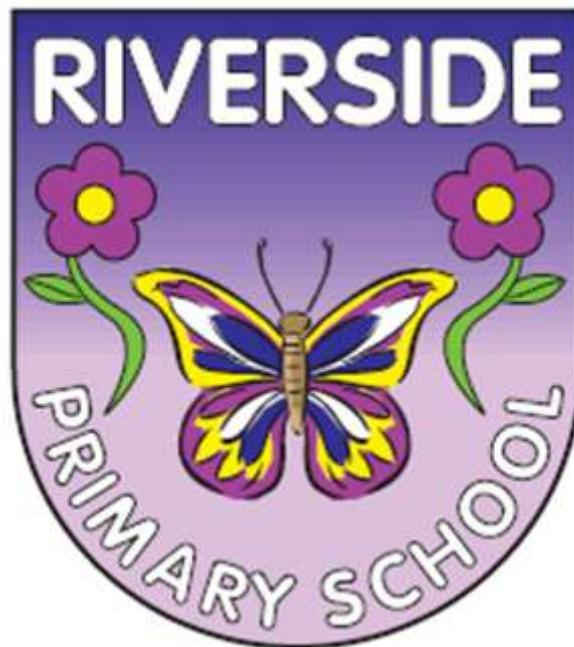


Riverside Primary School

Supporting Pupils with Medical Conditions September 2021

Updated September 2025



Next review: September 2026

Introduction

1. At Riverside Primary School, we believe that pupils with medical conditions should be supported, as best we can, to play an active role in school life, enjoy the same opportunities as any other pupil and have full access to all aspects of education. The governing board has arrangements in place to see that this is achieved and the school liaises fully with health professionals where appropriate. It is important that parents/carers feel confident that the school will provide effective support for their child's medical condition and that pupils themselves feel safe. For these reasons, the school will liaise with health and social care professionals, pupils and their parents/carers to achieve this. This policy is available to parents/carers, staff and other partners on the school's website or on request from the school office. A copy of the policy will be included in the letter to parents/carers inviting them to contribute to the development of the individual healthcare plan (IHP) for a child with medical conditions.

Objectives and targets

2. The purpose of this policy is to explain how Riverside Primary School implements its procedures on dealing with pupils who have medical conditions, in line with government requirements, with a view that all pupils will receive the best education possible for them, despite any medical conditions that they may have to contend with.

Action plan

The role of the governing board

3. The school's governing board is ultimately responsible for the implementation of this policy.
4. The governors are aware of how a pupil's medical condition affects their school life and they focus on the needs of each pupil with a medical condition primarily with the individual healthcare plan (IHP).
5. The governors ensure that sufficient staff have been properly trained and are competent to provide the support that pupils with medical conditions need and ensure that staff do not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any IHPs).

The role of the headteacher

6. The headteacher is in charge on a day-to-day basis and ensures that named individuals are responsible for the provision of support to individual pupils with medical conditions.
7. Where pupils have disabilities and/or special needs as well as a medical condition, these will be taken into consideration at all times by the headteacher.
8. The headteacher will ensure that:
 - (a) Training needs are assessed, commissioned and provided by appropriate trainers.

- (b) Sufficient staff are suitably trained and available to implement the policy.
- (c) All staff are aware of the policy and their role in implementing it. Relevant staff will be made aware of any child with a medical condition.
- (d) Any supply teachers are aware of the medical condition where appropriate.
- (e) Staff are supported in their role in supporting pupils with medical conditions and that cover arrangements are in place in case of staff absence, staff turnover and in emergency and contingency situations, to ensure someone is always available.
- (f) Staff roles are reviewed annually when IHPs are reviewed or when the needs of a pupil change.
- (g) Staff are appropriately insured, are aware that they are insured to support pupils with medical conditions and able to examine insurance policies relating to providing support to pupils with medical conditions should they wish to.
- (h) Risk assessments for school visits, holidays, and other school activities outside of the normal timetable include consideration for any child with a medical condition.
- (i) Individual healthcare plans (IHPs) are initiated, monitored and reviewed at least annually.
- (j) The focus of support is on the needs of each individual child and how their medical condition impacts on their school life.
- (k) The school has a designated member of staff to liaise with the local authority (LA) and other partners to ensure that the provision of education for a child unable to attend school because of illness or injury will start as quickly as possible. Procedures outlined in the school's policy on children with health needs who cannot attend school will be followed.
- (l) Consideration is given as to how children will be reintegrated back into school after periods of absence due to their medical condition.

The role of school staff

9. Any member of staff may be asked to support pupils with medical conditions actively so that, wherever possible, they can participate as best they can in school trips and visits, or in sporting activities, and not be prevented from doing so.
10. Administering medicines is not part of teachers' professional duties but they are expected to take into account the needs of pupils with medical conditions that they teach. Whenever staff administer medicine they should follow the school's policy on administration of medicines and ensure that they have documented their procedures. All school staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. (See also staff training paragraphs below).

11. 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 role of the school nurse/school nursing service

12. Riverside Primary School has access to the school nursing service, which is responsible for notifying the school when a child has been identified as having a medical condition that will require support in school. Wherever possible, this will be done before the child starts at the school.
13. The school nursing service will liaise between medical practitioners and school staff on implementing a child's IHP and provide advice and training.

The role of other healthcare professionals, including GPs and paediatricians

14. The GP or other healthcare professional will notify the school nurse when a child has been identified as having a medical condition that will require support at school.
15. They will be involved in drawing up IHPs.
16. Specialist local health teams are also available to provide support for children with particular conditions (eg asthma, diabetes).

The role of the individual pupil

17. Pupils with medical conditions will be fully involved in discussions about their medical support needs.
18. Pupils are expected to comply with their IHP.
19. After discussion with parents/carers, children who are competent are encouraged to take responsibility for managing their own medicines and procedures and this will be reflected within their IHP. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.
20. Wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily.
21. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the IHP. Parents/carers will be informed so that alternative options can be considered.

The role of the parent/carer

22. Parents/carers are key partners and will be involved in the drafting, development and review of their child's IHP.
23. Parents/carers are expected to provide the school with sufficient, and up-to-date, information about their child's medical needs.
24. Parents/carers are expected to carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment.

25. Parents/carers must ensure they or another nominated adult are contactable at all times.

The role of the LA

26. LAs provide school nurses for maintained schools and academies.
27. The LA provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHPs can be delivered effectively.
28. The LA works with Riverside Primary School to support pupils with medical conditions to attend full time but it also has a duty to make other arrangements when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year). The school works with the LA and other partners to ensure that such provision will start as quickly as possible. (Once assured that provision is in place, the LA will only intervene if it has reason to think that the educational provision being made is unsuitable or insufficient).

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

29. Where possible the school will not wait for a formal diagnosis before providing support to a pupil with medical needs. Support will be provided based on the available medical evidence and after consultation with parents/carers.
30. For children starting at Riverside Primary School, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or changed circumstances, every effort will be made to ensure that arrangements are put in place within two weeks. For children moving on to another school, relevant information will be passed to the new school as soon as possible.

Individual healthcare plans (IHPs)

31. Many pupils with medical conditions will require an IHP which will help to ensure that each pupil's medical conditions are supported. The school, healthcare professionals and parents/carers will 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.
32. IHPs may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. Those involved will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.
33. IHPs will be drawn up in partnership between the school, parents/carers, and a named relevant healthcare professional who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.
34. IHPs will be developed with the child's best interests in mind
35. IHPs will ensure that the school assesses and manages risks to the child's education, health and social well-being and minimise disruption

36. When a child is returning to school following a period of hospital education or alternative provision (including home tuition) the school will work with the LA and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively
37. The IHP will state the steps which the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The format of IHPs will vary to enable the school to choose what is most effective for the specific needs of each pupil, and the level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. However, all will contain the following information:
 - (a) The medical condition, its triggers, signs, symptoms and treatments.
 - (b) 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(eg crowded corridors), travel time between lessons.
 - (c) Specific support for the pupil's educational, social and emotional needs – eg how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
 - (d) Level of support needed including in emergencies. If a child is self-managing their medication this will be clearly stated with appropriate arrangements for monitoring.
 - (e) Who will provide this support, their training needs, and expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional.
 - (f) Cover arrangements for when the usual support person is unavailable.
 - (g) Who in the school needs to be aware of the child's condition and the support required.
 - (h) Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours. Parents/carers will have a copy of the procedures to be followed when administering medicines.
 - (i) 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, eg risk assessments.
 - (j) Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
 - (k) 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 IHP).

38. IHPs will be easily accessible to all who need to refer to them while preserving confidentiality.
39. Where a child has SEN but does not have a statement or education, health and care (EHC) plan, their SEN needs will be mentioned in their IHP.
40. Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
41. A flow chart for identifying and agreeing the support a child needs and developing an IHP is provided at appendix 1. A letter inviting a parent/carer to an IHC development meeting is at appendix 2. A template for a pupil's healthcare plan is provided at appendix 3.

Confidentiality

42. In compliance with the general data protection regulation (GDPR) Riverside Primary School offers a privacy notice which explains to parents/carer's how the school may use and share confidential medical and other information which is held concerning their child. For pupils over the age of 13, there is a similar privacy notice available.

Staff training

43. Periodical training is undertaken so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy, and to keep them up-to-date with procedures to be followed. Staff will be made aware of 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.
44. New staff will receive training through their induction process. The named relevant healthcare professional advises the school on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
45. During the development of IHPs suitable training requirements for staff who will be involved with the individual pupil will be discussed. The relevant healthcare professional will normally lead on identifying, and agreeing with the school, the type and level of training required, and how this can be obtained. Once trained, the healthcare professional will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. On reviewing the IHP any further training requirements for staff will be discussed.
46. The family of a child will be able to provide relevant information to school staff about how their child's needs can be met, and parents/carers will be asked for their views. However, they will not be the sole trainer.

Managing medicines in the school

47. Details of how the school manages medicines in school can be found in the school's policy on administration of medicines. Medicines are carefully labelled and stored. Access is readily available when the need arises. The school ensures

that written records are kept of all medicines administered to children, and parents/carers are informed if their child has been unwell at school.

School trips and sports activities

48. At Riverside Primary School pupils with medical conditions are encouraged to participate in school trips and visits, or in sporting activities, and will not be prevented from doing so wherever possible. Teachers will be aware of how a child's medical condition will impact on their participation. A risk assessment will be undertaken so that planning arrangements, with any reasonable adjustments, take account of any steps needed to allow all children to participate according to their own abilities. Parents/carers and pupils will be consulted and advice taken from the relevant healthcare professional to ensure that pupils can participate safely, if at all.

Emergency situations

49. Pupils in the school will know to inform a teacher immediately if they think help is needed. Staff will follow the school's procedures to contact emergency services if necessary.
50. Where a child has an IHP, it 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.
51. If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or, if an ambulance needs to be called, will accompany the child to hospital and stay until a parent/carer arrives there.
52. Riverside Primary School holds salbutamol inhalers for use only in emergencies. The inhalers may only be used by children whose parents/carers have agreed the use of the emergency inhaler and who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will be used if the pupil's prescribed inhaler is not available (eg because it is broken, or empty).

Unacceptable practice

53. It is considered as unacceptable to:
- (a) Prevent children from easily accessing their inhalers and medication and from administering their medication when and where necessary.
 - (b) Assume that every child with the same condition requires the same treatment.
 - (c) Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion, (although this may be challenged).
 - (d) Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP.
 - (e) Send a child with a medical condition to the school office or medical room without being accompanied, or with someone unsuitable.

- (f) Penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments.
 - (g) Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
 - (h) Require parents/carers, 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/carer should have to give up working because the school is failing to support their child's medical needs).
 - (i) Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents/carers to accompany the child.
54. Staff may face disciplinary action if any such instances are brought to the attention of the headteacher.

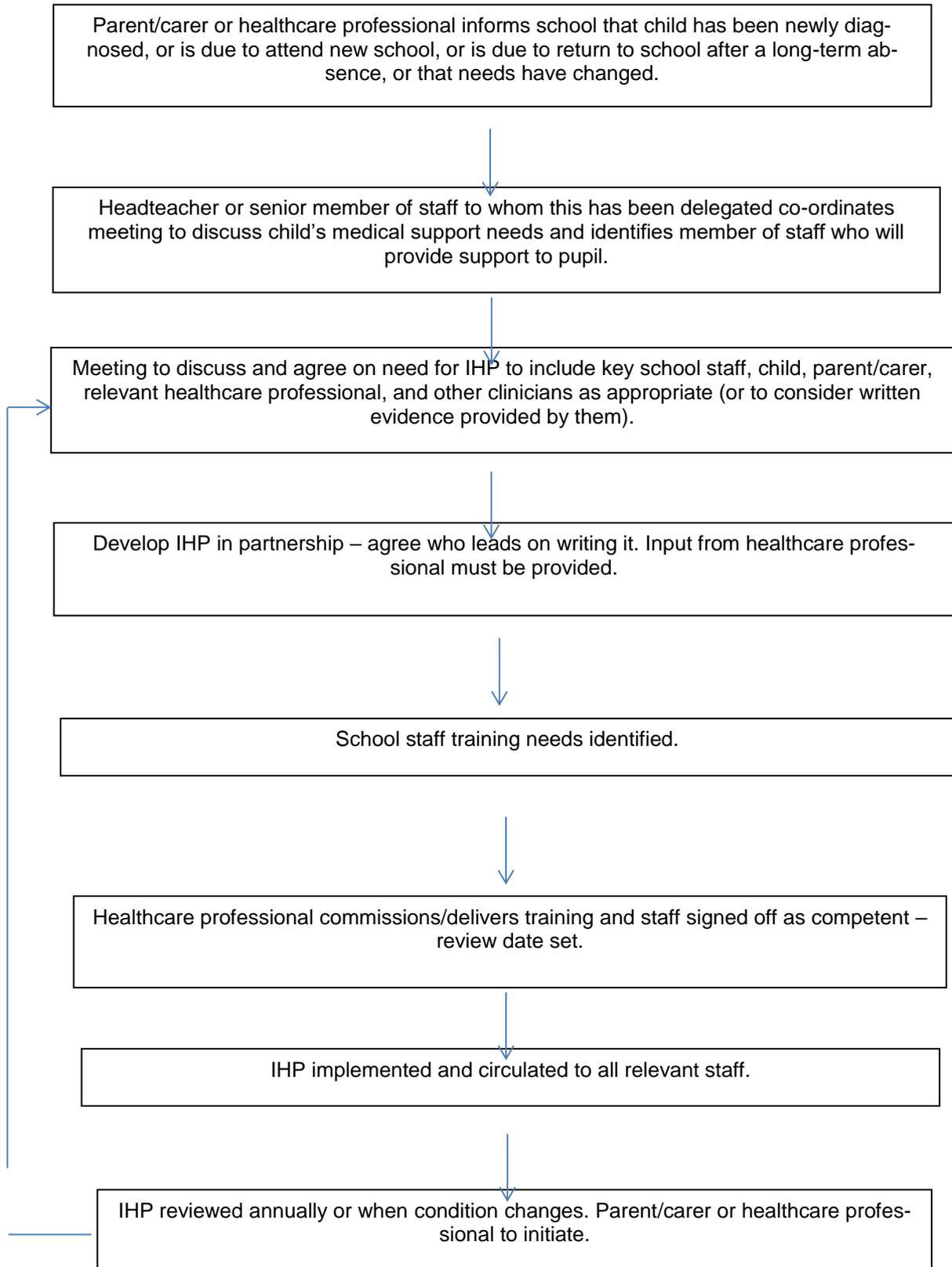
Complaints

55. If parents/carers or pupils are dissatisfied with the support provided they should discuss their concerns informally with the appropriate member of staff. If, however, this does not resolve the situation then they should make a formal complaint using the school's complaints procedure.

Monitoring and evaluation

56. The policy will be monitored by the headteacher and governors for its effectiveness in implementation, and evaluated and reviewed at least annually, or sooner in the light of any incidents that may occur or any changes to legislation.

Appendix 1: model process for developing individual healthcare plans



Appendix 2: letter inviting parent/carer to contribute to individual healthcare plan development

Dear Parent/Carer

Developing an individual healthcare plan for child's name

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

An individual healthcare plan (IHC) may need to be prepared, setting out what support child's name needs and how this will be provided. IHCs are developed in partnership between the school, parents/carers, pupils, and the relevant healthcare professional who can advise on child's name's case. The aim is to ensure that we know how to support child's name effectively and to provide clarity about what needs to be done, when and by whom. Although IHCs are likely to be helpful in the majority of cases, it is possible that child's name will not require one. We will need to consider how child's name's medical condition impacts on his/her ability to participate fully in school life, and the level of detail within the plan will depend on the complexity of child's name's condition and the degree of support needed.

A meeting to start the process of developing child's name's IHC 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. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist. Please 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 IHC template and return it, together with any relevant evidence, for consideration at the meeting. I or another member of staff involved in plan development or pupil support would be happy for you to contact me them by email or telephone if this would be helpful.

Yours sincerely

Attached: Individual healthcare plan form for completion.

Appendix 3: individual healthcare plan

Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information

Name	
Phone numbers	work
	home
	mobile
Email address	
Name	
Phone numbers	work
	home

	mobile
Email address	

Clinic/hospital contact

Name	
Phone number	
GP	
Name	
Phone number	
Email address	

Person responsible for providing support in school	
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Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements (eg before sport/at lunchtime)

Specific support for the pupil’s educational, social and emotional needs

Arrangements for school visits/trips etc

Any other information

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

Who is responsible in an emergency (state if different for off-site activities)?

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parental agreement

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of child's name

Signed Date / /

Parent or Guardian (or pupil if above age of legal capacity)