



## Supporting Students With Medical Conditions Policy

Approved and Adopted

Policy Author:	Business Manager
Approved by:	Full Governing Body
Approved date:	November 2025
Review date:	November 2026

<b>Name of Responsible Manager:</b>	<b>Kristy Gilkes</b>
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## Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of Cranbourne to make arrangements for supporting children at their premises with medical conditions. The Department for Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' which will be referred to when meeting this requirement.

Cranbourne will endeavour to ensure children with medical conditions are properly supported so they have full access to education, including school trips and physical education. The aim of this policy is to ensure all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so they can have a full and active role in school life, remain healthy and achieve their academic potential.

All medical information will be treated confidentially by the Headteacher and staff. All administration of medicines will be arranged and managed in accordance with the Supporting Students with Medical Needs Policy. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where students have a disability, the requirement of the Equality Act 2010 will apply.

Where students have an identified special need, the SEN Code of Practice will also apply.

We recognise medical conditions may impact on social and emotional development as well as having educational implications.

We will consult health and social care professionals e.g. CAMHS, Diabetic Nurse external to the school, where appropriate to ensure that the needs of children with medical conditions are effectively supported including children who are unable to attend school.

## Key Roles & Responsibilities

The **Governing Body** will ensure arrangements, reinforced by a robust policy, are in place to support students with medical conditions at Cranbourne.

The **Headteacher** will ensure the school's policy is developed and effectively communicated throughout the school. This includes ensuring:

- all staff are aware of the policy and understand their role in the implementation of the policy;
- where appropriate, staff are made aware of a student's medical condition;

- sufficient trained staff are available to implement the policy and deliver against individual healthcare plans, including in contingency and emergency situations;
- the development of individual healthcare plans;
- the school's nurse is aware of all students with medical conditions and will liaise with the school nursing services, where appropriate.

The designated senior manager will oversee the day to day administration of the policy.

**Teachers and Support Staff** will ensure they are familiar with this policy and subsequent procedures so they can respond accordingly when a student with a medical condition needs help or support.

The **School Nurse** will:

- support staff on implementing a student's individual healthcare plan;
- liaise with clinicians and parents to determine the appropriate support for the student and associated training needs for staff.

The **School Nurse/First Aiders** will:

- work alongside the designated senior manager, the school nursing service and parents/carers to provide day to day support for students with medical conditions;
- dispense medication in accordance with a student's individual healthcare plan;
- provide specialist medical support when trained to do so.

## **Local Arrangements**

### **Identifying children with health conditions**

Cranbourne will aim to identify children with medical needs on entry by working in partnership with parents/carers and previous schools during transition to senior school. A flowchart detailing the process can be seen in Appendix A.

As part of induction for new starters Cranbourne will electronically send a 'Medical Questionnaire to obtain the information required for each student's medical needs to ensure appropriate support arrangements are in place prior to the student commencing at school.

Where a formal diagnosis is awaited or is unclear, Cranbourne will plan to implement arrangements to support the student, based on the current evidence available for their condition. Cranbourne will ensure every effort is made to involve formal medical evidence and consultation with the parents/carers.

## Individual health care plans

We recognise that Individual Healthcare Plans (IHCP) are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. Parents/Carers will be asked to send existing IHCPs or these will be shared by the relevant service. If an IHCP does not exist the school nurse and parent or carer will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where a student requires an individual healthcare plan it will be the responsibility of the School Nurse work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carers, by a member of the school's staff or by a healthcare professional involved in providing care to the child. The School Nurse will work in partnership with the parents/carers, and a relevant healthcare professional e.g. Specialist or children's community nurse, who can provide advice on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within Appendix A 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by the DfE to record the plan. (Appendix B).

For other conditions e.g. anaphylaxis, diabetics, epilepsy we will use special templates. Please refer to the Allergy and Anaphylaxis policy for specific details on school allergy management. Appendix C outlines a template plan used by the diabetic nurses.

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and the education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The governing body will ensure that all plans are reviewed at least annually or earlier if evidence is presented that the student's needs have changed. All plans will be developed with the student's best interests in mind and ensure that the school assesses and manages the risks to the student's education, health and social well-being and minimise disruption.

### **Staff training**

All new staff will be inducted on the policy when they join the school as part of their *safeguarding induction*. Records of this training will be stored as part of the safeguarding training records.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions to include what their role is in implementing the policy. This training will be carried out as part of the safeguarding training provided to all staff and updated biennially or sooner where there is a fundamental change to the policy.

The awareness training will be provided to staff by meeting or inset.

We will retain evidence that staff have been provided the relevant awareness training on the policy by signature sheets.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

### **The student's role**

Where possible and in discussion with parents/carers, students that are competent will be encouraged to take responsibility for managing their own condition and associated procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a student who requires medication refuses to take the dosage which will normally be to inform the parent/carer at the earliest opportunity.

Where possible we will endeavour to ensure that students can carry their own relevant medical devices or have easy access to the medical room. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

## **Managing medicines on School Premises**

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring students are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a student's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers consent. In exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents, we will make every effort to encourage the student to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all parent/carer permission and when medicine is administered is in place at school.

The name of the student, dose, expiry and shelf life dates will be checked before medicines are administered and the lot number will be noted.

We 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, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a student to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual student is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on receipt of a completed consent form when joining the school. Where no consent has been given, a phone call will be made home to check if a non-prescribed medication can be issued to the student.

Where consent has been given, it is our policy to give age appropriate doses of paracetamol to secondary age children as described on the packet. We will check that they have not previously taken any medication containing paracetamol within the preceding 4 hours and only give one dose. We will not issue paracetamol after 2pm without contacting home.

We will never administer aspirin or medicine containing Ibuprofen unless prescribed by a doctor.

Any homeopathic remedies to be administered will require a letter of consent from the student's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic anaphylaxis (for more details regarding adrenaline pens, please see the Allergy and Anaphylaxis policy).
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hyperglycaemia

Other emergency medication i.e. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

### **Storage**

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in the fridge located in the medical room in a clearly labelled airtight container.

Students will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

### **Disposal**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged by the school.

**Medical Accommodation**

The medical room will be used for all medical administration/treatment purposes.

**Record keeping**

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of medicine administered to an individual child'. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

**Emergency Procedures**

Where a student has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other students in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another student.

Where a student is required to be taken to hospital, a member of staff will stay with the student until their parents arrive; this includes accompanying them to hospital by ambulance if necessary. All relevant medical information, care plans etc. that the school holds will be taken to the hospital.

**Day trips/off site activities**

We will ensure that teachers are aware of how a student's medical condition will impact on their participation in any off-site activity or day trip and that there is enough flexibility for all students to participate according to their own abilities by making reasonable adjustments.

We will consider what reasonable adjustments we might make to enable students with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. We will consult with parents and students and advice from the relevant healthcare professional to ensure that students can participate safely.

**Unacceptable practice**

Staff are expected to use their discretion and judge each student's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent students from easily accessing their inhalers, medication and administering their medication when and where necessary;
- assume that every student with the same condition requires the same treatment;
- ignore the views of the student or their parents; or ignore medical evidence or opinion (although this may be challenged);

- send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent students 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 child, 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 students from participating or create unnecessary barriers to students participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child.

#### **Liability and Indemnity**

Staff of the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.


#### **Complaints**

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


## Appendix A

### Process for identifying children with a health condition


Parent or healthcare professional informs school that a child has been newly diagnosed, or is due to attend school, or is due to return to school after a long-term absence, or that needs have changed. **This information will also be shared as part of the transition process between junior and secondary school.**




Once made aware, the School Nurse will begin to look at the information associated. Parents and Carers are welcome to make contact via [Medical@cranbourne.hants.sch.uk](mailto:Medical@cranbourne.hants.sch.uk) to request a meeting or to let us know details in advance (in cases of transition).



Where a child has an IHCP in place this will be taken into account and the School Nurse alongside parents/carers and the relevant healthcare professional will ensure that relevant measures are put in place to support the pupils appropriately. Where an IHCP may not exist the School Nurse will support in the formation of one (where necessary).



If any further training is required for staff supporting the pupil with their IHCP this will be organised and supported by the relevant healthcare professional



IHCP will be available on the pupils record to be reviewed by staff where necessary

## Appendix B

### Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


#### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


#### Clinic/Hospital Contact

Name

Phone no.


#### G.P.

Name

Phone no.


Who is responsible for providing support in school

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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:

Other information:

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

Who is responsible in an emergency (*state if different for off-site activities*):

Plan developed with:

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

Form copied to:

# Appendix C



## Individual Health Care Plan Educational Setting

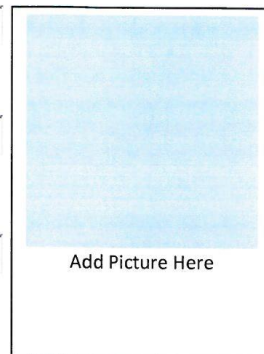
Children and Young People with Diabetes  
on Insulin Pumps

Name:

DOB:

School:

Year Group:



Date of Plan: 01/01/2018

Review Date: 01/01/2018

Name: School: Year Group:	Page   1
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**1. FAMILY CONTACT INFORMATION**

Name		
Relationship		
Telephone number	Home:	Mobile:
	Work:	
Email		
Name		
Relationship		
Telephone number	Home:	Mobile:
	Work:	
Email		
Paediatric Diabetes Nurse		
Telephone number		

**2. DESCRIPTION OF CONDITION AND DETAILS OF INDIVIDUAL TREATMENT**

- has **Type 1 Diabetes and Other**.
- manages his condition with a healthy diet, exercise and insulin.
- **Insulin** requirements as follows:
  - Insulin Pump Therapy
  - Other –
- Daniel will need to attend **clinic appointments** to review his diabetes.
- Appointments are every 3 months as a minimum, but may be more frequent.
- In accordance with **National Guidance**, school staff should be released to attend diabetes training sessions.

Name:	
School:	
Year Group:	

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### 3. BLOOD GLUCOSE MONITORING

The pupil has a blood glucose monitor, so they can test their blood glucose (BG). BG monitoring is an essential part of daily management, wherever possible the pupil should be encouraged to take responsibility for managing their own medicines and BG equipment in school. **THEIR EQUIPMENT MUST NOT BE SHARED AND SHOULD BE AVAILABLE TO THE PUPIL AT ALL TIMES – NOT LOCKED AWAY.**

*(Check which applies)*

Blood Glucose monitoring to be carried out by a trained adult.

This child requires supervision with Blood Glucose monitoring

This pupil is independent in Blood Glucose monitoring

Other -

This procedure should be carried out:

- In class or if preferred, in a clean private area with hand washing facilities.
- **Hands must be washed and dried prior to the test.**
- Blood glucose targets pre meal  mmol/L and  mmol/L 2 hours after meals.
- Lancets and blood glucose strips should be disposed of safely.

### 4. INSULIN ADMINISTRATION

*(Check which applies)*

Insulin to be administered by a trained adult

Supervision is required during insulin administration

The pupil is independent and can self-administer the insulin

The pupil will require variable amounts of acting insulin, depending on how much they eat and their blood glucose level. This will be calculated on the pump or the handset.

The Insulin Name is

Name:  
School:  
Year Group:



**5. SUGGESTED DAILY ROUTINE**

If any concerns or pupil feels unwell check BG level . 'TEST DON'T GUESS!!'

	Time	Notes
Arrive School		
Morning Break		
Lunch		
Afternoon Break		
School Finish		
Other		

Please refer to 'Home-School' Communication Diary

Please refer to School Planner

Name: School: Year Group:	Page   4
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### 6. SPORTING ACTIVITY/ DAY TRIPS AND RESIDENTIAL VISITS

Governing bodies within educational settings should ensure that risk assessments, planning and arrangements are clear to ensure this pupil has the opportunity to participate in all activities. School should ensure reasonable adjustments as required.

<p>Specific instructions:</p> <p><b>During contact sports or swimming, the pump should be disconnected (NEVER exceed 60 minutes.) Please keep safe whilst disconnected</b></p>	<p>Advice</p>
<p>PRE-EXERCISE</p>	<p>Advice</p>
<p>POST-EXERCISE</p>	<p>Advice</p>

<p>Name: School: Year Group:</p>	<p>Page   5</p>
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### 7. HYPOGLYCAEMIA



(‘Hypo’ or ‘Low Blood Glucose’)



BG: Below 4 mmol/l

INDIVIDUAL HYPO- SYMPTOMS FOR THIS PUPIL ARE:	<input type="checkbox"/> Pale	<input type="checkbox"/> Poor concentration	Other  
	<input type="checkbox"/> Sudden change of personality	<input type="checkbox"/> Sleepy	
	<input type="checkbox"/> Crying	<input type="checkbox"/> Shaking	
	<input type="checkbox"/> Moody	<input type="checkbox"/> Visual changes	
	<input type="checkbox"/> Hungry		

\_\_\_\_\_ may show the above symptoms if their blood glucose is low. If any of these symptoms are displayed check blood glucose immediately, or if the child or young person feels unwell.

- Check blood glucose to confirm hypo, and treat promptly.
- Do not send this pupil out of class unaccompanied to treat a hypo
- Call first aider to attend pupil if particularly unwell
- Hypos are described as either mild/moderate or severe depending on the individual’s ability to treat him/her.
- **The aim is to treat, and restore the BG level to above 4.0 mmol/L**

A hypo box should be kept in school containing fast acting glucose and longer acting carbohydrate. Staff and the pupil should be aware of where this is kept and it should be taken with them around the school premises, if leaving the school site, or in the event of a school emergency. It is the parent’s responsibility to ensure this emergency box is adequately stocked; independent pupils will carry their testing kit and hypo treatment with them.

**See Appendix 7a for Treatment of Hypoglycaemia for a Pupil on Pump Therapy**

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**8. HYPERGLYCAEMIA**



(‘Hyper’ or ‘High Blood Glucose’)

INDIVIDUAL HYPER-SYMPTOMS FOR THIS PUPIL ARE:	<input type="checkbox"/> Pale <input type="checkbox"/> Sudden change of personality <input type="checkbox"/> Crying <input type="checkbox"/> Moody <input type="checkbox"/> Hungry	<input type="checkbox"/> Poor concentration <input type="checkbox"/> Sleepy <input type="checkbox"/> Shaking <input type="checkbox"/> Visual changes	Other
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Children and pupils who have diabetes may experience high blood glucose (hyperglycaemia) when the blood glucose levels are above  mmol/L.

If the pupil is well, there is no need for them to be sent home, but parents/guardian should be informed at the end of the day that the pupil has had symptoms of high blood glucose.

**Blood Ketone Monitoring Guide:**

Blood Ketones may need to be checked as per Appendix 8a.

- **Below 0.6mmol/L**                      **Normal Range**
- **Between 0.6-1.5mmol/L**            **Potential problems – SEEK ADVICE from parents**
- **Above 1.5mmol/L**                    **High risk – SEEK URGENT ADVICE**

Additional information regarding blood ketone testing for this pupil	
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**See Appendix 8a for Treatment of Hyperglycaemia for a Pupil on Pump Therapy**

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## 9. ADDITIONAL INFORMATION

- School to be kept informed of any changes by the parent in this pupil's management.
- The pupil with diabetes may wear identification stating they have diabetes. These are in the form of a bracelet, necklace, watch or medical alert card.
- During exams, reasonable adjustments should be made to exam and course work conditions if necessary, this should be discussed directly with this pupil. This pupil should be allowed to take into the exam the following: blood glucose meter, extra snacks; medication and hypo treatment.
- Specific extra support may be required for the pupil who has a long term medical condition regarding educational, social and emotional needs.
- It is the parent's/carer's responsibility to monitor and restock all supplies in liaison with school staff.
- **Please use this box for any additional information**

Name:  
School:  
Year Group:



This Individual Health Care Plan has been initiated and updated in consultation with the pupil, family, diabetes specialist nurse and a member of staff from the educational setting.

Plan Approved By:	Name	Signature	Date
Pupil			
Parents/Guardians			
Diabetes Nurse Specialist			
School Representative			

### 10. Supporting Evidence

- *Supporting pupils at school with medical conditions; Department of Education, September 2014.*
- *NICE clinical guideline NG18: (type 1 and type 2) in children and young people, diagnosis and management; August 2015.*
- *Managing Medicines in School and Early Years Setting; Department of Health, 2005.*
- *ISPAD Clinical Practice Consensus Guidelines, 2014.*
- *Making Every Young Person with Diabetes Matter; Department of Health, 2007.*

The following should always be available in school, please check:

Hypo treatment: fast acting glucose	<input type="checkbox"/>	Insulin pen and appropriate pen needles	<input type="checkbox"/>
Glucagon gel / Dextroglucagon	<input type="checkbox"/>	Cannula and reservoir for pump set change	<input type="checkbox"/>
Finger prick device, BG monitor and strips	<input type="checkbox"/>	Spare battery	<input type="checkbox"/>
Ketone testing monitor and strips	<input type="checkbox"/>	Up to date care plan	<input type="checkbox"/>
Snacks	<input type="checkbox"/>	Sharps Box	<input type="checkbox"/>

### 11. Training Log

Name:	
School:	
Year Group:	

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Governing bodies within educational settings are responsible to ensure adequate members of staff have received suitable training.

Staff Name (print & sign)	Training Delivered	Trainer	Date

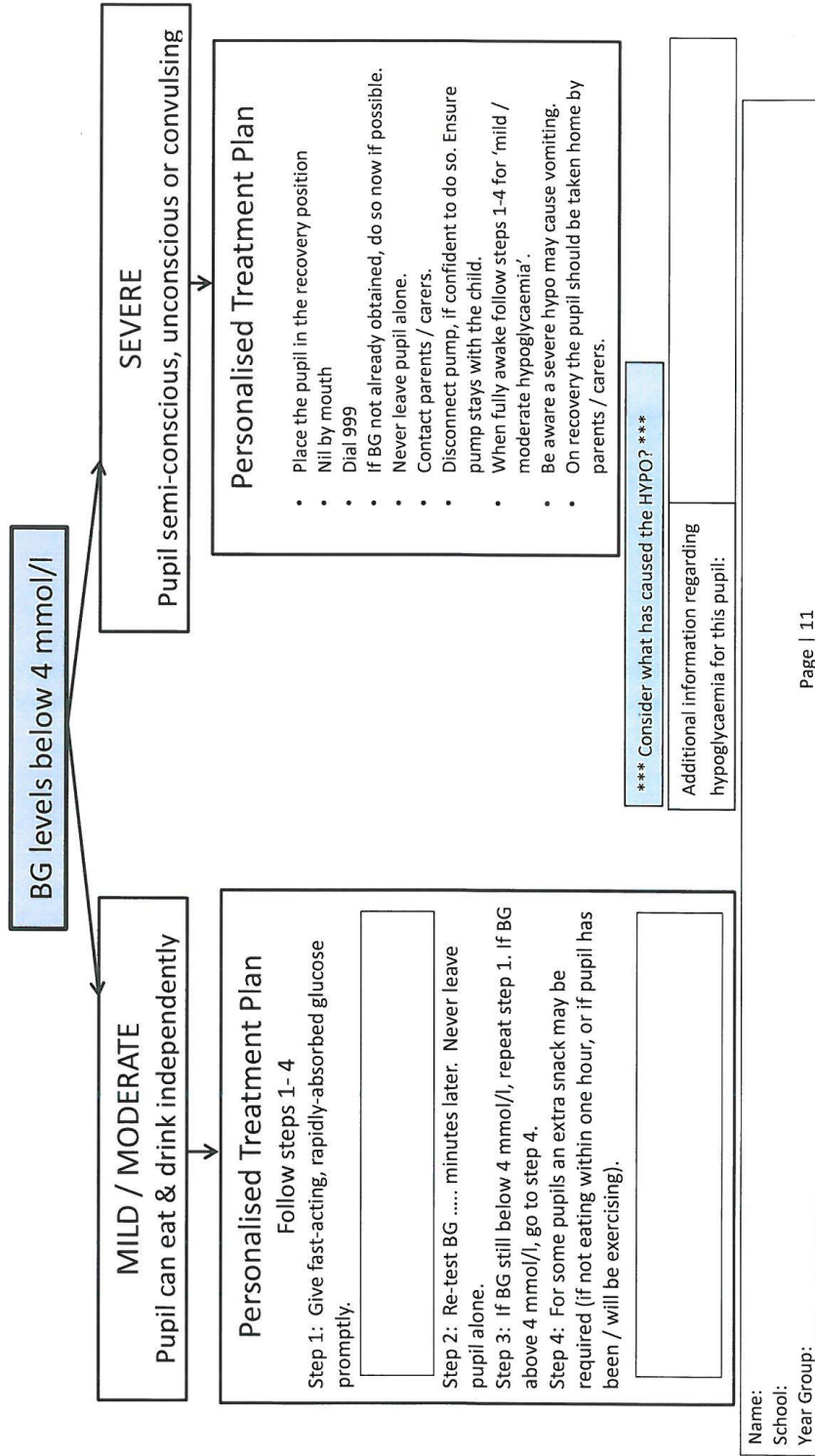
Authors: Hampshire Hospitals NHS Foundation Trust, University Hospital Southampton NHS Foundation Trust, Portsmouth Hospitals NHS Trust, Dorset County Hospital NHS Foundation Trust, Isle of Wight Healthcare NHS Trust, Poole Hospital NHS Trust, Salisbury NHS Foundation Trust.

Adapted from National Network HCP – July 2001

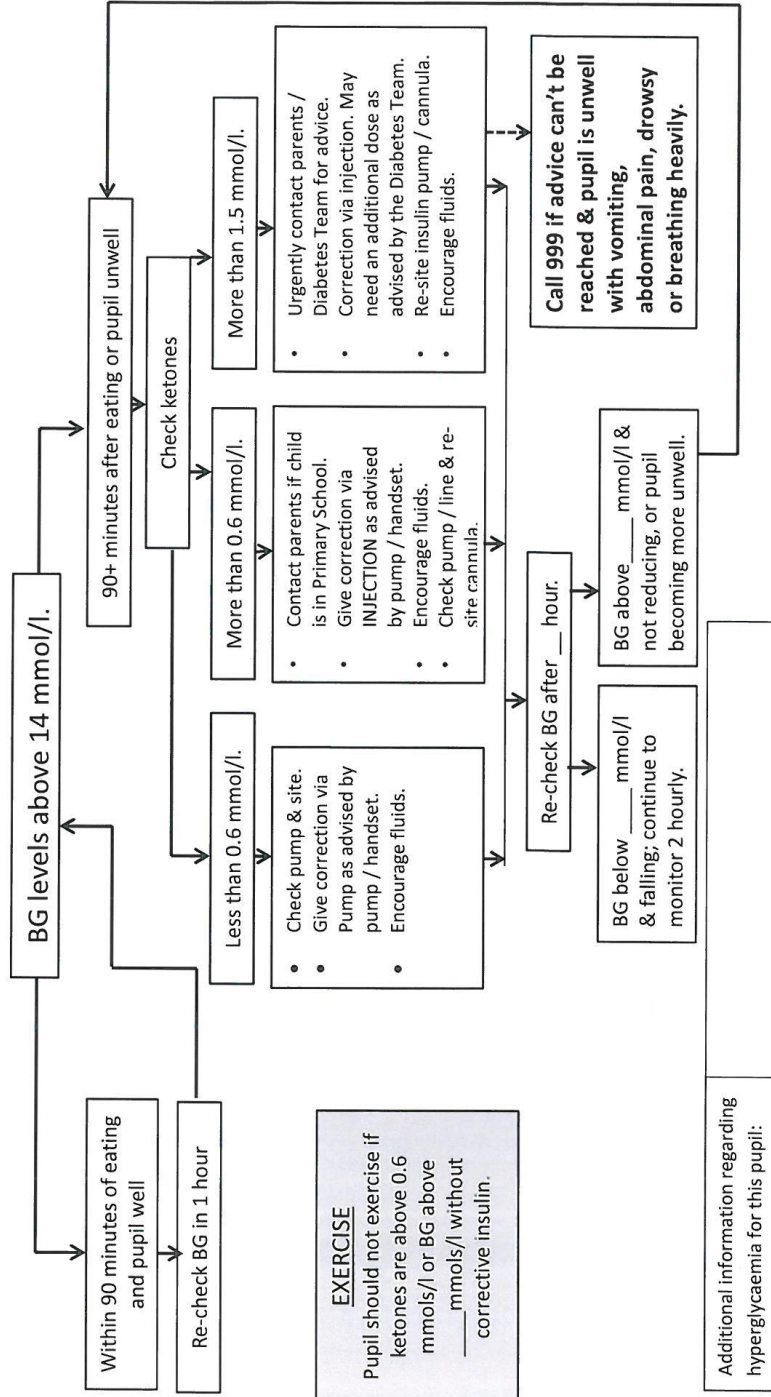


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7a. Treatment of Hypoglycaemia for a pupil on Pump Therapy



8a. Treatment of Hyperglycaemia for a pupil on Pump Therapy



**EXERCISE**  
Pupil should not exercise if ketones are above 0.6 mmols/l or BG above \_\_\_ mmols/l without corrective insulin.

Additional information regarding hyperglycaemia for this pupil:

Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Year Group: \_\_\_\_\_