Courage, Respect and Grace

SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY

Oakley CE Junior School

March 2026 - FGB

Great expectations for all through courage, respect and grace

Our vision at Oakley is to create great expectations for all, using our Christian values and the teachings of Jesus to allow our children and community to flourish.

Rooted in the Christian belief that every person is created in the image of God (Genesis 1:27) and deeply loved by Him, we are committed to nurturing a community where all can flourish.

Inspired by Jesus's promise of "life in all its fullness" (John 10:10), we set high expectations for every member of our school family — spiritually, academically and socially.

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of Oakley CE Junior School to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

In line with our vision of 'great expectations for all', we will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as have educational implications.

Key Roles & Responsibilities

The Governing Body is responsible for:
• Ensuring that the policy for supporting pupils with medical needs is in place and reviewed at regular intervals.
• Ensuring that appropriate resources, including staff, are available to enable the policy to be applied.

The Headteacher is responsible for:
• Ensuring that the procedures as laid out in the policy are known and followed by all staff.
• Ensuring that sufficient staff are trained.

The School Administration Manager is responsible for:
• Ensuring that all relevant staff are made aware of a pupils' condition.
• Ensuring that cover arrangements are in place, in case of staff absence, to ensure a suitably trained member of staff is always available.
• Monitoring of individual health care plans.
• Overseeing risk assessments for pupils with medical conditions.

The Administration Officer is responsible for:
• Liaising with the school nursing service regarding health care plans and training.
• Ensuring that individual health care plans are in place and up to date.
• Administration of medicines which are held centrally in the school first aid room (in conjunction with the other trained support staff in the office).

Teachers and Support Staff are responsible for:
• The day to day application of this policy, including meeting the medical needs for pupils in their class following training.
• Liaising with the School Administration Manager to produce risk assessments for school visits, residential trips and other school activities outside of the normal timetable.

The School Link Nurse is responsible for:
• Providing advice and support to the school and families of pupils with medical conditions, as requested.

Local Arrangements

Identifying children with health conditions

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health

School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

When a pupil is joining us for the start of a term, we will liaise with families, previous settings and any agencies involved to ensure that transition arrangements are in place. These arrangements will include the School Administration Manager, Administration Officer and any staff who will be directly involved with the pupil in school. Arrangements may include visits to the previous setting by staff, pre-visits by the pupil to the school, meetings with parents/carers and professionals.

Where a pupil joins a school mid-term, or a new condition arises, the school aims to put measures in place within two weeks.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to obtain formal medical evidence and consult with the parents.

Individual health care plans

We recognise that Individual Healthcare Plans are recommended in particular 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 will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the Administration Officer, under the advice and guidance of the School Administration Manager and the SENDCo, to work with parents and relevant healthcare professionals to write the plan.
A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child.

The Administration Officer, under the advice and guidance of the School Administration Manager and SENDCo will work in partnership with the parents/carers, and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in an Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and

then developing the individual healthcare plan. We will use the individual healthcare plan template produced by the DfE to record the plan (see appendix A), unless a more detailed plan has been provided by medical professionals involved with the pupil.

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and the education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social wellbeing and minimise disruption.

The Administration Officer will ensure that all individual health care plans are updated during the Autumn term, under the supervision of the School Administration Manager and SENDCo. A reminder will be placed on the school's policy calendar to ensure that reviews are carried out at least annually. Parents will be contacted to discuss the plan and check that its contents are relevant and current,and medical advice sought where appropriate. Where the needs of a child change during the year, plans will be updated by the Administration Officer and cascaded to relevant staff.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- 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 eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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 child'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 child'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 child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Staff training

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

All new staff will be inducted on the policy when they join the school through the health and safety training files. All staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out each September. The awareness training will be provided to staff through the use of the health and safety training files, kept in the school office. We will retain evidence that staff have been provided the relevant awareness training on the policy by the use of signature sheets. Where required, we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training. A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

The child's role

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity). We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

Managing medicines on School Premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the

Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so. We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this). A documented tracking system to record all medicines received in and out of the premises will be in place. The tracking system used is based on the Children's Services Medication tracking Form.
The name of the child, dose, expiry and shelf-life dates will be checked before medicines are administered. On occasions where a child refuses to take their medication, the parents will be informed at the earliest available opportunity. We 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, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.
Children who need an asthma inhaler have their inhaler stored in the class inhaler bag. Inhaler bags are stored in the medical room where usage is monitored and recorded. All inhalers should clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short-term basis (Where the school have concerns they will seek further guidance from their link School Nurse).

We keep a small stock of liquid paracetamol and Piriton (antihistamine) which is administered as a homely dose. A form must have been completed by a parent and the dose will not be administered until we have spoken to a parent. An email message would then be sent to the parent with details of the dosage and time given.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely in the medical room.

Where medicines need to be refrigerated, they will be stored in a dedicated refrigerator in the medical room in a clearly labelled airtight container.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff member present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Medical Accommodation

The medical room will be used for all medical administration/treatment purposes.

Record keeping

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parent/carer arrives-this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

Day trips / off site activities / after school clubs

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off-site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and take advice from the relevant healthcare professional to ensure that pupils can participate safely.

If your child wishes to attend an after school club and will need medical supervision, please contact the school office so suitable arrangements can be made.

Oakley Junior School Association (OJSA) / Oakley Community Association Activities (OCA)

If your child is attending any OJSA activity such as a 'School Disco', it is imperative that you contact the school office at least one week before the event. This allows the school to try and arrange a trained member of staff to attend an after-hour's event. If a member of school staff is not available to supervise at the afterschool event, the parent on this occasion would need to make suitable arrangements.

OCA events such as the 'Sports Weekend' will not be covered by the school.

Salbutamol Asthma inhalers for emergency use

The school keeps a salbutamol asthma inhalers centrally for emergency use.

This will only be used in an emergency, and at all times the school will seek to use the child's prescribed inhaler if possible.

Unacceptable practice

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits. It is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg. 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

Liability and Indemnity

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents'/carers' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints
Should parents or children be dissatisfied with the support provided, they can discuss their concerns directly with the Headteacher. If, for whatever reason, this does not resolve the issue, they may make a formal compliant via the school's complaints procedure.