ST FRANCIS OF ASSISI PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Reviewed November 2025
Next review November 2026

AIMS

To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

PROCEDURE

The SENDCo and Designated Safeguarding Lead are responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- *sufficient staff are suitably trained*
- *all relevant staff are made aware of a child's condition*
- *cover arrangements in case of staff absence/turnover is always available*
- *supply teachers are briefed*
- *risk assessments for visits and activities out of the normal timetable are carried out*
- *individual healthcare plans are monitored (at least annually)*
- *transitional arrangements between schools are carried out*
- *if a child's needs change; the above measures are adjusted accordingly*

Where children are joining St Francis of Assisi Primary School at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks. Parents must notify the school of a new diagnosis, a change in medication, a change in care (health professionals) or any other medical needs their child may have.

Any pupil with a medical condition requiring medication or support in school should have an Individual Health Care Plan (IHCp) which details the support that the child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

ACCESSIBILITY

The school is committed to ensuring accessibility to pupils with a range of health and mobility needs.

EYFS and Key stage 1 classrooms are all based on the ground floor with ramp access through the main entrance of the school building. Key stage 2 classrooms (year 3 to 6) are based on the first floor of the main building. The school has capacity to move a classroom to the ground floor should a need arise.

The school has a lift which is currently out of service and will require an overhaul in order to be accessible. The school will liaise with the diocese and the LA to agree how this will be actioned.

A disabled toilet is available in the main building on the ground floor. Within the disabled toilet there are also nappy changing facilities for smaller children.

When necessary we will liaise with outside support services and a range of professionals to receive additional training, adapt our classrooms to meet the needs of pupils with health care plans, for example visual or hearing impairments, wheelchair and/or mobility needs. This may include (on a temporary basis) ensuring a particular class is taught on the ground floor whilst alternative solutions can be found.

We liaise with other medical professionals including the community nursing team, physiotherapists and occupational therapists to ensure that our learning environment and learning resources are appropriately adapted to meet the needs of pupils with an IHCp.

We will provide a PEEP (Personal Emergency Evacuation Plan) for any pupil or adult who is unable to evacuate the building unaided.

INDIVIDUAL HEALTH CARE PLANS (IHCPS)

The following information should be considered when writing an Individual Healthcare Plan:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed including in emergencies
- Who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- Who in school needs to be aware of the child's condition and the support required

- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)

- 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

- Confidentiality

- What to do if a child refuses to take medicine or carry out a necessary procedure

- What to do in an emergency, who to contact and contingency arrangements

- Where a child has SEN but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan.

ROLES AND RESPONSIBILITIES

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Body:

- Must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented

- Must ensure sufficient staff receive suitable training and are competent to support children with medical conditions

- Must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

The Headteacher:

- Should ensure all staff are aware of this policy and understand their role in its implementation

- Should ensure all staff who need to know are informed of a child's condition

- Should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured

- Is responsible for the development of IHCPs
- Should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse
- To ensure all medications are stored safely and securely and are easily accessible.
- To make reasonable adjustments for the inclusion of pupils with medical needs to participate in a range of activities on and off site.

The SENDCo and Designated Safeguarding Lead:

- To ensure each pupil with a medical condition has an up to date IHCP
- To seek advice on pupils with more complex medical needs from parents or healthcare professionals.
- To identify training needs of staff and book relevant training
- To contact the school nursing service with teacher or parental concerns regarding health, when necessary. This may include referrals that have been made.
- To ensure IHCP's have been shared with class teachers and that they are aware of where medication is located and emergency procedures.

School Staff:

- Any staff member may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so
- Should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- Any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- Notify parents when replacements of medications are needed.

School Nurses:

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- May support staff on implementing a child's IHcP and provide training, advice and liaison

Other healthcare professionals

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- May provide advice on developing healthcare plans
- Specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

Pupils

- Should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHCP

Parents

- Must provide the school with sufficient and up-to-date information about their child's medical needs
- Are the key partners and should be involved in the development and review of their child's IHCP
- Should carry out any action they have agreed to as part of the IHCP implementation
- To ensure the school has in date medication. A strong preference is for the school to have spare medication in the cases where inhalers, auto-injectors etc. are used. (see individual plans)

NOTES

The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health and safety of that child or others to do so.

The following practice is considered **not acceptable:**

- Preventing children from easily accessing their medication and administering it when and where necessary
- Assuming children with the same condition require the same treatment
- Ignoring the views of the child, their parents; ignoring medical advice or opinion
- Sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHCP)
- Penalising children for their attendance record if their absences are related to their

medical condition that is recognized under this policy

- Preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively to require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)

- Preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child)

CHILDREN WITH HEALTH NEEDS THAT CANNOT ATTEND SCHOOL

The school is aware of DfE guidance for Local Authorities, 'Ensuring a good education for children who cannot attend schools because of health needs'. Although this guidance is aimed at local authorities, schools have a role to play in liaising with the Local Authority to meet the needs of these pupils by agreeing to put systems in place, share relevant information and provide an effective provision where possible. The school is committed to supporting these pupils, providing the right support is given by the local authority and relevant agencies.

COMPLAINTS

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

APPENDICES

Appendix 1 – Individual Health care plan example – Asthma
Appendix 2 – Individual Health Care Plan example – Allergies
Appendix 3 – Individual Health Care example - Diabetes
Appendix 4 – Individual Health Care example - Epilepsy
Appendix 5 – Individual Health Care example – Sickle Cell Anaemia
Appendix 6 – Individual Health Care example- General
Appendix 7 - Letter to Parents re; implementation of IHCP
Appendix 8 – Model plan for processing IHCP
Appendix 9- Parental Permission for School Staff to Administer short term Medicine
Appendix 10 – Record of Medicine administered to an individual child
Appendix 11 – Request for child to carry his/her own medicine

This policy should be read in conjunction with the SEND policy, if applicable.

This policy is written in regard to Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

Appendix 1

Photo of Pupil

Individual Healthcare Plan
Asthma

Name of Pupil	**Date of Birth**
Name and Contact Details of Parent/Guardian:	

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor

Name:

Hospital:

Phone No:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian Date

Print Name

Health Care Plan Review Date:

DIAGNOSIS: ASTHMA

Pupil's Name : **Year:**

What Triggers My Asthma?

What are my usual symptoms?

Medication

Name of prescribed medication and dosage::

Carries own reliever medication Yes No

Location of medication:

In an emergency I give consent for my child to receive a generic reliever inhaler

Yes No

Signature of parent/guardian: Date:

Print Name:

Health Care Needs In School

Uses a spacer device with the reliever inhaler Yes No

May need to take reliever inhaler **before** physical activity Yes No

May need to take reliever inhaler **during** physical activity Yes No

May need to take reliever medication **after** physical activity Yes No

(Other healthcare needs can be added)

Actions to Relieve Asthma Symptoms

REMEMBER: Never leave someone with asthma symptoms.

Early Symptoms

Coughing	Shortness of Breath	Wheezing
Tightness in chest	Unusually quiet	Tummy ache (younger children)

Action
- Sit up and slightly forward
- Take 2 puffs of reliever medication (usually Blue), preferably through a spacer
- Loosen clothing
- Reassure them

Return to class when feeling well again and notify parent.

Worsening Symptoms

Symptoms do not improve in 5-10 minutes

Too breathless to talk

Lips or fingernails grey/blue colour

Action
- Call 999 for an ambulance
- Give 1 puff of reliever inhaler, through a spacer, every minute until ambulance arrives.
- Contact parent

Appendix 2

Photo of Pupil

Individual Healthcare Plan
Allergies

Name of Pupil	**Date of Birth**
Name and Contact Details of Parent/Guardian:	

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor

Name:

Hospital:

Phone No:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian Date

Print Name

Health Care Plan Review Date:

DIAGNOSIS: ALLERGY / SEVERE ALLERGY
(delete as appropriate)

Pupil's Name : **Year:**

What Triggers My Allergy?

What Are My Usual Symptoms?

Health Care Needs In School

If symptoms are mild to moderate:
Administer oral antihistamine medication Yes No

If symptoms are severe, refer to emergency procedure.

(Other healthcare needs can be added)

Medication

Name of prescribed oral antihistamine medication and dosage:

Name of prescribed emergency medication and dosage:

Carries own emergency medication Yes No

Location of medication:

Health Care Plan Completed By:

Designation: Date:

Treatment for Severe Allergic Reactions

REMEMBER: Never leave someone with severe allergic symptoms

Mild To Moderate Symptoms

Swollen lips, face or eyes
Itchy or tingling mouth
Hives or itchy skin rash
Abdominal pain, vomiting

Action
- Sit child down
- Give antihistamine medication
- Reassure them

Return to class when feeling well again and notify parent.

worsening Symptoms

Difficulty or noisy breathing
Swelling of tongue/tightness of throat
Difficulty talking/hoarse voice
Pale and floppy (young children)

Action
- Lay or sit child on floor with knees raised (don't move them to another area)
- Give adrenaline auto-injector
- Call "999" for an ambulance
  Note: Tell them it is an **"anaphylaxis emergency"**.
- If no improvement in 5-10 minutes give a second adrenaline auto-injector.
- Contact parent

Additional Treatment
May be given asthma reliever inhaler, through a spacer, to help relieve breathing difficulties.

Appendix 3

Photo of Pupil

Individual Healthcare Plan
Diabetes

Name of Pupil	**Date of Birth**
Name and Contact Details of Parent/Guardian:	

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor

Name:

Hospital:

Phone No:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian Date

Print Name

Health Care Plan Review Date:

Emergency Plan – hypoglycaemia

REMEMBER: Never leave someone with symptoms of hypoglycaemia.

Symptoms(May not be obvious)

Hungry	Pale	Sweating	Shaky/wobbly
Grumpy/irritable	Headache	Stomach ache	Mood changes
Tearful	Poor concentration		

Blood Glucose Level Below 4mmol/L

Action

- Give fast acting carbohydrate (eg. sugary drink/glucose tablets)
- If no improvement in 10 minutes, repeat until blood glucose level is 4mmol/L or above.

- On improvement, give slow-acting carbohydrates (eg. 2 plain biscuits or next meal or snack if due)

Return to class when feeling well again and notify parent.

Worsening Symptoms

Symptoms get worse (fast acting carbohydrate ineffective)
May lose consciousness
(Can lead to a seizure)

Action

- Call 999 for an ambulance
- Put into recovery position.
- Contact parent

NOTE: Refer to specific advice from Diabetic Specialist Team

Approved by CAS committee on 8th December 2025

Appendix 4

Individual Healthcare Plan

Photo of Pupil

Epilepsy

Name of Pupil	**Date of Birth**
Name and Contact Details of Parent/Guardian:	

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor

Name:

Hospital:

Phone No:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian Date

Print Name

Health Care Plan Review Date:

DIAGNOSIS: Epilepsy

Pupil's Name : **Year:**

Seizure Triggers/Warnings/Auras

Type of Seizure Usually Experienced

Care Needs during Seizure

- Protect the child from injury although don't restrain them.
- Call for help.
- Make a note of how long the seizure lasts.
- When seizure stops, put child into recovery position.
- Stay with them throughout, reassure them.

DO NOT restrain the child and **DO NOT** put anything in their mouth

NOTE: Call 999 for an ambulance if seizure persists or if child is injured during seizure.

Medication

Requires medication in school Yes No

Name of prescribed medication:

Location of medication:

Medication taking at home including dosage:

Health Care Needs In School

Wears a medical alert bracelet

Carries a medical pass in school

(Other healthcare needs can be added)

Health Care Plan Completed by:

Designation:

Date:

Care for Someone Having a Seizure

REMEMBER: Never leave someone who is having a seizure.

What to Do…

- Keep calm.
- Prevent physical injury by moving hazards out of the way.
- If they have a warning (aura), encourage them to sit or lie down to reduce injury risk.
- Maintain their dignity and privacy as much as possible.
- Put something soft under their head to protect it from banging on a hard surface.
- Keep a record of the seizure (how long it started and finished).
- Loosen tight clothes around the neck.
- Stay with them until the seizure stops.
- Let the seizure run its course.
- When the jerking has stopped, roll them onto their side.
- Write a brief description of the seizure.
- Contact parent/guardian

EMERGENCY:

Call an ambulance if: it is their first seizure
there are any injuries or breathing difficulties
if the seizure lasts more than 5 minutes
if it's 2 minutes longer than their usual seizure length

Don't

- DO NOT move the person unless absolutely necessary.
- DO NOT restrain their movements.
- DO NOT put anything in their mouth.

Approved by CAS committee on 8th December 2025

Appendix 5

Photo of Pupil

Individual Healthcare Plan
Sickle Cell Anaemia

Name of Pupil	**Date of Birth**
Name and Contact Details of Parent/Guardian:	

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor

Name:

Hospital:

Phone No:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian Date

Print Name

Health Care Plan Review Date:

DIAGNOSIS: Sickle Cell Anaemia

Pupil's Name : **Year:**

Health Care Needs In School to Prevent Sickle Cell Crisis

Needs to keep well hydrated
Easy access to drinking water during lessons
Access to toilet between lessons. Requires toilet pass Yes No

Avoid extremes of temperature.
Wear warm clothes in cold weather especially during outdoor play/PE lessons
May need to stay indoors during extreme cold weather.
Must get dry and warm as quickly as possible after swimming.

May get tired very easily
Encourage participation in physical activity but allow to rest when necessary.
(Other healthcare needs can be added)

Symptoms of Sickle Cell Crisis

Pain (can increasingly become severe)		Fever	Severe Headache
Weakness	Drowsiness	Disorientation	Breathlessness

Action
• Encourage to drink water, keep them warm and reassure them.

• Take prescribed pain relief

• Contact parent regarding medical intervention - If symptoms increase the child will need hospital treatment

Appendix 6

Photo of Pupil

Individual Healthcare Plan
General

Name of Pupil	**Date of Birth**
Name and Contact Details of Parent/Guardian:	

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor

Name:

Hospital:

Phone No:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian Date

Print Name

Health Care Plan Review Date:

DIAGNOSIS:

Pupil's Name : **Year:**

Health Care Needs In School

•

•

•

(Healthcare needs can be added)

<u>Response to Symptoms</u>

•

•

•

Emergency Action

•

•

• Contact parent regarding medical intervention

Health Care Plan Completed by:

Designation:

Date:

Appendix 7

Dear Parent/Carer,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR CHILDREN WITH MEDICAL CONDITIONS

In line with our policy 'Supporting Pupils with Medical Conditions' we are asking you to confirm with/inform us of any medical condition your child may have that the school would need to be aware of. This includes medical conditions such as asthma, epilepsy, diabetes or allergies that require medication or specialist knowledge/intervention.

A central requirement of the policy is for an Individual Healthcare Plan (ICHp) to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional 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 individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgments about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

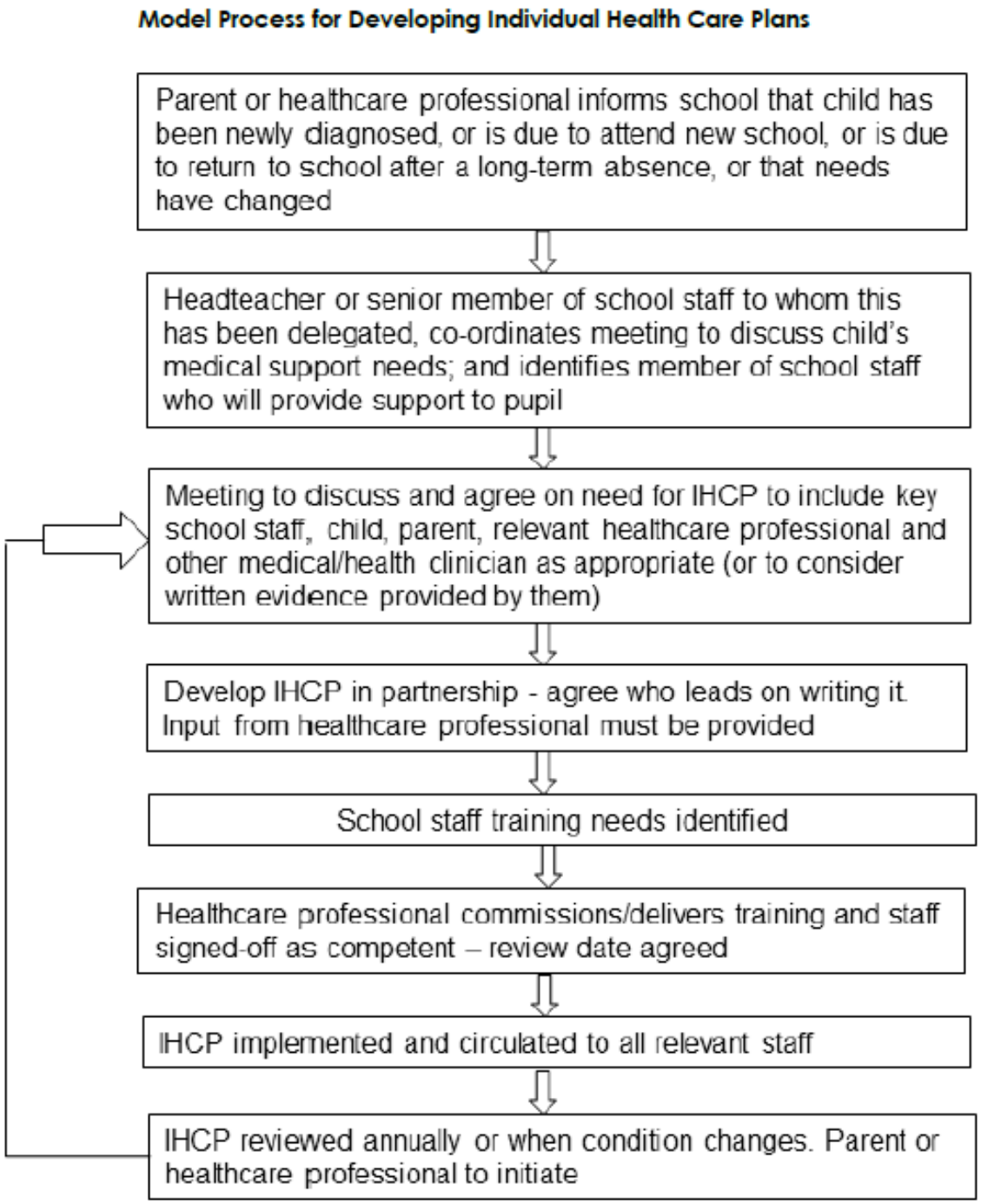
We would like to invite parents of those children who have a medical condition to meet with the class teacher and school nurse in the New Year. To do this, please book an appointment with them by signing up for a time at the school office for **xxx** to begin the process of developing your child's individual health care plan (IHCP).

I hope that this is convenient for you and would be grateful if you could sign up as soon as possible. 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.

We look forward to working with you to ensure your child's Individual Health Care Plan is effective and that you are fully involved in the process.

Yours sincerely

Appendix 8


Model Process for Developing Individual Health Care 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

Appendix 9

PARENTAL PERMISSION FOR SCHOOL STAFF TO ADMINISTER MEDICINE

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting	ST Francis of Assisi Primary School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Date dispensed	
Expiry date	
Agreed review date to be initiated by	[Staff name]
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
I understand that I must deliver the medicine personally to	(staff name]

I accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Date_____ Signature(s)

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

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

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

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Appendix 10

Record of medicine administered to an individual child

Name of school/setting	ST Francis of Assisi Primary School
Name of child	
Year group	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	

Please complete the table below each time medication is administered

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

Page 1 of 2

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

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

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

Appendix 11

Request for child to carry his/her own medicine

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of school/setting	
Child's name	
Year group	
Address	
Name of medication	
Procedures to be taken in an emergency	

Contact Information

Name: _____ Relationship to child _____

Daytime phone no. _____

I would like my child to keep their medicine on them for use as necessary.

Signed _____ Date _____

If more than one medicine is to be given, a separate form should be completed for each one.