condition
- Provide up-to-date medical information
- Take part in developing and reviewing IHPs
- Carry out agreed actions within IHPs
- Remain contactable during the school day

## **Pupils (where appropriate)**

Pupils should:

- Contribute to discussions about their needs
- Help shape their IHP
- Show respect for peers with medical conditions

## **School Staff**

School staff will:

- Support pupils with medical needs when required, including administering medicines if trained
- Only take on responsibilities once fully competent
- Consider medical needs in planning lessons and activities
- Respond appropriately when a pupil requires help

## **School Nurse**

The school nurse will:

- Notify the school when a pupil has a medical condition requiring support
- Help staff develop and implement IHPs
- Provide training and advice
- Liaise with local clinicians

## **Clinical Commissioning Groups (CCGs)**

CCGs will:

- Ensure health services meet pupils' needs
- Arrange joint commissioning for pupils with SEND and EHC plans
- Support schools with clinical expertise for long-term conditions

## **Other Healthcare Professionals**

- GPs and paediatricians will notify the school nurse when a child needs support
- Provide advice for IHPs

- Offer direct support for certain conditions (e.g. asthma, diabetes, epilepsy)

## **Local Authority (LA)**

The LA will:

- Commission school nurses
- Promote cooperation between partners
- Arrange joint commissioning for EHC provision
- Provide guidance and training for staff
- Ensure pupils can access full-time education
- Provide alternative arrangements for pupils absent 15 days or more

## **Ofsted**

Inspectors will check how well the school meets the needs of all pupils, including those with medical conditions, and consider progress, achievement, and wider development.

## **Admissions**

- Pupils will not be refused admission because of a medical condition.
- Admission may only be refused if it would endanger the health of the child or others.

## **Notification Procedure**

- Once the school is informed of a medical condition, the school nurse alerts the Headteacher.
- A meeting is arranged with parents, the pupil, and healthcare professionals to decide if an IHP is needed.
- Support is provided even without a formal diagnosis.
- If the condition is unclear, the Headteacher decides based on medical advice and parental input.
- For new pupils in September, arrangements will be ready before they start.
- For mid-term admissions or new diagnoses, arrangements will be in place within two weeks

## **Staff Training and Support**

- Staff supporting pupils will receive training appropriate to the role.
- No staff member will carry out healthcare tasks or administer medication without training.
- The school nurse assesses needs termly and when new staff join.
- The nurse confirms staff competence for medical procedures.
- First aid training alone is not sufficient.

## **Whole-school training**

- Awareness training every two years
- Included in induction for new staff

## Training providers may include

- The school nurse
- GPs or consultants
- Commercial providers
- Class teachers of pupils with specific needs
- Parents (advisory only, not sole trainers)

The Governing Board ensures CPD opportunities are available for staff.

## Self-Management

- Competent pupils are encouraged to manage their own health needs, with parent agreement.
- Pupils may carry their own medicines/devices if possible.
- Medicines will otherwise be stored accessibly.
- Staff will not force pupils to take medication. If refused, the IHP process is followed and parents are informed.
- Misuse of controlled drugs will result in disciplinary action.

## Supply Teachers

- Supply staff will have access to this policy.
- They will be told about relevant medical conditions of pupils they teach.
- They are covered by school insurance.

## Individual Healthcare Plans (IHPs)

An IHP may be needed for pupils with medical conditions. Decisions are made jointly by the school, parents, and healthcare professionals. The Headteacher makes the final decision if no consensus is reached.

IHPs include:

- The condition, triggers, symptoms and treatment
- Pupil needs (medication, treatments, equipment, diet, environment)
- Support for educational, social and emotional needs
- The level of support, including in emergencies
- Self-management arrangements
- Who provides support and their training needs
- Cover arrangements when staff are unavailable
- Who is informed of the condition
- Permissions for administering medication
- Adjustments for trips and activities
- Confidentiality agreements
- Emergency procedures and contacts
- Emergency healthcare plans from clinicians will inform IHPs.
- IHPs are accessible to staff but kept confidential.
- They are reviewed annually or sooner if needed.
- Where a pupil has an EHC plan, the IHP links with it.

- For pupils returning from hospital or alternative provision, IHPs will ensure smooth reintegration.

### Managing Medicines

- Medicines are only given in school when necessary for health or attendance.
- Pupils under 16 are not given medicines without parental consent, unless prescribed confidentially.
- Non-prescription medicines may only be given if essential or instructed by a doctor.
- Aspirin will only be given if prescribed.
- Pain relief will not be given without checking last dose and maximum dosage.
- Parents are informed if medication outside the IHP is given.
- Medicines must be in-date, labelled, and in original containers (except insulin in pens/pumps).
- All medicines are stored safely but kept accessible.
- Controlled drugs are kept in locked storage, with records kept of stock and use.
- Asthma inhalers are held in classrooms for emergencies and logged when used.
- All medicine administration is recorded, including side effects.

### Adrenaline Auto-Injectors (AAIs)

- Procedures follow the school's Allergen and Anaphylaxis Policy.
- Pupils with AAIs have this written into their IHP.
- A register of pupils with AAIs is kept in classrooms.
- Pupils aged 7+ may carry their own AAI; younger pupils' devices are stored safely.
- Staff are trained to administer AAIs.
- In emergencies, if a designated staff member is unavailable, the nearest adult will act.
- A spare AAI is stored in school, checked monthly, and only used with parental consent or in emergencies.
- Emergency services are always called when an AAI is used.
- Parents are informed after administration.
- Doses follow age guidance (150 micrograms under 6, 300 micrograms for 6–12).
- Used devices are disposed of safely.
- Trips will include pupil AAIs and, where appropriate, the spare device.

### Record Keeping

- Written records are kept of all medicines given to pupils.
- Records protect staff and pupils by showing procedures have been followed.
- Standard forms are provided in policy appendices.

## Emergency Procedures

- Medical emergencies follow the school's emergency procedures.
- IHPs must define what constitutes an emergency and actions to take.
- Pupils are taught to alert staff in emergencies.
- If hospital treatment is needed, a staff member stays with the pupil until parents arrive.

## Trips, Visits and Sports

- Pupils with medical conditions will be supported to take part in trips, residential, and sporting activities.
- Risk assessments are carried out before activities.
- Pupils, parents, and healthcare professionals are consulted on necessary adjustments.
- Adjustments will be made unless medical advice indicates otherwise.

## Unacceptable Practice

The school will not:

- Assume pupils with the same condition need the same care
- Prevent pupils from accessing medicines
- Ignore pupil or parent views
- Ignore medical evidence
- Send pupils home unnecessarily or restrict participation in activities unless stated in their IHP
- Leave unwell pupils alone or unsuitably escorted
- Penalise attendance records linked to medical conditions
- Expect parents to attend school to administer support
- Create barriers to participation in school life
- Refuse pupils food, drink, or toilet access when needed for their condition

## Liability and Indemnity

- The Governing Board ensures insurance covers staff supporting pupils with medical conditions.
- Policies cover both medicine administration and healthcare procedures, provided staff are trained.
- Staff have access to policy details.
- In negligence claims, actions are usually brought against the school, not individuals.

## Complaints

- Concerns should be raised with the school first.
- If unresolved, parents can follow the Complaints Procedures Policy.
- If still unresolved, complaints can be escalated to the DfE.
- Parents also have the right to independent legal advice.

## Home-to-School Transport

- The LA arranges home-to-school transport for pupils with medical conditions.
- The school will share relevant information with the LA to support safe transport for pupils with life-threatening conditions.

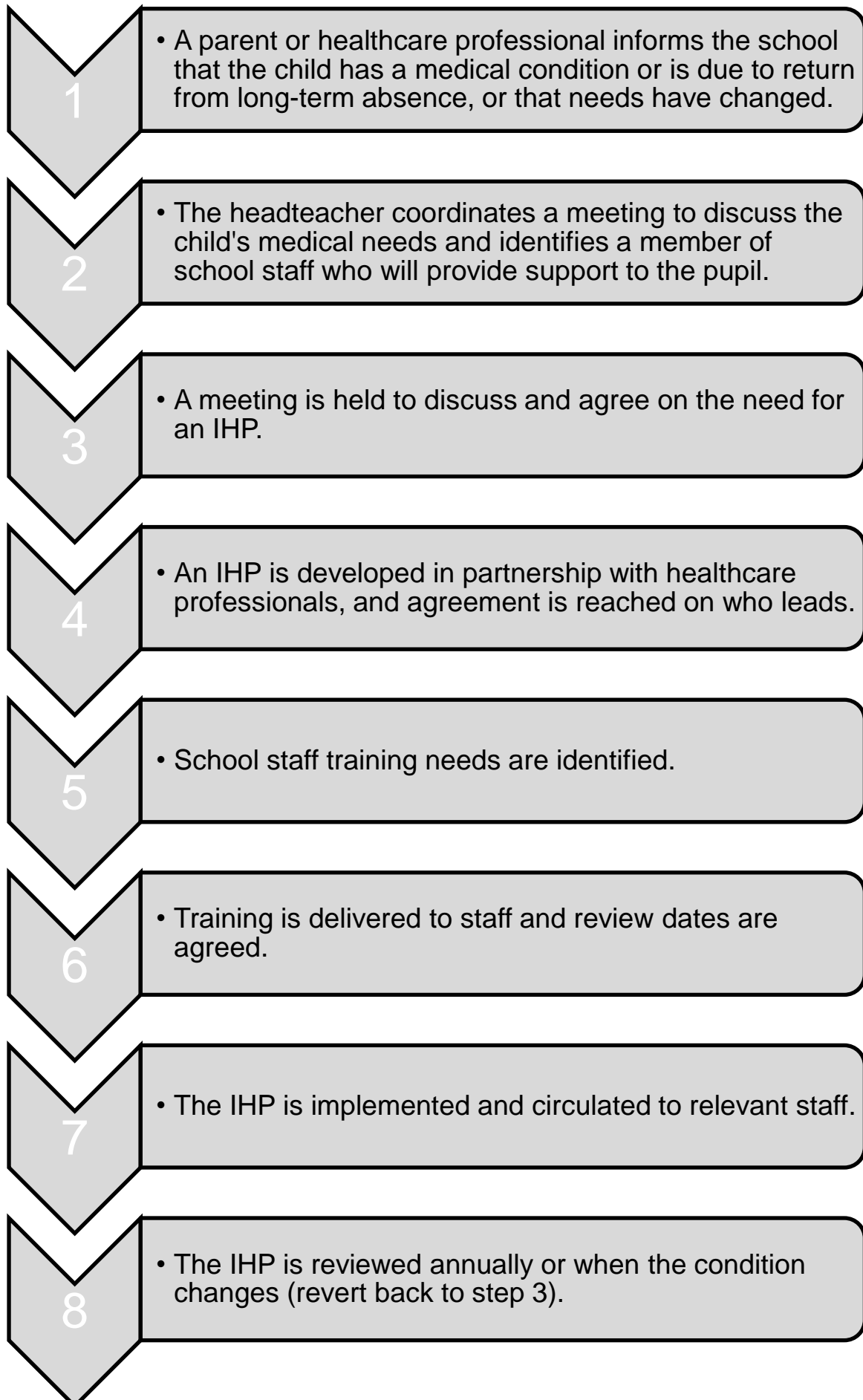
## Defibrillators

- A defibrillator is located outside the school's main vehicle entrance.
- The code is provided by 999 emergency services when the location is given.
- The defibrillator is registered with the national database.

## Monitoring and Review

- This policy is reviewed annually by the Governing Board, Headteacher, and school nurse.
- Updates are shared with staff, parents, and stakeholders.
- Next review date: **September 2026**

## Individual Healthcare Plan Implementation Procedure



# Individual Healthcare Plan

Pupil's name:

Group/class/form:

Date of birth:

Pupil's address:

Medical diagnosis or condition:

Date:

Review date:

## Family contact information

Name:

Relationship to pupil:

Phone number (work):

(home):

(mobile):

Name:

Relationship to pupil:

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?

Pupil'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 pupil'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:

## Parental Agreement for the School to Administer Medicine

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

### Administration of medication form

Date for review to be initiated by:

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Name of child:

--

Date of birth:

--

Group/class/form:

--

Medical condition or illness:

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### Medicine

Name and/or type of medicine

*(as described on the container):*

--

Expiry date:

--

Dosage and method:

--

Timing:

--

Special precautions and/or other instructions:

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Any side effects that the school needs to know about:

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Self-administration – Yes/No:

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Procedures to take in an emergency:

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**NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.**

### Contact details

Name:

--

Daytime telephone number:

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Relationship to child:

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Address:

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I will personally deliver the medicine to:

Name and position of staff member
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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 \_\_\_\_\_

## Record of Medicine Administered to an Individual Pupil

Name of pupil:	
Group/class/form:	
Date medicine provided by parents:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	

Staff signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

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

Date:			
Time given:			
Dose given:			
Name of member of staff:			
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Dose given:

Name of member of staff:

Staff initials:


Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:




## Contacting Emergency Services

### To be stored by the phone in the school office

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: **01993 842189**.
- Your name.
- Your location as follows: **Gateway Primary School, Netheravon Close, Carterton, Oxon**
- The postcode: **OX18 3SF**.
- 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.

# 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,

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils 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 pupil needs and how this will be provided. IHPs are developed in partnership with the school, parents, pupils (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 pupils 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**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the headteacher), a relevant healthcare professional and the school nurse. 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.

**[Attach appendix a, Individual Healthcare Plan, to this letter.]**

I would be happy for you contact me via email address or phone number if this would be helpful.

Yours sincerely,

Name

Job role



