



# Knypersley First School

## Supporting Pupils with Medical Needs Policy

The Supporting Pupils with Medical Needs Policy in respect of Knypersley First School has been discussed and adopted by the Local Advisory Board in Spring 2026

*Chair of Board:*

*Mrs D McCann*

*Responsible Officer:*

*Miss L Leese*

*Agreed and ratified by the Local Advisory Board March 2026*

*To be reviewed:*

*March 2027*

# **Knypersley First School**

## **Supporting Pupils with Medical Conditions Policy March 2026**

### **INTRODUCTION & RATIONALE**

At Knypersley First School we understand that medical conditions impact on children's ability to learn, their confidence, self-esteem and ability to care for themselves.

We recognise that long term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and this has an effect on their general wellbeing and emotional health. Equally, we know that short term and frequent absences, including those for appointments connected with a pupil's medical condition, also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression connected with their medical condition.

We also know that parents and carers of children with medical conditions are often concerned that their child's health may deteriorate when they attend school. This may be due to worries about children with conditions that affect their immune system contracting infections and viruses as a result of being around other children leading to absence or deterioration in their condition. It may also be because children with complex medical conditions may require on-going support, medication or care while at school to help them manage their condition and keep them well. Other children may require emergency care if their condition unpredictably or rapidly deteriorates while they are in school. We therefore recognise that it is vital that parents have confidence in the school's ability to provide effective support for their child and that their child feels safe.

This policy therefore sets out the arrangements we have within our school to ensure all pupils at the school with medical conditions are properly supported and have full access to school life and all the educational and wider opportunities we offer.

### **AIMS**

- To ensure all children with medical conditions, in terms of physical and mental health are properly supported in school so they can play a full and active role in school life, remain healthy and achieve the highest standards
- To focus on the needs of individual children with medical conditions so they can access and enjoy the same opportunities at school as other children
- To ensure parents and carers feel confident that the school will provide effective support for their child's medical condition and that all pupils feel safe
- To seek, listen to and act appropriately on the views of parents, carers and pupils with medical conditions
- To establish effective relationships with appropriate health services in order to seek and fully consider any advice they offer in terms of supporting children with medical conditions
- To ensure staff are properly trained to provide the support that pupils in their care need

- To meet the requirements of the statutory guidance, 'Supporting pupils at school with medical needs' (April 2014)

#### **RELATED POLICIES**

- SEND Policy and Local Offer
- Behaviour Policy
- Anti-Bullying Policy
- Child Protection Policy
- Attendance Policy
- PSHE Policy
- First Aid + Administration of medication
- Health & Safety Policy

#### **IMPLEMENTATION**

The Headteacher is the person with overall responsibility for implementing this policy.

The role will be fulfilled by working closely with administrative staff, the school nurse and staff with responsibility for administering First Aid.

In the event of absence, the school has arrangements in place for the administration of medication or treatment, eg. a number of staff are familiar with the procedures for administering medications required on a daily/frequent basis, at least three members of staff are trained to use/oversee any specialist equipment. Where children have conditions that may require emergency care (eg. anaphylaxis), all available staff are trained in administering the appropriate medication and a care plan is available at all times. Care plans are found electronically on arbor and in the child's class and are made available to supply staff covering classes where children have medical conditions that may require emergency treatment as part of their induction into the school.

Pupils with medical conditions are clearly identified on 'risk/analysis forms' for educational out of school activities and residential visits and individualised risk assessments are completed and signed by the classteacher, parent and a member of the Senior Leadership Team.

Individual healthcare plans are reviewed annually with parents. To ensure medication for conditions requiring emergency treatment is always 'in date' the school office /members of staff who administer medication regularly check expiry dates and contact parents/carers before medication needs to be renewed. This policy is available on the Shared T:drive and is on the school website.

#### **Roles & Responsibilities**

Collaborative Working

Supporting a child with a medical condition in school hours is not the sole responsibility of one person.

Collaborative working between parents/carers, medical healthcare professionals and school is essential for this policy to be effective enabling all needs of pupils with medical conditions to be met effectively.

### **The Local Advisory Board**

The Local Advisory Board is responsible for ensuring that this policy has been developed and implemented so to enable all pupils with medical conditions to participate fully in all aspects of school life. The Local Advisory Board is also responsible for ensuring that sufficient staff have received suitable training and are competent before taking responsibility for supporting pupils with specific medical conditions

### **Headteacher**

The Headteacher is responsible for ensuring all staff are aware of this policy and to understand their role in its implementation and the review of all procedures related to this policy. She is responsible for ensuring all staff are aware of individual children's conditions and that staff are trained in order to implement the policy, together with dealing with emergency situations. The Headteacher is also responsible for contacting the school nurse service when medical conditions require specific support at school.

### **School Staff**

Any member of school staff may be asked to provide support to pupils with medical conditions. Although administration of medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff supporting children with medical needs receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Teachers who have pupils with medical needs in their class should understand the nature of the condition and when and where, the pupil may need extra attention. They should be aware of the likelihood of an emergency arising and what action to take if one occurs. If staff are to administer medication, they may only do so if they have had appropriate training.

### **Other Health Professionals**

The school will receive support, information and advice as necessary from the following in conjunction with meeting the needs of pupils with medical needs:

- The local health authority
- The school health service
- The school nurse
- The general practitioner (with the consent of the child's parents)
- The community paediatrician

### **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their School their medical support needs and contribute as much as possible to the development of and comply with, their individual healthcare plan if deemed appropriate.

## **Parents/Carers**

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to, as part of its implementation, eg. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. We ask that all prescribed medications are brought in with the prescription label fully visible.

## **Local Authorities**

Under Section 10 of the Children Act 2004, the commissioners of school nurses have a duty to promote co-operation between the Local Advisory Board, clinical commissioning groups and NHS England, with a view to improving the well-being of children in relation to their physical and mental health and their education. Local authorities are responsible for providing support, advice and guidance, including suitable training for school staff to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a school setting because of their health needs, the local authority has a duty to make other arrangements.

## **Staff Training**

All staff providing support to pupils with medical needs will have received appropriate training provided by either the school nurse, special nurse practitioners. Any further requirements recommended in the development/review of individual healthcare plans will be acted on as soon as possible and advice regarding type of level of training required recommended by the healthcare professional/Inclusion Services will be followed and kept up to date.

## **Child's role in managing their own medical needs**

Following discussions with parents, children who are competent should be encouraged to take responsibility for managing their own medical procedures. This should be reflected in their IHCP. Whenever possible, children should be encouraged to access their medication for self-medication quickly and easily. These children will require some level of supervision. If this is not appropriate, relevant staff should help to administer medicines and manage procedures further.

## **Short term medical needs**

At times, it may be necessary for a child to complete a course of prescribed medication during the school day. Where possible, parents will be encouraged to administer medication outside school hours. School staff will not administer non-prescribed medication except in exceptional circumstances and only at the discretion of the Headteacher.

All medication administered in school will be given **by a member of the Senior Leadership Team**, accompanied by **a second member of staff who will act as an observer**. Before administering any medication, **both members of staff will jointly check:**

- the child's name
- the medication label
- the prescribed dosage
- the timing of the dose
- expiry date
- any specific instructions provided by parents or health professionals

Following administration, **both staff members will record the dosage, time and date** on the child's individual medication record sheet. This ensures accuracy, transparency and supports safe monitoring of future doses.

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

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 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 to be 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

### Individual healthcare plans

So that the school can effectively support pupils, Individual Health Care Plans (IHCP) are written in collaboration with parents and carers for children with medical conditions. Those who may need to contribute to the plan are:

- The Headteacher
- The parent or guardian
- The child (if sufficiently mature)
- Classteacher
- Teaching assistant
- School staff who have agreed to administer medication or be trained in emergency procedures

### Specialist Inclusion Services

The school health service, the child's GP or other health care professionals

**IHCPs provide clear information about:**

- The medical condition, it's triggers, signs, symptoms and treatments
- The resulting needs of the pupil, eg. access to toilet facilities, dietary requirements, access to facilities and equipment
- Specific support that may be required including how absences will be managed; access to tests and extra support
- The levels of support required, eg. for the administration of medication
- Who will provide support and any training needs including cover arrangements in the event of absence
- Who requires access to information about the child's condition including confidentiality issues
- What to do in an emergency

### **Confidentiality**

The school will treat medical information confidentially. The Headteacher will agree with the parents who will have access to records and information about a pupil. If information is with-held from staff they cannot be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **Managing medication**

- Where practical, the parent or child will be asked to bring in the required dose each day. When the school stores medicine it will be labelled with the name of the pupil, the name and the dose of the drug and the frequency of the administration
- Where a pupil needs two or more prescribed medicines, each should be kept in a separate container
- Pupils should know where their medication is stored
- Asthma inhalers are stored in the classrooms
- Other medicines are kept in a secure place not accessible to pupils (School Fridge or locked cupboard in office)

Parents must collect medicines held at school and bring them to the school office at the start of the day/week/half term. Parents are responsible for disposal of date-expired medicines. All medication must be signed in and out.

### **Record keeping**

Written records are kept of all medicines administered to children.

### **Hygiene/Infection control**

Staff should follow basic hygiene procedure. Staff should use protective disposable gloves and take care when dealing with blood or other body fluids and disposing of dressing or equipment.

### **Emergency procedures**

Allocated staff have regular training in First Aid and know how to call the emergency services. All pupils with IHCPs will clearly have stated what to do in an emergency situation. A pupil taken to hospital by ambulance will be accompanied by a member of staff until the pupil's parents arrive

### **Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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
- If the child becomes ill, send them 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, eg. 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, eg. by requiring parent to accompany the child

### Complaints

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

#### Review of Policy:

The policy will be reviewed by the Headteacher, Link Health and Safety LAB Member and The Local Advisory Board annually so to ensure it is kept up to date with current guidelines.

Date of last review: March 2026

Date of next review: March 2027

Version	Review Date	Changes Made
V2	21.02.22	All references to Headteacher changed to <b>Head of School</b>
V3	02.01.24	Review dates updated  Reference to Arbor added in implementation section
V4	13.02.26	All references to <b>Head of School</b> changed to Headteacher.
V4	13.02.26	Details added to <b>Short term medical needs</b> to ensure transparency on how short term medication will be managed and recorded.

