Lamberhurst St. Mary's CE Primary School

SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

Date Written / Amended	January 2026 / September 2026
Written / Amended By	Mrs C Belling / Mrs C Vickery-Booth
Date Agreed by Governing Body	Pending approval
Headteacher	Mrs. C Vickery-Booth
Chair of Governors	Mr. P Edgesmith
Date of next full review	September 2028

Inspired by the Parable of the Sower, all children and adults in our inclusive Christian school community are able to thrive and flourish. Like seeds on good earth, all are nurtured with supportive loving care.



This policy will be reviewed following any lessons learnt and/or updates

	Name	Contact information
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Headteacher	Mrs. Charlotte Vickery-Booth	headteacher@lamberhurst.kent.sch.uk
Safeguarding Governor	Mrs. Lindsay Denning	govld@lamberhurst.kent.sch.uk

Aims

At Lamberhurst St Mary's Primary School we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our 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:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- 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 (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

The named person with responsibility for implementing this policy is Mrs Vickery-Booth (Headteacher).

Legislation and Statutory Responsibilities

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 statutory guidance on supporting pupils with medical conditions at school and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

Roles and Responsibilities

The Governing Body

The governing body has ultimate responsibility for making 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, in line with this policy

The governing board delegates the day-to-day implementation of this policy to the Headteacher (Mrs Vickery-Booth).

The Headteacher

The headteacher 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 (IHPs), including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a pupil's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- 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 turnover, 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
- Contact the school health service 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 nursing team
- Make sure that systems are in place for obtaining information about a pupil's medical needs and that this information is kept up to date
- Implement systems for obtaining information about a pupil's needs for medicines and keeping this information up to date

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 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.

Parents/Carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of an appropriate prescription where required, and consent for medicines to be administered by staff. Consent may be provided using the school medicine form or by email and will be recorded on Medical Tracker
- Be involved in the development and review of their child's IHP, and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

School Nurses and Other Healthcare Professionals

The school health 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 pupil's IHP.

Healthcare professionals, such as GPs 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 IHPs.

Equal Opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. 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/carers and any relevant healthcare professionals will be consulted.

Being Notified That a Pupil Has a Medical Condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

For new starters, parents/carers will be asked, after their child's place has been confirmed and before they start school, to provide up-to-date information about any medical conditions and medicines their child requires. Where a pupil has a new diagnosis and/or moves to the school mid-term, the school will obtain the necessary information and make every effort to put appropriate arrangements in place within 2 weeks.

At the start of each academic year, parents/carers will be reminded to check that the school holds up-to-date contact details and information about their child's medical conditions and medicines.

We ask that parents/carers proactively inform us by either phone call to the school (01892 890281) or an email to (secretary@lamberhurst.kent.sch.uk) if their child's medical needs change during the school year.

Individual Healthcare Plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Medical Tracker will be used to support reminders when individual healthcare plans are due for review.

Plans (Template A) will be developed with the pupil's best interests in mind and will set out:

- What needs to be done

- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the pupil's condition and how much support is needed. The governing body and the headteacher 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 assessments, use of rest periods, 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 parent/carer consent, which may be provided in writing or by email, and 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/carer or 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

Managing Medicines

Prescription medicines and non-prescription paracetamol 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 parent/carer consent has been received. Consent may be provided using the school medicine form (Template B) or by email to the school. Details of the consent will be recorded on Medical Tracker.

The person administering medicine will record the administration on Medical Tracker. Parents/carers will be notified through Medical Tracker when medication has been administered. Where an electronic notification is not available, the school will use another appropriate method to inform parents/carers on the same day, or as soon as reasonably possible.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication, including pain relief, will first check the recommended and maximum dosage for the pupil's age and, as far as reasonably possible, when the previous dose was taken.

The school will only accept prescribed medicines that are:

- In date
- Clearly labelled with the pupil's name
- Provided in the original container, as dispensed by the pharmacist, with the dispensing label and instructions for administration, dosage and storage

Where medication is needed during the school day, parents/carers may find it helpful to ask the prescriber or pharmacist whether two separate supplies can be provided, so that one can remain at home and one at school. The school recognises that this will not always be possible.

Non-Prescription Paracetamol

The school may administer non-prescription paracetamol for short-term use to support a pupil who is experiencing a minor ailment or mild pain, where parent/carer consent has been received. It will be stored, administered, monitored and recorded in accordance with the school's medication procedures.

Paracetamol must be supplied specifically for the individual child in its original packaging, with the manufacturer's information leaflet inside. The school will not keep a general supply of paracetamol for pupils to use as required.

Non-prescription paracetamol will only be administered in accordance with the manufacturer's instructions. Where symptoms continue or medication is required for longer than the recommended period, parents/carers should seek appropriate medical advice.

Any paracetamol supplied to school must be collected after three days. Paracetamol that has not been collected after this time will be disposed of safely.

Other non-prescription medication will not be administered by the school unless it is specifically permitted within this policy.

The school will accept insulin that 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. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will normally be returned to parents/carers to arrange for safe disposal when no longer required. Non-prescription paracetamol that has not been collected after three days will be disposed of safely by the school.

Pupils Managing Their Own Needs

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

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

IHPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

Unacceptable Practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice 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
- Send pupils 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
- Send an ill pupil to the school office unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- 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

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.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

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 IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

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 that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Record Keeping

The school uses Medical Tracker as its electronic system for recording first aid treatment, the administration of medication and relevant medical information. Records of medicines administered will be retained in accordance with the school's record-keeping arrangements. Parents/carers will be notified through Medical Tracker when medication and/or first aid treatment has been administered, or by another appropriate method where an electronic notification is not available.

Individual healthcare plans (IHPs) will be stored securely and made readily accessible to staff who need the information in order to support the pupil. Medical Tracker will provide reminders when IHPs are due to be reviewed and when recorded medication is approaching its expiry date.

The School will:

- Enter each pupil's medicine needs and relevant information in Medical Tracker
- Update Medical Tracker when parents/carers inform us of changes to their child's medical needs or medication
- Keep an accurate record of medication administered and relevant first aid treatment
- Make sure that relevant authorised staff can access the information they need to support pupils safely
- Use Medical Tracker notifications to inform parents/carers when medication or first aid treatment has been administered and to support reminders about medication expiry and IHP reviews

Liability and Indemnity

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Insurance provider: QBE UK Limited.
Limit of indemnity:

Public liability:	£50,000,000
Employers' liability	£50,000,000
Official's indemnity	£5,000,000
Libel and slander	£5,000,000
Land charges	£5,000,000

NB: individual cover may need to be arranged for any healthcare procedures – seek advice from your own insurance provider. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

Monitoring Arrangements

This policy will be monitored by the headteacher.

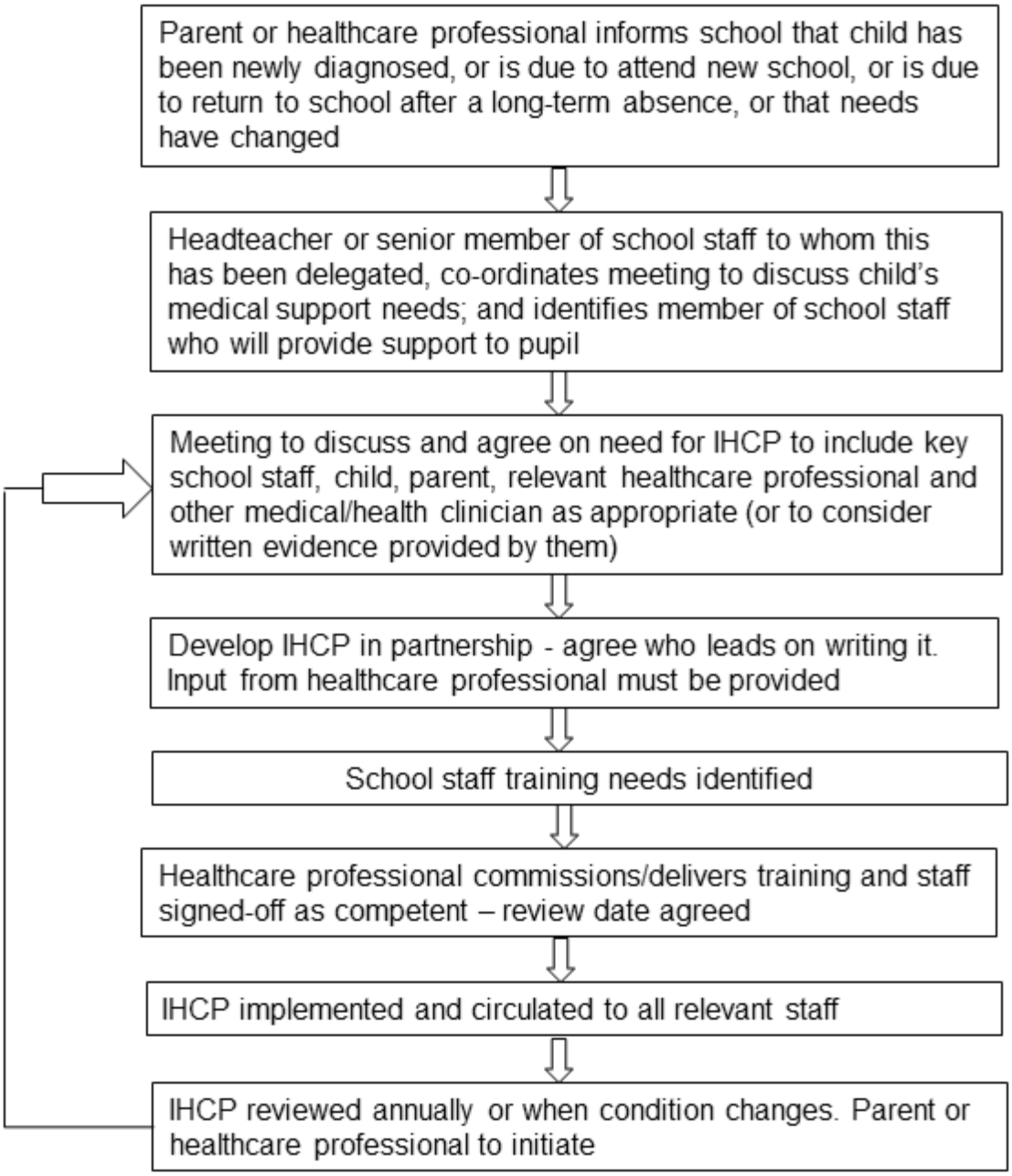
It will be reviewed and approved by the governing board every 2 years.

Links to Other Policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Model process for developing individual healthcare plans



Template A: individual healthcare plan

LAMBERHURST ST MARY'S PRIMARY SCHOOL
HEALTH CARE PLAN

Please complete this form for all medical conditions your child has. This information will help us keep healthcare plans up to date and ensure appropriate support is in place. If you require additional space, please attach extra sheets of paper.

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

Describe the medical condition/s and give details of the child's symptoms, triggers, signs

Describe what to do when an incident occurs. Treatment of condition – what to do. Name of medication, dose, method of administration, when to be taken, side effects, administered by an adult or self-administered with/without supervision.

Name of medication/s and dose

Medication	Dose

LAMBERHURST ST MARY'S PRIMARY SCHOOL
HEALTH CARE PLAN

Please note down any medical appointments or hospital admissions over the last year and include any future appointments.

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

Daily care requirements

Any additional specific support for the pupil's educational, social and emotional needs

Any other information from Parents;

Signed by Parent

Date

Template B: Allergy Action Plan

bsaci improving allergy care through education, training and research

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health | Anaphylaxis Campaign | AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** ..... **(If vomited, can repeat dose)**
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)



2. **Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
4. Commence CPR if there are no signs of life
5. **Stay with child** until ambulance arrives, **do NOT stand child up**
6. Phone parent/emergency contact

***** IF IN DOUBT, GIVE ADRENALINE *****

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

© The British Society for Allergy & Clinical Immunology 5/2018

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **guidance.nice.org.uk/CG116**

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Template B: Asthma Action Plan

My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them



I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents – get the most from your child's action plan

- **Take a photo** and keep it on your mobile (and your child's mobile if they have one)
- **Stick a copy** on your fridge door
- **Share** your child's action plan with their school

Learn more about what to do during an asthma attack
www.asthma.org.uk/child-asthma-attacks

If you have any questions, your parents can talk to our respiratory nurse specialists by **calling 0300 222 5800** or **messaging on WhatsApp on 07378 606 728** (Monday-Friday, 9am-5pm over 16 only).

The Asthma UK and British Lung Foundation Partnership is a company limited by guarantee 01863614 (England and Wales). VAT number 648 8121 18. Registered charity in England and Wales (326730), Scotland (SC038415) and the Isle of Man (1177). Registered office: 18 Mansell Street, London, E1 8AA.

Last reviewed and updated 2021; next review 2024.

My asthma plan



Name:

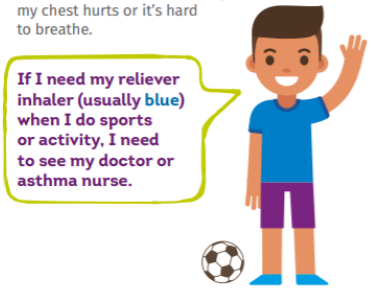
My asthma plan

1 My usual asthma medicines

- I need to take my preventer inhaler every day. It is called:

  and its colour is:
- I take ____ puff/s of my preventer inhaler in the morning and ____ puff/s at night. I do this every day even if my asthma's OK.
- Other asthma medicines I take every day:
- My reliever inhaler helps when I have symptoms. It is called:

  and its colour is:
- I take ____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.



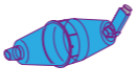
2 My asthma is getting worse if...

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler (usually blue) three or more times a week **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment).

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take ____ puff/s of my reliever inhaler (usually blue) every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

URGENT! If your reliever inhaler isn't lasting four hours, you need to take emergency action now (**see section 3**)



Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me.)

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

If I have an asthma attack, I will:

Call for help.

Sit up – don't lie down. Try to be calm.

Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.

If I don't have my reliever inhaler, or it's not helping, I need to **call 999** straightaway.

While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse **today**.