Policy Name	Supporting Children with Medical Conditions Policy
Approved by	FGB
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Date of Next Review	October 2027
Review Cycle	Biannual
Type of Policy	Statutory
Policy Owner	School Business Manager
Policy Published on School Website	YES
This Policy should be read in conjunction with	• Children and Families Act 2014 Section 100 • DfE Supporting pupils at school with medical conditions • The Special Educational Needs and Disability Code of Practice • Children and Families Act 2014 • BFfC Supporting Children with Medical Needs Policy September 2021 • Misuse of Drugs Regulations 2001 • Automated External Defibrillators (AEDs) Guidance for Schools December 2023 • Human Medicines (Amendment) (No.2) Regulations 2014 • Human Medicines (Amendment) Regulations 2017 • GFJS Health, Safety and Welfare Policy • GFJS First Aid Policy • GFJS SEND Policy • GFJS Complaints Policy • GFJS Public Sector Equality Duty • GFJS Health, Safety and Welfare Policy • GFJS Child Protection and Safeguarding Policy

	● CORP 036 - RBC Health and Safety Corporate Code of Practice Supporting pupils at school with Medical Conditions ● CORP 013 - RBC Health and Safety Corporate Code of Practice First Aid ● CORP 029 - RBC Health and Safety Corporate Code of Practice Control of Communicable Diseases

Supporting Children with Medical Conditions Policy
Geoffrey Field Junior School
October 2026

1. Aim

At Geoffrey Field Junior School we understand that medical conditions requiring support at school can affect quality of life and may be life threatening.

Geoffrey Field Junior School will support pupils with medical conditions so that they have full access to education including school trips and physical education.

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions. The term 'medical conditions' in this policy relates to both physical conditions and those that come under the Mental Health act.
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions.
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHCP's)
- Set out how Geoffrey Field Junior School will manage medicines
- Reassure parents/ carers that the school will help their child feel safe, supported and included.
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The named person with responsibility for implementing this policy is the Headteacher, SENCO and School Administrator.

2. Legal

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

3. Roles & Responsibility

3.1. Governing Board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions.

The Governing body will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements.
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition.
- Monitor practice, and staff training , in regards to pupils with medical conditions inline with this policy.

- The governing body delegates the day to day implementation of this policy to Headteacher, SENCO and School Administrator. . Head Teacher / Senco and School AdministratorThe headteacher /SENCO and School Administrator will:
- make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations.
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of IHCPs. (SENCO)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Manage cover arrangements in the case of staff absence or turner, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs.
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions.

- The school nursing service is contacted in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse. Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents 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 health care plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

3.5 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 medical support needs and contribute as much as possible to the development of, and comply with, their individual health care plan.

3.6 School nurses and other health care professionals

The school nursing team will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHCP. Healthcare professionals , such as GP's and paediatricians, will liaise with our school nurses and notify them of any pupils identified as

having a medical condition. They may also provide advice on developing IHCPs.

4. Equal Opportunities

Geoffrey Field Junior School Our school is clear about 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.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition the process below will be followed to decide whether the pupil requires an IHP. The school will make every effort to ensure that arrangements are put in places as soon as possible (ideally within two weeks).

6. Individual Healthcare Plans

IHCPs can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. The school's first aid lead will develop IHCPs for pupils with medical conditions; however, overall responsibility for the execution and effectiveness of the IHCP rests with the head teacher.

IHCPs should be created in partnership between the school, parents, and a relevant healthcare professional (i.e. children's community nurse), who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

The aim should be to capture the steps a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is effective and implemented rests with the school.

The IHCPs ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has EHCP, the IHCP should be linked to or part of this document.

Where a child has Special Educational Needs (SEN) but does not have a statement or an Education, Health and Care Plan (EHCP), their special educational needs should be mentioned in the IHCP. The Special Educational Needs and Disability Code of Practice explains the duties of Local Authorities, Health bodies and schools to provide those with special educational needs under part 3 of the Children and Families Act

2014.

IHCPs are kept in a readily accessible place (the school office) which all staff are aware of. A front page summary of a child's care plan has been added to aid the reader during an emergency.
Each Midday Assistant has access to the medical poster which summarizes each pupil's condition, concern triggers and emergency actions to take.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the headteacher and the school's first aid lead, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- 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, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, 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
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition) the school will need to work with the Local Authority and Brighter Futures for Children to ensure that the IHCP identifies the support the child will need to reintegrate effectively. Reference may be made to the BFfC Supporting Children with Medical Needs Policy September 2021

7. Medical needs not requiring an Individual Healthcare Plan

Not all children with medical conditions require an Individual Healthcare Plan. A list of pupils with less serious conditions is kept and is in the front of all class registers.

8. Managing Medical Needs

Routine Administration

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent
- Where the medicine is explicitly prescribed to the child

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed if deemed appropriate.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The only exception to this is where insulin is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately where appropriate. Medicines and devices such as asthma inhalers and blood glucose testing meters will always be readily available to pupils and not locked away.

Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine, methadone. Ritalin is kept in the school safe and is only taken out for administration to pupils. All other prescription medicines are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Medicines will be returned to parents to arrange for safe disposal when no longer required. It is the parents responsibility to ensure that the school has medication that is in-date.

School Trips

Governing bodies should ensure that their arrangements are clear and unambiguous about 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.

Schools may need to take additional safety measures for visits and consider arrangements for taking any medication. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures.

Schools complete and upload a medical risk assessment which identifies all children with medical conditions. This is shared with all adults on a trip.

Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils on the visit, they should seek advice from the pupil's GP/Consultant.

Adaptations to arrangements for overnight stays/residential visits may be made to ensure a child's safety overnight.

The local authority uses the web-based system 'EVOLVE' to facilitate the efficient planning, management, approval, and evaluation of visits.
The Schools Offsite Activities insurance will provide an indemnity for any emergency medical assistance required for pre-existing medical conditions except where an individual is travelling against medical advice.

Sporting Activities/Clubs

Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities/clubs should be aware of relevant medical conditions and emergency procedures.

Non-Routine Administration

Some children require non-routine administrations. This could be injection, administration of rectal diazepam, assistance with catheters or use of equipment for children with tracheostomies etc. Before the school accepts any commitment; professional training and guidance must be provided from the School Nursing Team or appropriate medical professionals. Once again the training requirements and specific details must be included in the care plan signed off by the Parent and the Head Teacher.

Pupils Managing their Own Medical Needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Record Keeping

The first aid lead will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school when considered necessary.

Unacceptable Practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, 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
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets

Staff Protection

Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids and disposal of dressings or equipment. Practical and common sense hygiene precautions will minimise the risk of infection where contact with blood or other body fluid is unavoidable. There is a swabs and dressings medical bin in the Male Staff Toilet.

Medication Errors

A medication error is when the administration deviates from the instructions of the medical professional or parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples may include:

- Administration of a medication to the wrong pupil
- Administration of the wrong medication to a pupil
- Administration of the wrong dose of medication to a pupil
- Administration of the medication via the wrong route
- Administration of the medication at the wrong time.

Any error should be reported to the Head teacher and a RBC incident report form completed

Actions that would avoid such errors would include having a recent photo of the child in the bag with the medicine, or having administration of medicine witnessed and recorded by a second member of school staff.

Storage of Medicines

All medicines will be stored safely. Children know where their medicines are stored. During the school day (and including after school clubs) medicines are not stored in locked cabinets (except controlled drugs).

Medication requiring refrigeration will be stored in the office fridge and will be suitably labelled. For temporary medication the fridge will not need to be monitored, however, if there is medication stored in a fridge for a pupil's IHCP daily temperature readings will need to be recorded of the office fridge.

9. Automated External Defibrillators (AED's)

GFJS has an Automated External Defibrillator located in the school office. When first aid training takes place in school this unit is shown to all training staff so they know how to use the equipment. This equipment is maintained by the school administrator who conducts routine inspections of the equipment. Pads (adult and child) and battery, including battery life and ordering replacements. Records of inspections and testing are stored with the defibrillator.

10. Salbutamol inhalers in school

GFJS has purchased a salbutamol inhaler for use in emergencies, inline with guidance: Human Medicines (amendment) (No.2) Regulations 2014

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for the use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler or who has been prescribed an inhaler as reliever medication.

The emergency inhaler can be used if the pupil's prescribed inhaler is not available (broken, lost, empty, out of date.)

11. Adrenaline Auto-injectors (AAI) / Epipen

GFJS has purchased adrenaline auto-injector (AAI) devices for emergency use for children who are at risk of anaphylaxis when their own device is not available or not working (broken or out of date), inline with guidance Human Medicines (Amendment) Regulations 2017

A school spare AAI should only be used on pupils known to be at risk of anaphylaxis for whom both medical authorisation and written parental permission for the use of the spare equipment has been provided.

A school spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

12. Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

Where a child is in distress or has a need for an interventions and no one in school feels confident to undertake it then the parent and/or a qualified health professional should be called immediately.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance. Generally, staff should not take pupils to hospital in their own car. However, if after discussion with the emergency service, it is recommended that the child is taken directly to hospital in a member of staff's car, then checks must be made to ensure car insurance for business use is in place. In the event of this eventuality, an additional member of staff will accompany.

13. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. Any action taken by a person undertaking support activities should be limited to the training given. The required training will be identified during the development or review of IHCP.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher and the Office Manager where there is any additional training required (such as BuccolamTraining or Diabetic Training). The school's Office Manager ensures that all medical training is kept up to date, and adequately recorded.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Where equipment is involved sufficient "hands on training" is essential. This will allow trainers to become fully familiar with equipment operations. This will give confidence particularly dealing with the equipment in live operations. It is also recommended that update training is provided following a long absence - school holiday, or long sickness absence.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Records of any medical training will be retained by the school.

14. Liability & Indemnity

Reading Borough Council fully indemnifies its staff against claims for alleged negligence providing they are acting in good faith within the scope of their employment. This indemnity would include all School Governors and any volunteers assisting the school in their business activities.

The Council's liability insurance provides indemnity for the administration of most oral medication and most pre-assembled, pre-dosed medications. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means that the Council and not the employee will meet the costs of any damages if a claim for alleged negligence be made.

15. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the school's first aid lead in the first instance and the headteacher in the second. If neither can resolve the matter, then the parent will be directed to the school's complaints procedure.

16. Audit

Annually the school will audit the management of medicines and include staff training records.

17. Monitoring & Review

This policy will be reviewed and approved by the governing body every 2 years.

18. Employee Medicines

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not available to children.

19. Links to Additional Policies

GFJS SEND Policy
GFJS Complaints Policy
GFJS Public Sector Equality Duty
GFJS Health, Safety and Welfare Policy
GFJS Child Protection and Safeguarding Policy
GFJS Health, Safety and Welfare Policy
GFJS First Aid Policy

Appendix A
MODEL PROCESS FOR DEVELOPING IHCP

