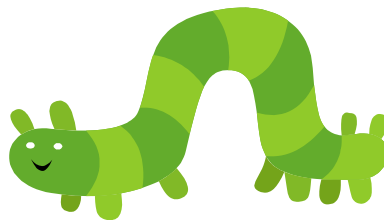




**and**



**Abbots Farm Preschool**

**Supporting Children with  
Medical Conditions Policy**

**November 2024**

**Review by November 2025**

## **Contents:**

### [Statement of intent](#)

1. [Legal framework](#)
2. [Roles and responsibilities](#)
3. [Admissions](#)
4. [Staff training and support](#)
5. [Self-management](#)
6. [Supply teachers](#)
7. [Individual Health Plan](#)
8. [Managing medicines](#)
9. [Allergens, anaphylaxis and Adrenaline Auto-Injectors \(AAIs\)](#)
10. [Record keeping](#)
11. [Emergency procedures](#)
12. [Day trips and sporting activities](#)
13. [Unacceptable practice](#)
14. [Liability and indemnity](#)
15. [Complaints](#)
16. [Home-to-school transport](#)
17. [Defibrillators](#)
18. [Monitoring and review](#)

## **Appendices**

- A. [Individual Healthcare Plan Implementation Procedure](#)
- B. [Individual Healthcare Plan](#)

## Statement of intent

The Governing Body of Abbots Farm Infant School and Abbots Farm Preschool has a duty to ensure arrangements are in place to support children with medical conditions at Abbots Farm Infant School and Abbots Farm Preschool. The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to enjoy a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

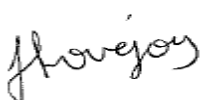

The school believes it is important that parents of children with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that children feel safe in the school environment.

Some children with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some children with medical conditions may also have Special Educational Needs and Disabilities (SEND) and have an Education Health Care Plan (EHCP) collating their health, social and SEND provision. For these children, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities Policy will ensure compliance with legal duties.

To ensure that the needs of our children with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, children and their parents.

Signed by:

	Headteacher	Date: 26/11/24
	Chair of governors	Date: 26/11/24

## **1. Legal framework**

This policy has due regard to all relevant legislation and statutory 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 (2024) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2022) 'School Admissions Code'
- DfE (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 (2024) 'Keeping children safe in education'

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Drugs and Alcohol Policy
- Complaints Policy and Procedures
- Equality, Equity, Diversity and Inclusion Policy
- Equalities Statement
- Attendance and Punctuality Policy
- Children with Additional Health Needs Attendance Policy
- Admissions Arrangements

## **2. Roles and responsibilities**

The governing body is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support children with medical conditions.
- Ensuring that children with medical conditions can access and enjoy the same opportunities as any other child at the school.

- Working with the LA, health professionals, commissioners and support services to ensure that children with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, children with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each child and what support is required to support their individual needs.
- Instilling confidence in parents and children 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.
- Ensuring that no prospective children are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that children's health is not put at unnecessary risk. As a result, the governing body holds the right to not accept a child into school at times where it would be detrimental to the health of that child or others to do so, such as where the child has an infectious disease.
- Ensuring that appropriate insurance is in place to cover staff providing support to children with medical conditions.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher is 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 at least two members of staff (or more if necessary) 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 children with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs if they haven't been completed by a medical professional.
- Ensuring that staff are appropriately insured and aware of the school's insurance arrangements.
- Contacting the school nurse where a child with a medical condition requires support that has not yet been identified.

Parents 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 IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Children are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of children with medical conditions.

School staff are responsible for:

- Providing support to children with medical conditions, where requested. This may include supporting the administering of medicines.
- Taking into account the needs of children with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieving the required level of competency before taking responsibility for supporting children with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a child with a medical condition needs help.

The school nurse is responsible for:

- Notifying the school at the earliest opportunity when a child has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for children with medical conditions.

Clinical Commissioning Groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to children's needs, and that health services are able to cooperate with schools supporting children with medical conditions.
- Making joint commissioning arrangements for EHC provision for children with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for children who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable children.

Other healthcare professionals, including GPs and paediatricians (or members of their team), are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for:

- cooperating with the school
- including ensuring communication takes place

- liaising with the school nurse and other healthcare professionals
- participating in local outreach training.

The Local Authority (LA) is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for children with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that children with medical conditions can attend school full-time. Where a child is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the child is unlikely to receive a suitable education in a mainstream school.

### **3. Admissions**

Admissions will be managed in line with the school's Admissions Arrangements.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

### **4. Staff training and support**

Any staff member providing support to a child with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the Headteacher and school nurse.

A first-aid certificate will not constitute appropriate training for supporting children with medical conditions.

Through training, staff will have the requisite competency and confidence to support children with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on an annual basis for all staff, and included in the induction of new staff members.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting children in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the School Business Manager (SBM) and provided by the following bodies:

- Commercial training provider
- The school nurse
- GP consultant
- The parents of children with medical conditions

The parents of children with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

## **5. Self-management**

Following discussion with parents, children who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Medicines will be held in suitable locations that can be accessed quickly and easily. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the child's IHP will be followed. Following such an event, parents will be informed immediately so that alternative options can be considered.

## **6. Supply teachers**

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of children in the class they are providing cover for.
- Covered under the school's insurance arrangements.

## **7. Individual Healthcare Plan (IHP)**

The school, parents and healthcare professionals agree, based on evidence, whether an IHP will be required for a child, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review an IHP. Where appropriate, the child will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The child's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the child's educational, social, emotional and mental health needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication



- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the child's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the child
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or child, the designated individual to be entrusted with information about the child's medical condition
- What to do in an emergency, including contact details and contingency arrangements

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a child has an EHCP, the IHP will be linked to it or become part of it. Where a child has special educational needs and/or disabilities but does not have an EHCP, their additional needs will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

## **8. Managing medicines**

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Children under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the child's health not to do so
- When instructed by a medical professional

No child will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

The school will only accept prescribed and non-prescribed medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Children will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a child for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold children's asthma inhalers for emergency use. Inhalers will be stored in the children's classrooms and their use will be recorded.

Records will be kept of all medicines administered to individual children, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

## **9. Allergens, anaphylaxis, and Adrenaline Auto-Injectors (AAIs)**

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist children with managing their allergies. They will be trained on how to administer an AAI, and the sequence of events to follow when doing so.

The administration of AAI and the treatment of anaphylaxis will be carried out in accordance with the child's emergency individual healthcare plan.

All staff who have contact with children know which children have AAIs. These are identified in year group medical files. These will be checked as part of initiating the emergency response.

In the event of anaphylaxis, the nearest staff member will administer the AAI. If necessary, other staff members may assist with administering AAIs.

Where a child is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the child's parents will be notified that an AAI has been administered and informed whether this was the child's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, the child will be with a member of school staff and that member of staff will have the AAI with them.

## **10. Record keeping**

Written records will be kept of all medicines administered to children. Proper record keeping will protect both staff and children, and provide evidence that agreed procedures have been followed.

## **11. Emergency procedures**

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Children will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a child needs to be taken to hospital, a member of staff will remain with the child until their parents arrive. When transporting children with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

## **12. Day trips and sporting activities**

Children with medical conditions will be supported to participate in school trips and sporting activities.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable children with medical conditions to participate. In addition to a risk assessment, advice will be sought from children, parents and relevant medical professionals. The school will arrange for adjustments to be made for all children to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

## **13. Unacceptable practice**

The school will not:

- Assume that children with the same condition require the same treatment.
- Prevent children from easily accessing their inhalers and medication.
- Ignore the views of the child or their parents.
- Ignore medical evidence or opinion.
- Send children home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell child to the medical room or school office alone or with an unsuitable escort.

- Penalise children with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to children participating in school life, including school trips.
- Refuse to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

## **14. Liability and indemnity**

The governing body will ensure that appropriate insurance is in place to cover staff providing support to children with medical conditions.

## **15. Complaints**

Parents or children wishing to make a complaint concerning the support provided to children with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Policy and Procedures. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and children are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## **16. Home-to-school transport**

Arranging home-to-school transport for children with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for children with life-threatening conditions.

## **17. Defibrillators**

The school has an Automated External Defibrillator (AED). The AED is located on the school gate.

All staff members will be made aware of the AED's location and what to do in an emergency.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened. However, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for children under the age of eight.

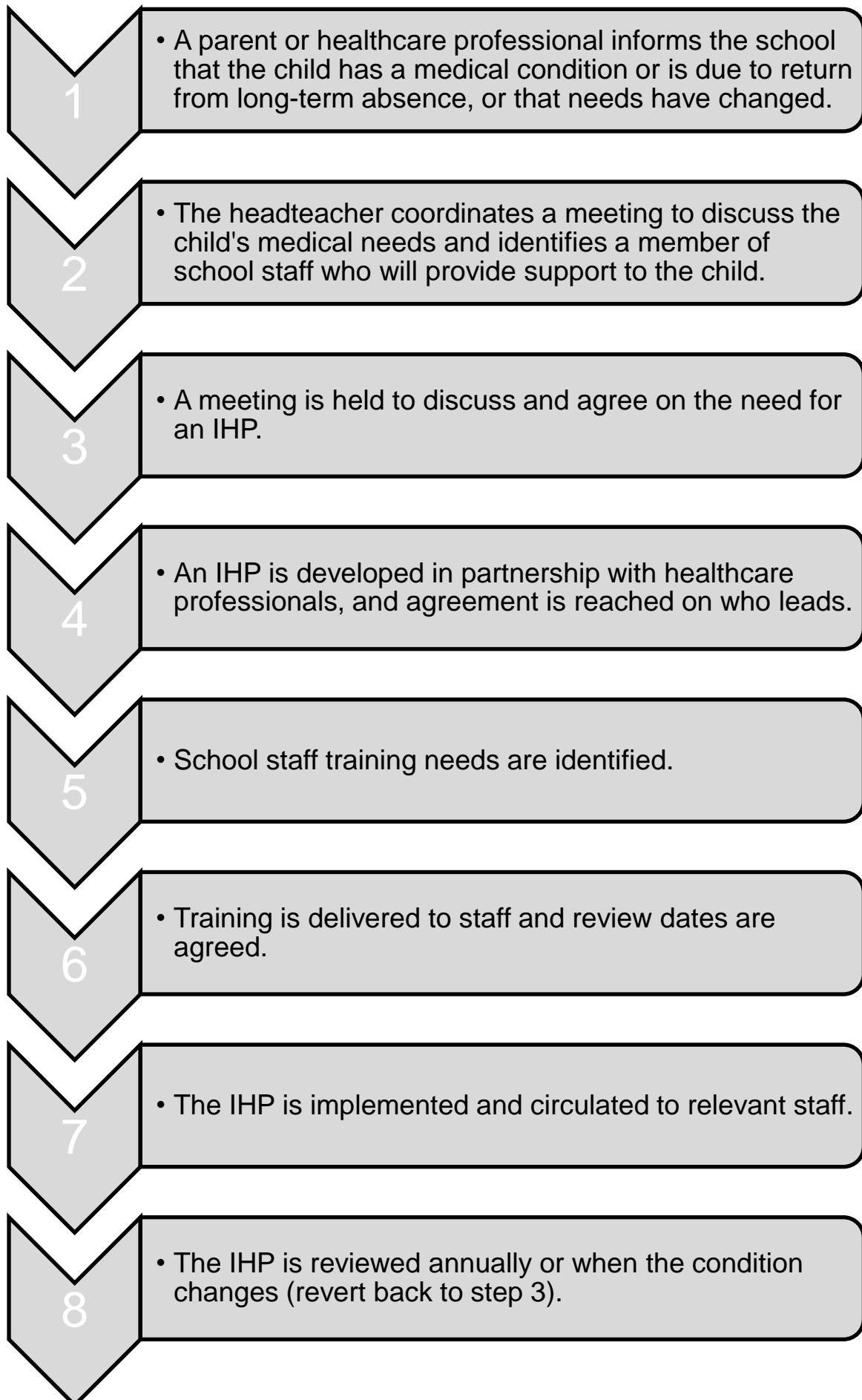
Maintenance checks will be undertaken on AEDs on a monthly basis.

## **18. Monitoring and review**

This policy is reviewed on an **annual** basis by the governing body, SENCo and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is **November 2025**.

## Appendix A: Individual Healthcare Plan Implementation Procedure



## Appendix B: Individual Healthcare Plan

Child's name:	
Class:	
Date of birth:	
Child's address:	
Medical diagnosis or condition:	
Date:	
Review date:	
<b>Family contact information</b>	
Name:	
Relationship to child:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to child:	
Phone number (work):	
(home):	
(mobile):	

**Clinic/hospital contact**

Name:

Name of Clinic/hospital:

Phone number:

**Child's GP**

Name of Practice:

Phone number:

Who is responsible for providing support  
in school?Child's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment  
or devices, environmental issues, etc.:Name(s) of medication, dose(s), method(s) 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 child's educational, social, emotional and mental health 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):

--

Action to be taken if medication is refused:

--

Plan developed with:

--

Staff training needed or undertaken – who, what, when:

--

Form copied to:

--

