Cedar Tree
Federation

Pinhoe Church of England Primary School & Nursery

Pinhoe C of E Primary School

SUPPORTING PUPILS WITH HEALTH/MEDICAL CONDITIONS POLICY

Policy adopted by staff Ratified by Governors	*October 2026*
Review date	*October 2027*

School Aims

We aim ensure or school's Christian values are seen in action when we support children with medical needs and conditions, by providing a safe, happy and inspiring environment where all pupils:

- feel valued and appreciate the beliefs, uniqueness and talents of others
- are happy, self-confident and resilient individuals
- love learning and have high expectations to achieve their potential
- are responsible, caring and active members of the community and wider society

The staff of Pinhoe C of E Primary School wishes to ensure that young people with medical needs receive proper care and support at this school.

Our intention is to ensure that all children with medical conditions, in terms of both physical and mental health, are "properly supported in school so that they can inclusively join in and have an active role in school life, remain healthy and achieve their academic potential" including trips and PE.

Implementation of this Policy

1. **The Head Teacher will be overall responsible for ensuring the following happens:**

   - All staff are provided with a copy of this policy and understand their role in its implementation.
   - Facilitating the recruitment of a member of staff for the purpose of delivering this policy where necessary.
   - Identified (or all staff) as necessary, are properly trained and supported in their role.
   - Sufficient numbers of staff will be trained to support the medical needs of the joining/ returning pupil in normal, contingency and emergency situations.

2. **Procedure for responding to a notification that a pupil has a medical condition. The Head Teacher and Senior Leaders will ensure that:**

   - Procedures are understood by all staff for supporting the student during the school day.
   - Ensuring any supply knows about the medical needs of the pupil.
   - Relevant health support is sought to advise staff of pupil's needs.
   - Ensuring that all staff understand and are trained in the school's general emergency procedures.
   - Transition arrangements between schools will be managed carefully and ensure all needs are Shared accurately (including on CPOMS), between SENDCos or Designated Safeguarding Leads. Pre visits, induction meetings and phased introductions or a phased timetable will also be planned for where appropriate to do so. Parents will be involved and school and parents will agree the timetable of events according to needs.

3. **The role of Individual Health Care Plans (IHCPs). The Head Teacher and Senior Leaders will ensure that:**

   - Where necessary, Individual Health Care Plans (IHCP) will be developed on an individual basis between Pinhoe C of E Primary School, Healthcare professionals and parents, so that the steps needed to help a pupil manage their condition and overcome any potential

barriers to getting the most from their education are identified. IHCPs will be linked to EHCPs. The Inclusion Lead will write all IHCPs with parents and the Lead First Aider.

The IHCP will include:

1. The pupil's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. Also it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons.
2. Specific support for the pupil's educational, social and emotional needs, such as how absences will be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions.
3. Details of professionals involved.

All information will be logged on our Medi-Tracker Health & Safety online tool.

4. Roles & Responsibilities:

1. The governing body will oversee that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
2. The Head Teacher will have the final decision on whether an Individual Health Care Plan is required.
3. The family of a child will be key in providing relevant information to school staff about how their child's needs can be met. Parents/Carers will be responsible for ensuring the following happens:
    - Providing sufficient and up to date information about their child's medical needs to the school
    - They co-operate fully with the development and review of their child's individual healthcare plan
    - Any action they have agreed to as part of the plan's implementation is carried out e.g. provide medications and equipment
    - Ensure they or another nominated adult are contactable at all times.
4. The pupil's voice is very important. They will be encouraged to contribute as much as possible to discussions about their medical needs.
5. The Inclusion Lead will ensure that the following happens:

    - Notify the school staff when a child has been identified with requiring support in school due to a medical condition.
    - Meet with parents/ guardians to write the IHCP if necessary.
    - Liaise locally with lead clinicians on appropriate support whilst at school.

6. The Local Authority will ensure that the following happens:

    - Provide support, advice and guidance to the school and its staff
    - Provide suitable training to school staff as required
    - Alternative arrangements are made for the education of students who need to be out of school for fifteen days or more due to a medical condition.

Training for School Based First Aiders

The Head Teacher will:

- Ensure that all First Aid staff receive regular and up to date training as required, especially for pupils with specific medical needs.
- Organise and commission bespoke training for staff
- Ensure all staff members who are to support a child/ children with medical conditions are adequately trained by relevant professional bodies, school nurse etc.
- Annually review staff training needs
- Create / provide Risk Assessments where necessary

Arrangements for Children who are Competent to Manage their own Health Needs and Medicines

It may be possible for some children who have permission from their parents, to administer their own medication. Parents will have to supply the school with written permission (updated annually) for this to be allowed. Otherwise, the school will be calling home for the parents to come in.
Children may administer their own medication with pre approved parental authority when using an Asthma inhaler. Children from Year 4 upwards at Pinhoe school are allowed to administer their own inhaler, however, staff must still record this on medi-tracker.

THE ADMINISTRATION OF MEDICINE

Trained First Aid school staff will be able to administer medicines, once written permission from parents has been received. The procedure for administration of medicines at school is as follows:

1. The Head Teacher will accept overall responsibility in principle for members of school staff giving or supervising a student taking prescribed medication during the day, where those members of staff have volunteered to do so and have been appropriately trained or first aid trained.

2. In the majority of circumstances, only prescribed medication will be accepted in the school. Medication will not be accepted at Pinhoe C of E Primary School without the parent/carer completing and signing the school's 'Parental Agreement for a DCC Establishment to Administer Medicine' form. The form will be uploaded onto Medi-Tracker by the Office team. Forms are available from the school office and on our website. The only exceptions to this are Paracetamol Oral Suspension (Calpol) and Cetirizine.. These can be administered by a trained First Aider, with parental permission.

- Paracetamol Oral Suspension (Calpol) can be administered in the case of medical situations such as: - Spiked fever - severe pain / broken bone - Toothache - period pain. We would then call the parents to discuss the collection of the child.
- Paracetamol Oral Suspension (Calpol) may be given for ongoing pain such as period pain, tooth ache or known unresolved medical reasons. Where this is the case we would ask parents to fill in the green form as for prescribed medication and provide a supply of the medicine. We would not necessarily ask parents to collect children in these cases, however we may do if we feel they are too ill to be at school.

  All other reasons for Paracetamol Oral Suspension (Calpol) will not be accepted. If a child needs Paracetamol Oral Suspension (Calpol), question if they should be at school.
- Cetirizine will be administered by a trained first aider, with parental permission in emergency situations such as a severe reaction to a sting, bite, food or poisonous plant.
- In emergency circumstances where a child has a significantly elevated and rising temperature (e.g. 39°C or above), is experiencing severe pain from injury, or shows signs of a possible allergic reaction, and where delay in contacting a parent or guardian could result in further harm, appropriately trained staff may administer Paracetamol Oral Suspension (Calpol) or Cetirizine in line with recommended dosage guidelines; staff must first confirm there are no known allergies to the medication and, in the case of Paracetamol Oral Suspension (Calpol), that no dose has been given within the previous four hours, in the case of Cetirizine, no dose has been given within the past 10 hours. All actions recorded and parents informed at the earliest opportunity.
- Parents are required to inform school if they have administered Paracetamol or Cetirizine prior to the start of school.

3. Where a healthcare professional recommends a medicine but does not prescribe it—for example, where prescribing would be contrary to GMC guidance on cost-effective prescribing (e.g., paracetamol)—the school may administer a **non-prescribed** medicine **only with prior written parental consent** (parents must complete the green form). Any medicine must be clearly linked to the identified medical need, and the school reserves the right to refuse administration of any non-prescribed drug. In other exceptional situations (e.g., residential trips), non-prescribed medicines may also be given with prior written parental permission.
   - Staff have confirmed the pupil has previously taken the medicine without adverse effect.

   Staff will never administer medicines containing aspirin unless prescribed by a doctor, and will never administer ibuprofen to children who are asthmatic.
4. Only reasonable quantities of medication will be accepted (no more than one week's supply) with the exception of life saving medication that needs to be onsite at all times..

5. Each item of medication should be delivered in its original dispensed container and handed directly to the School Office.

6. Each item of medication should be clearly labelled with the following information:

   1. Student's name
   2. Name of medication
   3. Dosage
   4. Frequency of dosage
   5. Date of dispensing
   6. Storage requirements (if important)
   7. Expiry date (if available)

7. The school will not accept items of medication which are in unlabelled containers or not in their original container.

8. A record will be kept of any medication administered to children on Medi-Tracker.

9. Should medication need to be temperature controlled, it will need to be sent in a cool bag with an ice cooling block.

10. Excluding emergency medication, all medicines to be administered in the school will be kept in a designated, clearly identified, locked Fridge / cupboard. Children who require emergency medication e.g. inhalers, adrenaline autoinjectors (epi-pens) and Buccal midazolam (buccolam) should know where their medication is kept.
11. Adrenaline autoinjectors (epi-pens) will be kept in the front office on a high shelf.
12. Buccal midazolam (buccolam) will be kept in a dark locked environment and taken onto the playground with the first aid box.
13. Trained, named staff are responsible for the administration of injections for the treatment of diabetes.

14. Where it is appropriate to do so, students will be encouraged to administer their own medication if necessary under staff supervision.

15. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.

16. It is also the responsibility of parents/carers to ensure any medication kept in school is in date and suitable for use.

17. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the School's Nurse Service.

18. To ensure equality of opportunity in all school activities, including trips, sports events and offsite activities, the school will make every reasonable effort to continue the administration of medication to a student whilst on activities away from the premises; even if additional arrangements might be required. Separate, formally agreed arrangements are acceptable on educational visits that involve an overnight stay. A risk assessment will be conducted in advance of the trip in this scenario and must be written during a meeting with parents.

School Insurance Guidelines for what staff are able to do

1. Staff who undertake responsibilities within this policy are covered by the school's insurance.
2. The school is insured with Ecclesiastical Insurance.
3. The following acceptable treatments are agreed with our insurers as follows
    a) Ear/nose drop application
    b) Inhalers and nebulisers limited to the provision of assistance to user in application or fitting of mask (this includes emergency inhalers provided by the school)
    c) Injections limited to the administration of pre-packaged doses (intramuscular or subcutaneous) required in a pre-planned emergency.
    d) Medipens (Epi pens) for anaphylactic shock with a pre-assembled pre-dosed epi pen epinaphrene or adrenaline/epinephrine
    e) Oral medication administered as prescribed by a health care professional subject to this policy and obtaining parental consent forms

Handling and storing of medicines 19-21 stat guidance

The procedure for an emergency situation

IHCPs will set out what constitutes an emergency for each child and full explanations of what to do in these circumstances will be listed. All staff who need to be informed will be briefed by the Head Teacher.

1. Medical emergencies will be dealt with under the school's emergency procedures.
2. Where an Individual Healthcare plan (IHCP) is in place, it should detail what constitutes an emergency and what to do in an emergency.
3. Staff and Pupils will be informed in general terms of what to do in an emergency e.g. telling a teacher
4. All pupils will be informed what to do or where to go if they witness or are involved in an emergency situation.
5. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parent/carer arrives or accompany a child taken to hospital by ambulance.
6. Named Staff will have permission to take children to hospital in their own car.
7. Permission to use a mobile phone for a 999 call is granted in emergency situations so that the 999 call handler and the member of staff making the call is on the scene to ensure immediate and accurate details are passed on. In most cases, this will be one of the admin team.

Provision of emergency salbutamol inhalers in schools

1. The school's First Aid coordinator is responsible for overseeing the protocol for use of the emergency inhalers, monitoring its implementation for maintaining the asthma register and checking inhalers are in date and arranging purchase when required. The school's First Aid coordinator is responsible for the storage, care and disposal of the inhaler and spacer, as well as the other items recommended to have in

an emergency asthma inhaler kit detailed in the DfE March 2015 Guidance.

2. The emergency inhalers are kept in the medical locker, in the staffroom and another one over in the Nursery.
3. The school will keep a register of children in the school that have been diagnosed with asthma or prescribed a relief inhaler, which will be kept on Medi-Tracker.
4. Written parental consent for use of the emergency inhaler will be obtained through the S11 form that parents sign upon entry to the school for school to give emergency treatment if required, before the inhalers can be used.
5. Appropriate support and training for staff in the use of the emergency inhaler will be provided.
6. The staff will log any use of the emergency inhaler on Medi-Tracker and inform parents/carers that their child has used the inhaler.

Provision for Adrenaline autoinjectors (Epipens) in school

7. The school's First Aid coordinator is responsible for overseeing the protocol for use of the emergency adrenaline autoinjectors (Epipens), monitoring its implementation for maintaining the register and checking epipens are in date and arranging purchase when required. The school's First Aid coordinator is responsible for the storage, care and disposal of the epipen, as well as the other items recommended to have.
8. The emergency adrenaline autoinjectors (Epipens) are kept in the medical locker, in the staffroom and another one over in the Nursery.
9. The school will keep a register of children in the school that have been diagnosed with a severe allergy or prescribed an adrenaline autoinjector (Epipen), which will be kept on Medi-Tracker.
10. Written parental consent for use of the emergency adrenaline autoinjector (Epipen) will be obtained through the S11 form that parents sign upon entry to the school for school to give emergency treatment if required, before the epipens can be used.
11. The school will ensure that the emergency adrenaline autoinjector (Epipen) are only used by adults on children / adult who have gone into anaphylactic shock (see prompt below)
12. Appropriate support and training for staff in the use of the emergency epipen will be provided.
13. The staff will log any use of the emergency adrenaline autoinjector (epipen) on Medi-Tracker and inform parents/carers that their child has used the adrenaline autoinjector (epipen), as well as medical professionals where appropriate.

Emergency Protocol

Who makes an initial 999 call?	Admin team, admin personnel will call 999 with as much information as possible and move to the incident so up to date information can be obtained as the 999 call handler will ask more questions to triage the incident. Once ambulance assistance has been requested, a member of the admin team will print out the child' meditraker profile sheet (for all children with medical conditions). This will be given to paramedics upon arrival.
What device will be used to call 999?	A mobile phone
What information is needed for a 999 call?	• Service required For a medical emergency 1. Is the patient breathing? 2. Is the patient conscious? 3. Brief outline of incident? 4. Child age? 5. What address are you calling from?

	6. What number are you calling from? (so we can call you back if you get cut off) For police or fire 1. Brief outline of incident. 2. What address are you calling from? 3. What number are you calling from? (so we can call you back if you get cut off) 4. Is anyone hurt? Further questions are then asked to help identify the severity of the patient's condition. The person making the call therefore needs to be at the scene asap.
Who supports children?	If children are present, usual class Teacher/ TA to take away from the scene and support. If this is not possible then the partner class Teacher or TA will action this. If adult is on their own, the adult is to send a child to the nearest class or office to raise the alarm and this adult is to then collect the children asap.
Who from SLT will attend the scene?	Jen Metcalf and Scarlett Peacock initially. The incident will be assessed and one member of SLT may leave the scene.
Who from SLT will support away from the scene?	Jen Metcalf and/ or Scarlett Peacock. Following on-scene assessment carried out as above either or both will support away from the scene.
Does anyone else need to attend the scene?	First raiders only and those requested to stay to support by SLT.

Avoiding unacceptable practice

Pinhoe C of E Primary School understands that whilst staff should use their discretion and judge each case 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 for reasons associated with their medical condition 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 unaccompanied.
- Penalise children 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 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 toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Please see the school website for this policy.

Appendix 1

First Aid Procedures at Pinhoe C of E Primary School



In the event of a serious injury phone 999 for an ambulance – The Lead First Aider will liaises with HOS/ SLT and the Office will ring for an ambulance.

Minor Accident

All staff in their 'loco parentis' role are able to deal with any minor injuries that occur.

If dealing with a minor injury where there is a small cut or graze, bathe the wound with water, dry with gauze or medical wipe and, if appropriate, dress with a plaster.

When dealing with a splinter: If a splinter is clearly visible and the protruding end can be easily and safely grasped with tweezers or fingers without causing further damage, staff may remove it and treat the wound as a minor injury; however, if removal is likely to cause additional harm, the splinter should be left in place and the wound dressed and managed as a minor injury.

If you have any concerns about an injury please take advice from a trained first aider – notices with the names of all staff with first aid training are placed within classrooms and other shared areas and are always on the staff noticeboard.

Make a record of the injury and the treatment given onto Medi-Tracker ensuring that an email has been sent to notify the parent/ carer.

For some injuries it may be necessary to call the parent in addition to them receiving an email. This may be when the appearance of an injury could cause distress to a parent or when it is located in an area not easily visible, such as a facial graze or groin injury.

For all severe head bumps, parents / carers must be contacted by the office in addition to being recorded on Medi-Tracker.

Where an injury has been checked and it is deemed that no further treatment is required, (for example a wrist, ankle, leg, arm that was hurt but no obvious injury apparent) a recording of the incident on medi-tracker is still required as an initial check and no further action taken noted.

Serious Head Injury or More Serious Injury

Summon a first aider.
The first aider will call or supervise the call by the office to inform the parents / carers of the injury. The first aider will make the decision whether the child needs to be sent home / seek further medical treatment from GP / Hospital and CT/ HOS will be informed.

If the child is staying at school, information must also be shared with the child's class

teacher or TA so that parents/carers can be further informed at the end of the day.

For bumped heads, a ‘bumped head’ sticker should be put on the child and the information should be recorded on Medi-Tracker and a notification is sent to the parent/carer.

First Aid kits are kept in each of the classrooms, bottom corridor, in the hall and the staffroom .
A first aid kit must be taken onto the playground for PE and playtimes and on any school outing. The forest school has its own separate first aid kit available.