Loving to Learn; Learning to love like Jesus

Supporting Pupils at School with Medical Conditions and/or Health Needs Policy

Status	DRAFT
Operational Date	01.09.26
Date for approval by Governors	08.09.26
Next review	2028
Agreed by Committee	Education

Statutory Framework Compliance Summary:

- This policy complies with *Supporting pupils at school with medical conditions* (DfE Statutory Guidance).
- This policy complies with *Ensuring a good education for children who cannot attend school because of health needs*.
- This policy fulfills requirements under the *Equality Act 2010* to make reasonable adjustments for disabled access.
- This policy integrates the localized **NHS Cheshire and Merseyside Integrated Care Board (Warrington Place)** Self-Care Strategy directives.

1. Policy Statement and Core Philosophy

Children and young people with temporary, fluctuating, or recurring medical conditions or mental health needs are valued as full, participating members of the St. Monica's school community. Governing bodies hold a clear statutory duty under Section 100 of the Children and Families Act 2014 to make comprehensive arrangements to fully support pupils with physical and mental health conditions. Our core objective is to enable all affected pupils to play an active, visible role in school life, remain physically and emotionally safe, maintain their physical well-being, and achieve their full academic potential.

This policy operates in absolute conjunction with the St. Monica's Allergy and Anaphylaxis Safety Policy. For the avoidance of doubt, all statutory duties, staff indemnity frameworks, and individual healthcare plan (IHCP) review schedules detailed within this document apply equally to any pupil or adult on school premises experiencing high-risk allergies or anaphylaxis.

2. Administrative Roles and Accountability

Supporting a child with complex health needs involves an active partnership between school staff, healthcare practitioners, social care teams, parents, and officers from Warrington Borough Council.

The Governing Body: Holds strategic statutory accountability to ensure safe systems are established. No child will be denied admission or face barriers to joining school because necessary medical accommodations are pending.

The Headteacher: Retains ultimate legal accountability for the policy's operational success. The Headteacher ensures that all staff are briefed, appropriate insurances are maintained, and sufficient personnel are trained for emergency coverage.

The SENDCo: Acts as the operational Lead Coordinator for pupils with medical needs. The SENDCo oversees day-to-day administrative frameworks, coordinates stakeholder planning sessions, updates the medical register, and monitors training logs.

Parents and Carers: Are required to provide immediate notifications regarding any changes to diagnoses, treatment regimens, or specific medical triggers, and must provide in-date medication in original packaging.

3. Individual Healthcare Plans (IHCP) Framework

Individual Healthcare Plans provide administrative and practical clarity regarding what actions must be executed, precisely when, and by which trained staff member. While not every mild condition requires a formal plan, they are mandatory for all long-term, complex, or life-threatening conditions.

- **Drafting & Accountability:** The Headteacher retains ultimate statutory liability for all medical care systems, but delegates operational coordination and the plan-drafting process to the Lead Coordinator/SENCo who collaborates with Class Teachers.
- **Review Frequency:** All active IHCPs will be evaluated formally at least annually. Plans will be reviewed immediately if a child's specific medical triggers change, if dosages shift, or if a parent or supervising consultant presents new clinical evidence.
- **SEND Integration:** Where a child has special educational needs, their individual healthcare plan must be systematically cross-linked with or appended to their Education, Health and Care Plan (EHCP).

4. Localized Medication Management Framework

Medicines will only be administered on school premises when it would be strictly detrimental to a pupil's health or school attendance pattern to withhold them.

Warrington NHS Self-Care Directive Integration: In direct alignment with the NHS Cheshire and Merseyside Integrated Care Board (Warrington Place) Self-Care Strategy (Phases 1 and 2), local GPs no longer routinely prescribe 35 distinct categories of minor self-care treatments. Consequently, St. Monica's will accept, store, and administer unprescribed over-the-counter (OTC) medications (including mild pain relief, oral antihistamines for hay fever, or head lice treatments) to minimize educational disruption. All such OTC medications must be provided in the original retail packaging, be completely in-date, and be backed by an explicitly completed and signed *Administration of Medicine Consent Form*.

OTC Safety Controls: Medication for pain relief (such as paracetamol) must never be administered without verifying the absolute maximum daily dosages and formally checking precisely when the previous dose was taken by the child at home. Parents must be notified every time an OTC dose is given.

Aspirin Restriction: No child under the age of 16 will be given medicine containing aspirin unless it is expressly prescribed by a registered doctor.

Controlled Drugs Protocol: Controlled medications (e.g., Ritalin) are heavily regulated under the Misuse of Drugs Act. They must be surrendered directly to the office by an adult, explicitly logged, kept in a secure central cupboard, and administered only by designated personnel with a

second adult acting as a witness. Each individual dose or parental refusal must be logged instantly on the school's physical medication administration sheet. To ensure safeguarding overview, these physical records are scanned and uploaded to the pupil's digital file on CPOMs at the end of each calendar month (or automatically synced if utilizing digital healthcare software).

Emergency Device Storage: Critical life-saving devices—including adrenaline auto-injectors (AAIs), asthma rescue inhalers, and blood glucose meters—must never be locked away. They must remain immediately accessible to the child and staff within classroom medical folders and designated medical zones.

Allergy and Anaphylaxis Protocol Signposting: To satisfy statutory safety frameworks, all detailed procedurals regarding food allergens, school kitchen restrictions, and emergency adrenaline auto-injector protocols are extracted entirely into our standalone, published St. Monica's Allergy and Anaphylaxis Safety Policy.

5. Automated External Defibrillator (AED) Provision

St. Monica's recognises that sudden cardiac arrest is a time-critical medical emergency.

- An active Automated External Defibrillator (AED) is located in the Main School Office Reception Area.
- The AED is fully automated, providing verbal instructions to the operator, meaning any staff member can deploy it safely without prior medical training.
- The Lead Medical Administrator is responsible for checking the device monthly to verify that the battery indicator is active and the pads are in-date.

6. Code of Conduct: Unacceptable Practices

To ensure transparency and protect pupils from discriminatory or unsafe actions, staff are strictly prohibited from implementing the following practices.

- Preventing children from easily accessing their inhalers, AAIs, or medication, or administering them when and where necessary.
- Assuming that every child with the same medical condition requires identical clinical treatment.
- Sending children with medical conditions home frequently, or preventing them from staying for normal school activities (including lunch), unless specified in their IHCP.
- Sending an unwell child to the school office or medical room unaccompanied, or with an unsuitable escort.
- For mild, non-urgent issues (e.g., a minor playground scrape, mild headache, or lost tooth), sending the child with a reliable peer helper is acceptable practice.
- For acute, high-risk, or rapidly deteriorating conditions (e.g., asthma distress, head bumps, suspected allergic reactions, or fainting), a child must never be escorted by another pupil. In these urgent scenarios, an adult must escort the child, or the child must remain stationary while an office worker or first aider is summoned directly to the classroom.

- Penalizing a pupil for their attendance record if their absences are formally related to their recorded medical condition (e.g., hospital consultant appointments).
- Preventing pupils from drinking, eating, or taking toilet or rest breaks whenever they need to in order to manage their medical condition effectively.
- Requiring parents, or making them feel obliged, to attend school to administer medication, provide medical support, or assist with toileting.
- Creating unnecessary barriers to children participating in any aspect of school life, including school trips, by requiring parents to accompany them.

7. Delegated Healthcare Tasks and Civil Indemnity

The Royal College of Nursing and UNISON confirm that specific clinical health procedures can be safely delegated to education support teams, provided a registered healthcare professional has delivered training and formally signed off the employee as competent.

Providing medical support remains a voluntary role for school staff. To fully reassure volunteers, the Governing Body provides comprehensive civil liability and financial indemnity. The school's employer liability policies protect staff against claims of negligence, provided all five of the following conditions are fully satisfied:

1. **Condition A:** The care or procedure is delivered by a salaried employee during the course of their contracted employment.
2. **Condition B:** The employee strictly follows the agreed steps detailed within a valid IHCP or follows written parental instructions that align with manufacturer guidelines.
3. **Condition C:** The employee has successfully completed an accredited training course appropriate to the level of care required:
    a. For routine medication administration and standard first aid, completion of a verified and certified online or blended learning course is fully recognized.
    b. For specialized, invasive, or complex clinical procedures (e.g., specific clinical interventions), training must be delivered by a registered medical professional or school health practitioner who will formally sign off the employee as proficient.
4. **Condition D:** The employee has provided written confirmation that they have read, understood, and agreed to execute the specific individual care plan.
5. **Condition E:** The actions or omissions do not arise from fraud, deliberate dishonesty, or a criminal offence committed by the staff member.

8. Extended Medical Absences and WBC Reintegration

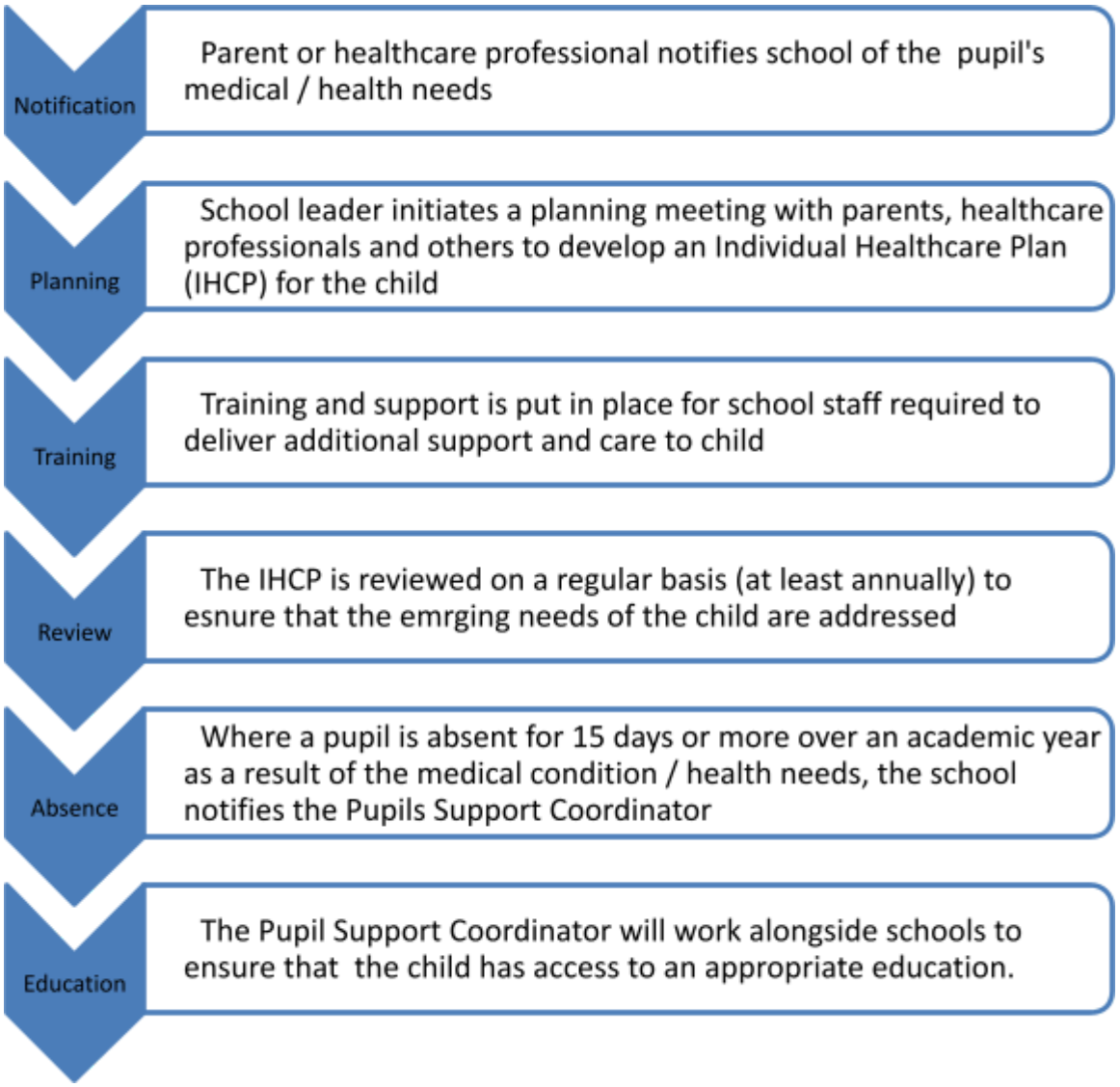
When a pupil’s health condition requires a prolonged absence or repeated short-term exclusions that total **15 days or more** across an academic year, the school is required to submit a formal notification to the Pupil Support Coordinator at Warrington Borough Council (WBC). St. Monica's will proactively maintain continuous communication links, provide academic work packages, and partner with the **WBC Medical Tuition Service** to create multi-agency approved reintegration pathways.

9. Immediate Emergency Services Response

In the event of a severe medical emergency, staff must dial 999 immediately. The operator must be provided with our precise location data:

- **School Site Location:** St. Monica’s Catholic Primary School, St. Monica’s Close, Warrington, WA4 3AW.
- **Emergency Route Instruction:** A designated staff member must be dispatched immediately to the corner of the church car park to clear the entrance and guide incoming emergency vehicles directly onto the school grounds.

Appendix A: Individual Healthcare Plan Implementation Procedure



Appendix B: Individual Healthcare Plan

ST MONICA'S CATHOLIC PRIMARY SCHOOL

Insert child's photograph

Child's name:	
Group/class/form:	
Date of birth:	
Child's address:	
Medical diagnosis or condition:	
Date:	
Review date:	

Family contact information

Name:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to child:	
Phone number (work):	
(home):	
(mobile):	

Clinic/hospital contact

Name:	
Phone number:	

Child's GP

Name:	
Phone number:	

Child's name:	
Group/class/form:	
Date of birth:	
Child's address:	
Medical diagnosis or condition:	
Date:	
Review date:	

Family contact information

Name:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to child:	
Phone number (work):	
(home):	
(mobile):	

Clinic/hospital contact

Name:	
Phone number:	

Child's GP

Name:	
Phone number:	

Who is responsible for providing support in school?	

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 it should 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:

Other information:

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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed/undertaken – who, what, when:

The employee who is providing the medical procedure or intervention has received full training from a registered Medical or Healthcare professional and has been signed off as fully competent in the procedure they are providing.

Name	**Signature**	**Date**
Parent/Carer		
Head Teacher		
Employee providing the medical procedure		
GP/Supervising consultant		

** It is a condition of the insurance that the plan is agreed and signed by the above*

Form copied to:

Review date:

This IHCP should be used as an ongoing 'live' risk assessment document which should be distributed to other services as appropriate and link into existing processes such as EHCP, PEP reviews, Community Paediatrics, CAMHS etc. *It should include mental health as well as physical health conditions to ensure everyone has a holistic overview of the difficulties a CYP may be facing in their access to education.*

Appendix C: Request for the School to Administer Medication

Part 1: Parental Request and Consent

Child's Full Name:		**Class/Yr Group:**	
Name of Medication:		**Expiry Date:**	
Duration of Course: *Eg. 5 days / long term*		**Date Supplied:**	
Dose to be Given: *Eg. 5ml / 1 tablet*		**Time(s) to be Given:**	

Type of Medication (Please tick as appropriate):

- [ ] **Prescribed:** Medication has been prescribed by a GP/hospital doctor and features an official pharmacy label matching the child's name.
- [ ] **Non-Prescribed Over-the-Counter (OTC):** Supplied in original retail packaging in line with the NHS Warrington Self-Care Policy.

Mandatory Overdose Safety Check (For Non-Prescribed Pain Relief/OTC only):

- Precisely what time was the last dose of this medication administered at home?

- **Time:** _____ : _____ **Date:** _____/_____/_____

Parental Declaration and Legal Sign-off:

- I confirm that this medication is supplied in its **original container**, is completely **in-date**, and is **clearly labelled with my child's full name**.
- I understand that the delivery of medication must be handled directly by myself or an authorized, responsible adult.
- I accept that this is a voluntary service which the school is not legally obliged to undertake, and I agree to notify the school immediately of any changes to dosages or clinical conditions.
- **Data Transparency Notice:** I understand that these physical records will be scanned and uploaded securely to the school's encrypted digital recording system (CPOMs) at the end of the treatment course or calendar month for permanent safeguard auditing.

Signed: _____ (Parent/Guardian)
Print Name: _____

Date: _____ / _____ / _____

Part 2: For School Office Use Only (Daily Administration Log)

- **Verified By (Staff Initials):** _______
- **Headteacher Approval Granted:** Yes / No

Every single dose administered on school premises must be logged immediately below by the administering staff member.

Date	Time	Dose Given	Any Adverse Reactions / Notes	Staff Signature	Print Name
__/__/__	__:__		[ ] None [ ] See Notes		
__/__/__	__:__		[ ] None [ ] See Notes		
__/__/__	__:__		[ ] None [ ] See Notes		
__/__/__	__:__		[ ] None [ ] See Notes		
__/__/__	__:__		[ ] None [ ] See Notes		
__/__/__	__:__		[ ] None [ ] See Notes		
__/__/__	__:__		[ ] None [ ] See Notes		
__/__/__	__:__		[ ] None [ ] See Notes		
__/__/__	__:__		[ ] None [ ] See Notes		
__/__/__	__:__		[ ] None [ ] See Notes		
__/__/__	__:__		[ ] None [ ] See Notes		

Once this course of treatment is finalized, this completed sheet must be scanned as a single PDF file and uploaded directly to the child's secure portal on CPOMs under the 'Medical Records' category within 72 hours [1].

Date	Time	Adverse Reactions / Notes	Staff Signature	Print Name

Appendix D

CHILDREN AND YOUNG PEOPLE WITH DIABETES IN WARRINGTON

Diabetes is a chronic complex lifelong condition, characterised by elevated blood glucose levels, which if left untreated or not managed appropriately can lead to serious health complications and even death.

In Warrington, NHS Warrington Clinical Commissioning Group commissions specialist services for children and young people with Diabetes. A team of Specialist Consultant Paediatricians, Diabetes Specialist Nurses, Dietitians and Psychologists deliver high quality education for patients and other professionals, including those in educational settings. The team strives to provide regular routine diabetes clinics for Children, Young People and their families to support their diabetes management and in addition to this they provide direct inpatient care if a child or young person needs to stay in hospital.

Having diabetes has implications for a child's schooling and learning and appropriate diabetes care is essential for a child or young person's immediate safety, long-term well-being and optimal academic performance. We believe that we can achieve this by health and education working together to meet the needs of each child and young person with diabetes.

As a team, we recognise that diabetes, as with other long term conditions, can impact on children and young people's emotional and mental health. Within out multi-disciplinary team and approach, we can provide access to psychological support and advice to children, young people and their families/carers as well as professionals who may have concerns or require guidance.

<u>What you can expect of the Children's Diabetes Nursing Team</u>

In Warrington the Children and Young Persons Diabetes team look after children from age 0-18 years old and we will work together with all educational settings from nurseries and pre-schools, to colleges to ensure that children and young people with Diabetes grow, achieve and live to their full potential.

The Children and Young Persons Diabetes team will offer annual training, diabetes education and support for staff looking after children and young people with Diabetes.

We will provide schools with a School Health care plan that is tailored in partnership with school, children and their families to meet the needs of each child with Diabetes in their care. In addition to this we will also arrange for a separate, unique care plan and additional training for staff for any out of school day trips, activities or school residential trips that a child or young person may go on. Furthermore we will provide training, education and

support for any staff who provide wrap around care for children or young people with Diabetes.

The Diabetes specialist nurses will also endeavor to attend any meetings that are necessary in order to support school, the child or young person and their family in their Diabetes management.

What we need you to know and what we expect from our Educational Settings in Warrington

Good diabetes management takes planning and understanding and School staff need to understand and acknowledge the seriousness of Diabetes in order to fully support a child or young person who has been given this diagnosis.

A schools priority when caring for a child or young person who has been diagnosed with Diabetes is to ensure that they feel supported and included in all school activities where appropriate, despite their condition.

Schools should ensure that a minimum of 2 staff members per child or young person are trained annually in Diabetes and its management and they should follow the care plan as trained to do so by the child or young person's Diabetes team.

Schools should support children, young people and their families to attend all health appointments including appointments with the dentist and they should not be penalised for these by school with any unauthorised absences.

The WHH CYP Diabetes teams recommend that school staff caring for children and young people with Diabetes should access the FREE e-learning modules provided by JDRF which can be used as Continuing Professional Development documentation.

Children and Young People Diabetes: A London guide for teachers and parents of children and young people with diabetes: pre-school, early years, primary and secondary schools

https://www.london.gov.uk/what-we-do/health/healthy-schools london/awards/sites/default/files/2CYP%20diabetes%20guide_proofed.pdf

We are signposting you to a guide which we hope schools will find useful in the support of children and young people with diabetes. In Warrington we would add that children and young people where age appropriate should be encouraged and fully supported to become independent in managing their own Diabetes to enable them to develop and grow to their full potential and allow them to be ready for young adulthood.

Diabetes Nursing Team
Claire Brookes, Lucy Unsworth & Elaine Holcroft
Warrington and Halton Teaching Hospitals NHS Trust.

Julie Hoodless (Designated Clinical Officer SEND) &

Kathryn Booth (Deputy DCO)
NHS Warrington CCG
v5 09.02.21