



Supporting Pupils with Medical Conditions Policy

Harbinger Primary School

Reviewed on:	May 2026
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1. Aims

This comprehensive policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions, including Individual Healthcare Plans (IHPs).
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The Governing Board will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of a pupil's condition, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring Individual Healthcare Plans (IHPs)

The named person with responsibility for making sure that this policy is implemented is the Headteacher.

2. 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 Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

3. Roles and responsibilities

3.1 The Governing Board

The Governing Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Governing Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The named governor and named member of the Senior Leadership Team with responsibility in the school for supporting children and young people with medical conditions is and Nimesha Nagahawatte, respectively.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure 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.
- Take overall responsibility for ensuring the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- 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.

The SENDCO will contact the school nursing 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 Nurse.

The SENDCO will reach out to others, such as parents and healthcare professionals, for advice and guidance on how to support our pupils

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- 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.

3.5 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 and Pupil Profiles. They are also expected to comply with their IHPs.

3.6 School Nurses And Other Healthcare Professionals

Our school nursing service 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.

Healthcare professionals, such as GPs and paediatricians, will liaise with the School Nurse and notify them of any pupils identified as having a medical condition.

4. Equal Opportunities

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.

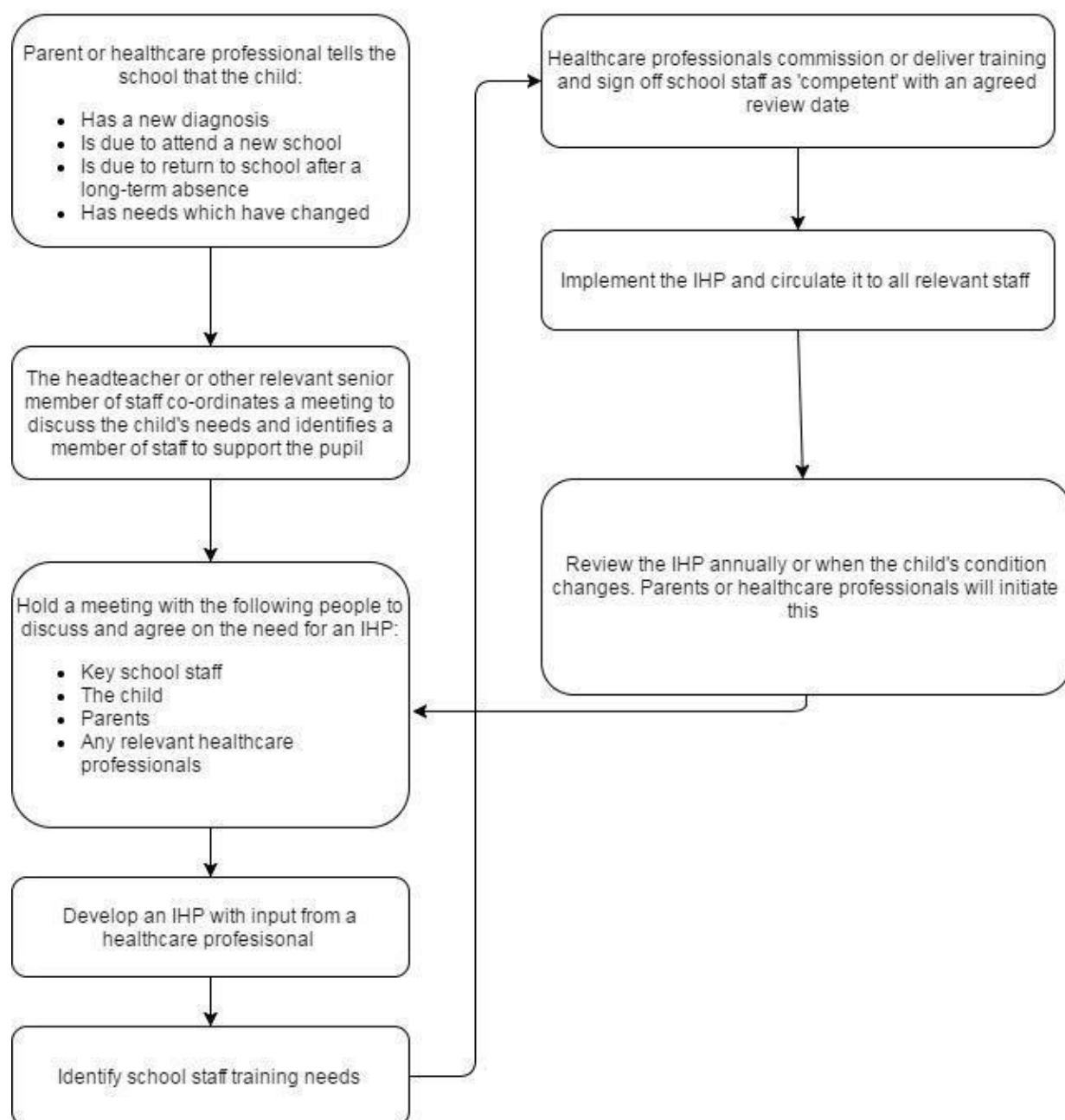
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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 outlined below 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.



6. Individual Healthcare Plans (IHP)

Although the Headteacher has overall responsibility for ensuring the development of IHPs for pupils with medical conditions, this has been delegated to the SENDCO. They will seek out the input of others as required.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans 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 when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, either the Headteacher or Deputy Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents 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 statement of Special Educational Needs (SEN) Or Education, Health And Care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The SENDCO, Deputy Headteacher and Headteacher, School Nurse and parents, as appropriate, 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 SENDCO acting on behalf of 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

7. Managing Medicines

Prescription medicines will 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

The Department for Education has confirmed that a prescription is not required for non-prescription 'over-the-counter' medications (e.g. Calpol) and non-prescription medication can be administered where parents have given written consent.

The only exceptions to this are where the medicine has been prescribed to the pupil without the knowledge of the parents or in situations where a parent has given their written consent to the administering of an emergency asthma or allergy related medication.

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken (a phone call will be made to parents, where necessary). A written record of medicines administered will be kept at school. Parents will always be informed.

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 school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

The school stocks “spare” adrenaline auto-injectors (AAIs) for use in emergencies.

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 and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the First Aid Room/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.

7.2 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 and it will be reflected in their IHPs. In such situations, pupils will be expected to ensure that the member of staff updating the medication paperwork log is present when they are administering their medicine.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 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
- 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, 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 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 to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. 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 arrives or accompany the pupil to hospital by ambulance.

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

The school provides allergy awareness training for all staff, including recognising symptoms and administering adrenaline devices. See the school's dedicated Asthma and Allergy Awareness Policy for further details

10. Recordkeeping

The Governing Board 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.

IHPs are kept in a readily accessible place which all staff are aware of.

A copy of an Administration of Medication Form is attached in Appendix 1.

11. Liability And Indemnity

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

The school's Employers Liability Insurance Policy is facilitated by LBTH and is currently with Zurich Municipal Insurance, policy number QLA-01E229-0313.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the SENDCO or Deputy Headteacher in the first instance and then the Headteacher in the second instance. If the matter remains unresolved, they will direct parents to the school's complaints procedure.

13. Monitoring Arrangements

This policy will be reviewed and approved by the governing board every three years.

14. Links To Other Policies

This policy links to the following policies:

- Accessibility Policy
- Asthma and Allergy Policy
- Complaints Procedure
- Equality information and objectives
- First Aid
- Health and Safety Policy
- Intimate Care Policy
- Risk Assessment Policy
- Safeguarding
- SEND Policy

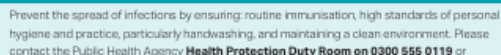
15. Guidance on Infection Control

Posters produced by the Health Protection Agency on Guidance on Infection Control in Schools & Childcare Settings are sited throughout the school. A copy is attached in Appendix 2.

Appendix 1: Administration of Medication Form

 Harbinger Primary School Cahir Street Isle of Dog London E14 3QP Tel: 020 7987 1924 Fax: 020 7538 8966 Email: admin@harbinger.towerhamlets.sch.uk Web: www.harbingerschool.co.uk FORM 3A Parental agreement for school/ setting 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 staff can administer medicine. Name Of School/Setting 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 (name of member of staff) Dosage and method	 Harbinger Primary School Cahir Street Isle of Dog London E14 3QP Tel: 020 7987 1924 Fax: 020 7538 8966 Email: admin@harbinger.towerhamlets.sch.uk Web: www.harbingerschool.co.uk Contact Details Name Daytime telephone no Relationship to child Address I understand that I must deliver the medicine personally to (agreed member of staff) 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 
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Guidance on infection control in schools and other childcare settings in Northern Ireland



visit www.publichealthscotland.net or www.gov.uk/government/organisations/uk-health-security-agency if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting. Always use soap and water, and rub your hands together for at least 20 seconds. Rub your palms, fingers and thumbs together, paying particular attention to the spaces between your fingers. Rub your hands together until they are completely dry.

Coughing and sneezing into a tissue or your elbow. Cover your mouth and nose with a tissue. Throw the tissue away after using it. Do not cough or sneeze into your hands.

Cleaning and disinfecting food handling areas and other handling areas. Cover surfaces and utensils with water or detergent.

Personal protective equipment (PPE) Disposable gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappies or soiled clothes). Goggles should also be available for use if there is a risk of splashing or contamination with blood/body fluids when fitting or removing PPE.

Cleaning of the environment, including toys and equipment, should be done frequently, thoroughly and follow national guidance. For example, use colour-coded cleaning. The removal of soiled nappies should follow HSE/CCDC advice and correct disinfection/inactivation of soiling materials. Personal cleaning contracts and waste cleaners are appropriately trained to comply to PPE.

Covering of blood and body fluid spillages An spillages of blood, faeces, saliva, vomit, nasal mucus and eye discharges should be cleaned up immediately. The spillage should be covered with a spillage kit or a plastic sheet. A spillage kit should be available for all premises. See also the manufacturer's instructions and ensure it is effective against bacteria, viruses and material for use on the affected surface. Never reuse material. See also the manufacturer's instructions for use. Use disposable gloves and aprons and discard clothing worn at the affected area. A spillage kit must be available for blood spills.

Laundry should be dealt with in separate dedicated facility. Soiled linen should be washed separately at the hottest water the fabric will tolerate. Always when handling soiled linen, Children's solid clothing should be bagged to go home, never reused by Barrow Service.

Clinical waste Always segregate domestic and clinical waste. Solid waste in accordance with local policy. Used nappies/gloves, aprons and soiled clothing should be stored in correct clinical waste bags in heat-treated area. All clinical waste must be removed by a registered waste contractor. See also the manufacturer's instructions for use.

Sharps, needles, scalpels should be discarded straight into a sharps bin confirmed to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor, properly well-mounted and out of reach of children.

Sharps Injuries and bites

If you are bitten as a result of a usual needle injury, you can encourage the wound to bleed freely thoroughly using soap and water. Contact GP or occupational health group or to A&E immediately. Ensure local policy in place for staff to follow. Contact the Duty Nurse if available. If unsure, contact your GP.

Animals

Animals can carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

Normal school (primary or secondary). Group and animal health quarters are kept clean and away from food areas. Waste should be disposed regularly, and litter bins should be accessible to children. Children should not play with animals unsupervised. Hand hygiene should be supervised and encouraged. Children should be encouraged to wash their hands regularly and thoroughly, especially after contact with animals. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Repetition are not suitable as pets in schools and nurseries, and species may vary according to the age of the children.

Visits to farms. For more information see <https://www.gov.uk/government/publications/visiting-farms-in-health-care-and-education>.

Vulnerable children

Children with certain health conditions are vulnerable to infections that would rarely be serious in most children; these include those with weakened or immune systems, or high degrees of obesity and with conditions that seriously reduce immunity. Schools and nurseries and school nurseries have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and should be vaccinated against these infections as early as possible. Any other medical advice about a child may be available for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and nurseries on how to manage the risk of infection from visits to farms and other premises to which children should be discouraged from attending in conjunction with their medical team and school/HE. Vulnerable children will have been offered COVID-19 vaccinations and booster vaccinations.

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct contact with a nanavirus with a potentially infectious rash, this should be investigated by a doctor who can state the likely source of the infection. The greatest risk to pregnant women from such infections comes from their own close contacts, rather than the animals.

• Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to measles and GP at any stage of pregnancy. If a woman has not had chickenpox, or if she has not been vaccinated against it, she should be vaccinated against chickenpox, or if she has had chickenpox, if a pregnant woman comes into contact with the infection they have close contact with a case of shingles.

• German measles (rubella) if a pregnant woman comes into contact with germ-measles, she should inform her GP and a sexual health clinic to increase investigation. The infection may affect the developing foetus. If the woman is not immune and is exposed in early pregnancy.

• Measles does not cause PPH disease, but parvovirus B19 can occasionally affect an unborn child if exposed early in pregnancy before 20 weeks.

• Measles during pregnancy can result in early delivery or even loss of the baby if a pregnant woman is exposed she should immediately inform her GP or sexual health clinic.

All female staff under age 16/17 working with young children should be advised to ensure they have had full doses of MMR vaccine.

The above advice also applies to pregnant staff.

Immunisations

Immunisation data should always be checked at school or nursery and at the time of any vaccination. Parents should be encouraged to have their child immunised. Immunisation should be carried out in the school/ nursery as agreed between the school/ nursery and the GP.

For the most up to date immunisation advice and current schedule and www.gov.uk/government/publications/immunisation-schedule.

Routine childhood immunisation programme		
At birth or shortly after	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (developing cough), polio, Hib and hepatitis B (in 1) Rotavirus Hepatitis A/C (in 1)	One injection Orally One injection
3 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (in 1) Pneumococcal infection Rotavirus	One injection One injection Orally
4 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (in 1) Hepatitis A/C (in 1)	One injection One injection
Just after the first birthday	Mumps, mumps and rubella Pneumococcal infection Hib and meningococcal C infection Hepatitis A/C (in 1)	One injection One injection One injection One injection
Every year from 2 years and up to and including 15/2	Influenza	Nasal spray (injection)
3 years old and 4 months old	Diphtheria, tetanus, pertussis and polio Mumps, mumps and rubella	One injection One injection
6/8 and 10/12 to 13 years old	Condition caused by human papilloma virus (including vaccination for girls and boys) and one of the mumps, measles, rubella and genital (in boys and girls) and genital warts.	One injection
14 to 16 years old	Tetanus, diphtheria and polio Hepatitis A/C (in 1)	One injection One injection

This is the Immunisation Schedule as of September 2022. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/publications/immunisation-schedule-infectious-disease-the-green-book

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

Original email was produced by the Health Protection Agency and this version adapted by the Public Health Agency.

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room. Outbreaks: If a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.