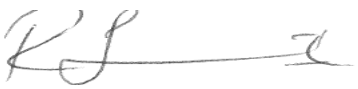
Christ Church New Malden

Church of England Primary School

Supporting Pupils With Medical Conditions

Committee responsible	Full Governing Body
Approval required by	Governing Body can delegate
Statutory or Recommended	Statutory
Frequency of review	Recommended Annually
Date last reviewed	September 2026
Date of next review	September 2027
Display on website	Yes
Purpose	To ensure pupils with medical conditions are supported so they can play a full role in school life, remain healthy and achieve their potential.
Consultation	Governing Body
Link with other policies	Admissions Policy Behaviour Policy Anti-Bullying Policy Equal Opportunities Policy Child Protection and Safeguarding Policy Accessibility Plan SEND Policy

	Signed	Date
Headteacher		September 2026
Chair of Governors		September 2026

1.0 Policy Statement & Statutory Duty

The Governing Body of Christ Church recognises its absolute statutory duty under Section 100 of the Children and Families Act 2014 to make appropriate arrangements to support pupils with medical conditions. Christ Church is committed to ensuring that children with medical needs—both physical and mental—enjoy the same rights of admission, educational attainment, and full inclusion in school life as their peers.

No child will be denied admission or prevented from taking up a place at Christ Church due to a medical condition, unless doing so would present an unmanageable and evidenced risk to their safety or the safety of others, in line with statutory safeguarding thresholds. This policy operates in tandem with the Equality Act 2010 (regarding reasonable adjustments for pupils meeting the threshold for disability) and the SEND Code of Practice.

Policy Cross-Reference Note: For pupils identified with severe food allergies or a diagnosed clinical risk of acute systemic allergic reactions, this document must be read and executed in direct conjunction with the school's specific **Food Allergies and Anaphylaxis Policy**.

2.0 Legislative & Statutory Framework

This policy complies with and is informed by the following statutory provisions and guidance:

- **Section 100 of the Children and Families Act 2014:** Statutory duty to support pupils with medical conditions.
- **Supporting pupils at school with medical conditions 2014** Statutory guidance about the support that pupils with medical conditions should receive at school.
- **The Equality Act 2010:** Statutory duty to prevent discrimination and implement reasonable adjustments for disabled pupils.
- **Keeping Children Safe in Education (KCSIE):** Statutory guidance handling the intersection of medical vulnerabilities and safeguarding.
- **The Special Educational Needs and Disability (SEND) Code of Practice.**
- **The Misuse of Drugs Act 1971** (and associated regulations regarding Controlled Drugs).
- **The Data Protection Act 2018 & UK GDPR:** Governing the processing of Special Category Data.

3.0 Roles and Responsibilities

3.1 The Governing Body

- Must ensure that arrangements are safely implemented and reviewed regularly to support pupils with medical conditions.
- Must ensure that the school's policy is explicit regarding staff training requirements, resource allocation, and risk-mitigation measures.
- Maintains ultimate accountability for ensuring that the school's insurance policy provides appropriate indemnity cover for staff who volunteer to support or administer medication to pupils.

3.2 The Headteacher

- Holds delegated operational responsibility for ensuring that all staff are aware of this policy and understand their specific role in its execution.
- Ensures that a sufficient number of trained staff are available to implement Individual Healthcare Plans (IHCPs) effectively, including contingency cover for staff absence, turnover, or off-site educational visits.
- Maintains a judge-of-fact framework based on clinical evidence when the nature of a medical condition is unclear or disputed.

3.3 School Staff

- Any member of staff may be asked to support pupils with medical conditions, but no member of staff is obliged or legally compelled to administer prescription medication or undertake clinical procedures unless it is explicitly mandated within their employment contract.
- All staff working with a pupil must exercise a common-law duty of care (*in loco parentis*) and act in a prompt, defensive manner in a medical emergency.

3.4 Parents and Carers

- Hold primary liability for providing the school with comprehensive, up-to-date, and certified clinical information regarding their child's medical condition.
- Must provide all required medications in their original, pharmacy-dispensed containers, clearly labelled with names, dosages, and expiry dates.
- Must cooperate fully in the co-production and annual review of their child's Individual Healthcare Plan.

4.0 Procedure upon Notification of a Medical Condition

Upon notification from a parent, carer, or healthcare professional that a pupil has been diagnosed with a medical condition, Christ Church will trigger the following standard operating procedure:

1. **Initial Contact:** The school will work with parents/carers and relevant healthcare professionals to assess the nature and complexity of the need.
2. **Interim Support:** For conditions that are transient, straightforward, or low-risk, standard medication authorisation forms will be completed. For long-term, fluctuating, complex, or life-threatening conditions, the process to draft an IHCP will commence immediately.
3. **Evidentiary Threshold:** The school will require formal written verification from a GP, consultant, or clinical team. While medical evidence is being compiled, the Headteacher will make a reasonable, documented judgment regarding interim support to balance pupil safety with educational access.

5.0 Individual Healthcare Plans (IHCPs)

The site SENDCO will draw up an IHCP in partnership between Christ Church, parents/carers, the pupil (where age-appropriate), and relevant health professionals (e.g., the local School Nurse Team).

5.1 Criteria for an IHCP

An IHCP is mandatory if a condition is:

- Long-term, complex, or unstable.
- Fluctuating or recurring.
- Presents a high risk of requiring acute emergency intervention.

5.2 Content of the IHCP

Each plan must be a clear, scannable document detailing:

- The medical condition, its triggers, clinical signs, symptoms, and treatments.
- The precise level of support needed, including self-management competencies.
- Named staff responsible for providing support and their verified training records.
- Specific arrangements required for school trips, physical education, or other out-of-timetable activities.
- A clear, step-by-step emergency protocol specifying what constitutes an emergency and precisely who to contact.

5.3 Review Cycle

IHCPs are statutorily mandated internal compliance documents and must be reviewed **at least annually**, or sooner if clinical evidence indicates the child's needs have significantly changed.

6.0 Managing Medicines on School Premises

The school operates strict, legally compliant rules for the storage and administration of medicines:

- **Consent:** No medication (whether prescription or non-prescription) will be administered without prior, explicit written parental consent via the standard school template.
- **Aspirin Restriction:** A child under the age of 16 will **never** be given medicine containing aspirin unless it has been explicitly prescribed by a medical doctor.
- **Dosage Veracity:** Non-prescription medication (e.g., pain relief) will only be administered after verifying the maximum daily dosage and strictly confirming with parents/carers when the previous dose was taken to prevent accidental toxicity. The school will not maintain a generalized, unassigned stock of non-prescription pain relief.
- **Original Containers:** Christ Church will only accept medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist, and include clear dosage instructions. *Exception: Insulin may be accepted inside a pump or pen device rather than its original box.*
- **Storage:** All medicines must be stored securely in a designated, non-portable, locked container within the site Office, inaccessible to pupils but easily accessible to named authorised staff. Emergency devices (e.g., asthma inhalers, adrenaline auto-injectors) must **never** be locked away and must remain within immediate reach of the child.
- **Controlled Drugs:** Controlled drugs (as defined by the Misuse of Drugs Act 1971) must be stored securely in a locked cupboard, with only named authorised staff holding access. A detailed, legally compliant running log must record the quantity held, the exact amount administered, the date, time, and the signatures of the administering staff member and a witness.

7.0 Record Keeping

Christ Church will maintain a contemporaneous, centralised written record of all medicines administered to individual children. Each entry must state:

- The exact volume/dosage of the drug held by the school and the amount administered.
- The precise date and time of administration.
- The printed name and signature of the administering staff member.
- Any adverse side effects or refusals by the pupil.

Parents/carers will automatically be informed on the same day if medication has been administered or refused.

8.0 Emergency Procedures

- The emergency protocol for a pupil must be clearly detailed in their IHCP and displayed in a secure, semi-private area accessible to staff.
- If a pupil requires emergency hospital transfer, a trained staff member will accompany the child in the ambulance and remain with them until a parent or carer arrives.
- Staff must carry the child's IHCP, medical files, and any remaining personal medication to hand directly to the paramedics.

9.0 Educational Visits, Off-Site Activities, and PE

Christ Church will actively support pupils with medical conditions to participate fully and safely in day trips, residential visits, and sporting activities, making all reasonable adjustments rather than excluding them.

- **Risk Assessments:** The Trip Leader must complete a formal medical risk assessment prior to any off-site activity in direct consultation with parents/carers and relevant healthcare teams.
- **Contingency Plans:** Risk assessments must document precise contingency steps for medication transitions, localized emergency procedures, and staff ratios.
- **Medication Portability:** The Trip Leader is personally responsible for ensuring all relevant IHCPs, emergency medications, and logged controlled drugs are securely packed, accounted for, and assigned to a trained staff member before leaving the school grounds.

10.0 Explicitly Unacceptable Practice

To prevent institutional exposure to claims of negligence, breach of statutory duty, or unlawful discrimination under the Equality Act 2010, staff must **never** engage in the following practices:

- Assume that every pupil with the same medical condition requires identical clinical management or treatment.
- Prevent pupils from drinking, eating, or taking necessary toilet/medical breaks required to manage their condition effectively.
- Penalise a pupil for their attendance record if the absences are explicitly evidenced as related to their medical condition or clinical appointments.
- Require parents/carers, or make them feel obligated, to attend school or off-site trips to administer medication, manage toileting, or provide basic medical support.

- Prevent a child from participating in normal school activities, including lunch or break times, unless explicitly dictated as a necessary measure within their IHCP.

11.0 Incident Reporting, "Near Misses", and Procedural Learning Loops

Christ Church operates a transparent, proactive safety culture.

- Serious Incidents: Any medical emergency requiring an ambulance transfer, or any unprescribed administration of emergency rescue medication, must be logged immediately on the school's safeguarding management database and reported to the Governing Body and the Local Authority within 24 hours.
- Near Misses: A 'near miss' is defined as any operational breakdown where a pupil's medical needs or IHCP parameters were compromised, forgotten, or delayed, but caught before clinical harm occurred (e.g., an unlogged controlled drug, an misplaced emergency device, or a missed clinical checking window). All near misses must be reported directly to the SLT Medical Conditions Lead.
- Mandatory Review Trigger: The occurrence of any serious medical incident or near miss will automatically trigger an immediate, mandatory interim review of the individual pupil's IHCP and a systemic review of school-wide medical protocols to isolate and correct procedural vulnerabilities.

12.0 Complaints

Any complaints regarding the medical support provided to a pupil should be directed initially to the Headteacher. If the issue remains unresolved, parents/carers may trigger a formal grievance via the school's established **Complaints Policy**.