





To inspire, enrich and nurture so each individual reaches their full potential

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Supporting Children with Medical Conditions Policy

September 2025

To be reviewed annually in the Autumn Term

Next Review: September 2026

History of Document

Issue No.	Date Issued	Prepared By	Approved By	Comments
Issue 1	Sept 2022	Sian Hammond	Trust Board	Policy created following removal from the First Aid Policy
Issue 2	Oct 2022	Sian Hammond	Trust Board	Added a note to refer to the epipen/inhaler ownership within school
Issue 3	Sept 2023	Victoria Hobson	Trust Board	No updates required
Issue 4	Sept 2024	Jo Pape	Trust Board	Parents changed to parents/carers Appendix 2 & 3 added
Issue 5	Sept 2025	Jo Pape	Trust Board	No change

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions;
- 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 Trust Board will implement this policy by:

- Making sure sufficient staff are suitably trained (details of staff holding a First Aid at Work or Paediatric First Aid Qualification can be found in our First Aid Policy and Health and Safety Policy);
- Making staff aware of pupils' conditions, where appropriate;
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions;
- Developing and monitoring individual healthcare plans (IHPs).

The named person with responsibility for implementing this policy is Miss Lorraine Hake – contactable via the school office.

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 and trust boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#). This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The Trust Board

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

3.2 The Principal

The Principal 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 (details of staff holding a First Aid at Work or Paediatric First Aid Qualification can be found in our First Aid Policy and Health and Safety Policy);
- Ensure that all staff who need to know are aware of a child's condition;
- Take overall responsibility for the development of IHPs;
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way;
- 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;
- 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/carers

Parents/carers 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, 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 depending on age of the pupil. 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.

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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

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/carers 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 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.

6. Individual healthcare plans (IHPs)

The Principal has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Miss Lorraine Hake.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Ordinarily, this review will take place in Autumn Term One.

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/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Principal 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 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 child's condition and how much support is needed. The Trust Board, the Principal and the Office Manager 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/carers and the Principal 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/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 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'/carers written consent.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

The school have chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed an inhaler and for whom parental consent for its use has been obtained. This emergency inhaler would be used if the prescribed inhaler is not available e.g. broken / empty.

The school have chosen to hold an emergency Adrenaline auto injector (AAI) e.g., EpiPen for emergency use on pupils who have been prescribed one and for whom parental consent for its use has been obtained. This emergency AAI would be used where their own device is unavailable or not working.

Pupils under 11 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. Parents/carers 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.

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 be returned to parents/carers to arrange for safe disposal when no longer required or expiry date has been reached.

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.

All other controlled drugs 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.

7.2 Pupils managing their own needs

Older 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 when the circumstances are suitable. 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/carers 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/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.

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/carer 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 Office Manager. 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.

10. Record keeping

The Trust Board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers 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.

11. Liability and indemnity

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The school are subscribed to the Department for Education's risk protection membership (RPA). Our policy number is 138201. Within this insurance we hold employer's liability, third party public liability, professional indemnity and property damage (this included loss or damage by any risk not excluded to any property owned by the or the responsibility of the member including the property of the member due to a lease or hire agreement cover.

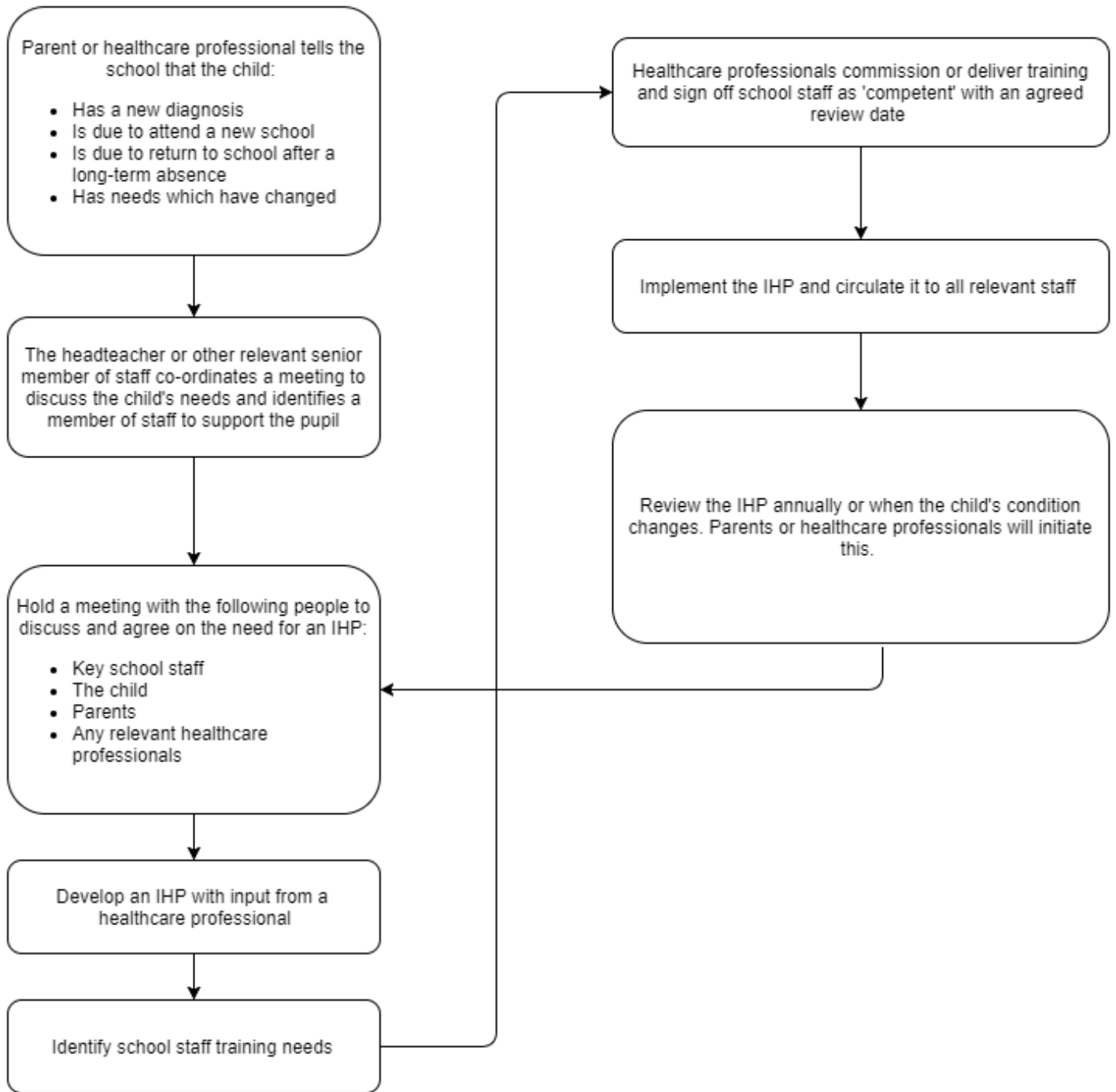
12. Complaints

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

13. Monitoring arrangements

This policy will be reviewed and approved by the Trust Board every year in the Autumn term.

Appendix 1: Being notified a child has a medical condition





**Hatfield Community Free School
Individual Health Care Plan**

Insert Picture
Here

Add medical needs here

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	

Name of Parent/Carer	
Contact Numbers	
Relationship to Child	
Name of Parent/Carer	
Contact Numbers	
Relationship to Child	

Clinic Hospital Name	
Contact Number	
GP Name	
Contact Number	

Medication Supplied

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily Care requirements

Specific support for the pupil's educational, social and emotional needs.

Arrangements for school visits/trips etc.

Describe what constitutes an emergency and the action to take if this occurs
Please see Allergy Action Plan – Attached Located in all Classrooms & Medical Room

Who is responsible in an emergency, state if different for off-site activities

Staff training needed/undertaken- who, what. where, when

All school staff are annually trained

Plan developed with	
Form copied to	
Mum	

AGREED AND SIGNED:	
Parent	Date
Print Name	
Principal	Date
Print Name	

School's Responsibility

- Ensure school staff have received training in managing severe allergies in schools, including how to use an adrenaline auto injector.
- Review health records submitted by parents annually
- Include food-allergic children in school activities. Pupils should not be excluded based on their allergy. School activities should be designed and developed to ensure the inclusion of food allergic pupils.
- Ensure all staff can recognise symptoms; know what to do in an emergency, and work to eliminate the use of allergens in the allergic pupil's meals, educational tools, arts and crafts projects.
- Ensure that medications are appropriately stored, and easily accessible in a secure location (but not locked away) central to designated staff members.
- Review policies after an allergic reaction has occurred.

Parents Responsibility

- Provide written medical documentation, instructions and medications as directed by a doctor.
- Advise school of any changes if they occur before review of this plan.
- Replace medications after use or upon expiry. Emergency kits in school should be checked termly to ensure they are still in date, and ready for use.
- Review policies and procedures with the school staff, school nurse, the child's doctor after a reaction has occurred and annually before each school year.

Appendix 3: Record of Medicine Administered

Record of medicine administered to an individual child

Name of school/setting

HCFS

Name of child

Date medicine provided by parent

Group/class/form

Medicine Provided

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials
