**Poplar Farm School**
**Supporting Pupils with Medical Conditions – Part 2**

*Article 24 – Every child has the right to the best possible health and appropriate healthcare.*

*Article 3 - The best interests of the child must be a primary consideration in all decisions affecting them.*

*Article 2 - Children must not be discriminated against because of a medical condition or disability.*

## School context

Poplar Farm School is a primary school for pupils aged 4–11 and is part of Community Inclusive Trust. The school provides on-site education, PE, enrichment, educational visits and wraparound provision through Poplar Pioneers. This Part 2 applies whenever a pupil is in the care of the school, including school-led activities before and after the normal school day.

Poplar Farm is committed to a culture in which every pupil is known as an individual and is able to participate safely and successfully. Medical needs may be short-term, long-term, complex or fluctuating and may include physical and mental health conditions.

The school will work with parents/carers and the relevant healthcare professionals to determine safe arrangements, staffing, training, equipment and emergency procedures.

## Inclusion and Full participation in School Life

Poplar Farm will ensure that pupils with medical conditions are fully integrated into school life wherever this can be achieved safely. Medical needs will not be used as a reason to unnecessarily exclude a pupil from learning, PE, clubs, lunch, play, educational visits, residential activities or other enrichment.

- Reasonable adjustments will be made where required, in consultation with the pupil, parents/carers and relevant professionals.
- Staff will plan proactively so that medical needs can be managed during lessons, transitions, breaks, PE, trips and wraparound care.
- Attendance arrangements will take account of medical related absence and will not penalise pupils for absence caused by their evidenced medical condition.
- Where illness or hospitalisation affects learning, the school will plan appropriate support and reintegration.
- The pupil's privacy, dignity, wellbeing and voice will always be considered.

## Working with Parents, Career and Partner Agencies

The school will work in partnership with families and healthcare professionals depending on the pupil's needs.

Parents/carers are expected to:

- Inform the school promptly about a diagnosis, change in condition, medication, emergency arrangements or relevant health advice.
- Provide written medical evidence of diagnosis or medical conditions.
- Provide consent for medication and medical support.
- Provide medication/devices in accordance with the Trust policy, including appropriate labelling and expiry dates.
- Participate in IHP development and review.
- Provide spare medication where the agreed plan requires it.
- Remain contactable, or provide an agreed alternative contact.

The school will not wait for a formal diagnosis before putting reasonable interim support in place where there is sufficient information to do so.

The school will share information only with those who need it to keep the pupil safe and support their education, in line with data protection requirements.

**Information Gathering, Record Keeping and Information Sharing**

The Headteacher has overall responsibility for ensuring that the school's systems are compliant. Day-to-day checking will be delegated to an appropriate senior leader and the school office, with responsibilities clearly recorded.

When a medical condition is notified, the school will:

1. Gather relevant information from parents/carers and, where appropriate, healthcare professionals.
2. Determine whether an IHP is required and whether a risk assessment or reasonable adjustments are needed.
3. Record the pupil on the SEND register.
4. Ensure relevant staff receive the information needed for safe day-to-day support and emergencies.
5. Record medication consent, medication details, training and emergency arrangements.
6. Set review dates and update records when circumstances change.

Records will include, where applicable: SEND Register; IHPs and review records; parental consent; correspondence from healthcare/other professionals; medication records/MARs; staff training; incident and near-miss reports; educational visit risk assessments; and records of relevant communication.

The school office and SENDCo will maintain the central records. Paper records will be stored securely in a locked cupboard/ filing cabinet. Information needed in an emergency will be accessible to authorised staff in accordance with the school's information-sharing arrangements. The Headteacher will oversee compliance and ensure concerns are escalated. Staff must report changes, missing information or discrepancies promptly.

**Individual Healthcare Plans (IHPs)**

Poplar Farm will identify pupils who may require an IHP and will develop plans in partnership with the pupil, parents/carers and relevant healthcare professionals.

The class teacher will have responsibility for ensuring that IHPs are in place where required. The SENDCo will monitor ongoing compliance. The plans will be reviewed termly in partnership with parents/carers.

An IHP may include:

- Medical condition and relevant symptoms/triggers.
- Medication and treatment requirements.
- Emergency response and escalation arrangements.
- Reasonable adjustments and support needed in lessons, PE, breaks and visits.
- Self-management arrangements and the pupil's level of independence.
- Named/trained staff and cover arrangements.
- Equipment and emergency medication locations.
- Attendance levels.
- Parent/carer and healthcare professional contact details.
- Review date and arrangements for changes.

IHPs will be reviewed termly, and sooner where the pupil's needs change, following a significant incident or near miss, or where staff/parents/health professionals identify a concern. The current IHP will be communicated to relevant staff and transferred when the pupil moves school.

**Staff Training and Competency**

No member of staff will undertake a medical procedure or administer medication without appropriate training, authorisation/consent and demonstrated competence. A first-aid qualification does not replace condition-specific or procedure-specific training.

- All staff will receive appropriate awareness information about the medical needs represented in the school population.
- All staff will complete allergy awareness training in accordance with the CIT Allergy Safety Policy, including recognition of allergic reactions, emergency response and use of adrenaline auto-injectors where applicable.
- Relevant staff will receive asthma awareness.
- Staff supporting a pupil with a complex condition will receive condition-specific training identified through the IHP and advice from healthcare professionals.
- Training and competency records will be maintained centrally and reviewed before expiry/refresher dates.
- Cover arrangements, where possible, will be identified so that a pupil is not left without required support when a trained member of staff is absent.

Staff must engage with required training and report in writing if they do not feel competent or confident to undertake a task. The school will provide appropriate support and escalation.

**Administration of Medication**

Medication will be administered only in accordance with the CIT policy, written consent through completion of an ‘Administration of Medicine’ form, prescribing/administration instructions and the pupil's IHP where applicable.

Before accepting prescribed medication, staff will check that it is in date, clearly labelled, in the original pharmacy-dispensed container (subject to the Trust's stated exceptions), and accompanied by appropriate instructions.

When medication is administered, the school will complete a log on CPOMS detailing dosage and timings of administration. The staff member will complete checks: right pupil, right medication, right dose, right time.

Administration will be witnessed by a second member of staff in accordance with the Trust policy.

Medication will be administered discreetly and with dignity. Staff will never force a pupil to take medication. A refusal must be recorded and parents/carers informed as required.

**Emergency Medication: Use, Storage and Access**

Emergency medication must be immediately accessible in accordance with each pupil's IHP and risk assessment. It must not be stored in a way that creates an unsafe delay.

| Medication/type | School arrangement |
|---|---|
| Asthma reliever inhaler | Accessible immediately; kept in Emergency Grab Bags within the classroom. Taken with pupils whenever outside of the classroom, PE, playtimes and on educational visits. |
| Adrenaline auto-injector (AAI) | Accessible immediately; kept in Emergency Grab Bags within the classroom. Taken to lunch hall, playtimes, PE and educational visits. Spare AAI kept in the Studio. |
| Epilepsy rescue medication | Accessible immediately; kept in Emergency Grab Bags within the classroom. Taken to lunch hall, playtimes, PE and educational visits. |

Emergency medication will be checked for expiry, condition and availability as part of the school's routine medication checks. Spare AAI arrangements will follow the CIT Allergy Safety Policy and applicable guidance.

**Medication Disposal**

Expired, unwanted or discontinued medication will be returned to parents/carers. Sharps will be disposed of using appropriate sharps containers where required. Medication expiry dates will be checked termly in line with the IHPs.

**Over-the-Counter Medication**

Poplar Farm will only administer non-prescribed medication where the Headteacher/delegated senior leader has agreed that it is appropriate and all Trust requirements are met.

- Written, signed and dated parental consent is required.
- Medication must be in original packaging, clearly labelled with the pupil's full name and within its expiry date.
- Clear instructions must be provided for dosage and timing.
- Medication must be suitable for the pupil's age, weight and condition.
- Medication must not be used to enable attendance when the pupil is too unwell to attend or to mask a potentially serious illness.
- When medication is administered it will be recorded on CPOMS.

For paracetamol and ibuprofen, parents/carers must confirm the time and dose of the last administration before school. The school will not administer these medicines if the maximum daily dose has already been

reached, if the pupil appears significantly unwell, or if the medication has not been provided by the parent/carer. Repeated requests may trigger a review and consideration of an IHP.

**Transfer of Medication between home and school**

Medication brought into school must be handed to the designated school office/authorised staff member.

The school will ensure an 'Administration of Medication' form is completed and that medication is labelled and in date. At the end of the school year or when medication is discontinued, medication will be returned to the parent/carer.

Where medication is required during school transport, arrangements will be agreed with the Local Authority transport provider and recorded in the pupil's plan. Medication transferred for an educational visit will be checked before departure and returned/secured afterwards.

**Educational Visits, PE and Out-of-School Activities**

Before an off-site activity, the lead member of staff will check:

- Current IHP and relevant medical information.
- Required routine and emergency medication is present, in date and accessible.
- Named staff responsible for medical support are trained/competent.
- Emergency contacts are available.
- The activity risk assessment addresses the pupil's medical needs.
- Where needed, individual risk assessments will be completed.
- Transport arrangements and medication responsibilities are clear.
- A current first aider is present in accordance with school/Trust requirements, including paediatric first-aid arrangements for EYFS where applicable.

Emergency medication must travel with the pupil/activity in accordance with the IHP and risk assessment. Staff will not leave emergency medication behind because the activity is considered low risk.

**Hygiene, Illness, Hospitalisation and Reintegration**

*Basic hygiene and infection control*

- Staff will follow normal infection-control precautions, including effective hand hygiene.
- Disposable gloves will be used where appropriate when dealing with blood or body fluids.
- Contaminated materials will be disposed of appropriately.
- Spillages of blood/body fluids will be managed promptly in line with the appropriate infection control.

*When a pupil feels unwell*

- Take the pupil seriously and assess promptly.
- Refer to the IHP and follow agreed symptom thresholds and actions.
- Ensure prescribed/emergency medication is available without unsafe delay.
- Do not send a potentially seriously unwell pupil to retrieve medication alone.
- Seek medical assistance/999 where required.
- Contact parents/carers as appropriate and record the incident on CPOMS.

*Planned Hospital Admission*

Where a pupil is due to have planned hospital treatment, the school will work with the family, pupil and if applicable, healthcare professionals to plan absence, educational access and a safe return. If absence is expected to reach 15 days or more, the school will liaise with the Local Authority and hospital education services as appropriate.

*Reintegration after hospitalisation or significant absence*

The school will review the IHP, brief relevant staff, consider reasonable adjustments or a temporary modified timetable, support missed learning and consider the pupil's emotional wellbeing and social inclusion. The pupil's voice will be considered throughout.

*Welfare following a serious incident*

Following a serious medical incident, the Headteacher will consider support for the pupil, family, staff involved and other pupils who may have witnessed or been affected by the event. The school will review arrangements with the pupil and parents/carers and provide staff with appropriate opportunities to reflect and access support.

*Child death*

In the tragic event of a pupil death, the school will follow CIT safeguarding and critical-incident procedures and relevant statutory guidance. The school will support pupils, staff and the bereaved family, preserve evidence where required, and cooperate with police, coroner and other agencies.

**Pupil Participation and Self-Management**

Poplar Farm will support pupils to be active partners in their medical care in an age- and stage-appropriate way.

- Pupils will be involved in discussions about their support where possible.
- Pupils will be encouraged to tell a trusted adult when they feel unwell.
- Pupils will be taught to treat medication and medical equipment safely and respectfully.
- Pupils will know how to access adult help quickly in an emergency.
- Where safe and appropriate, pupils will develop independence in carrying or self-administering medication in accordance with their IHP and risk assessment.
- Staff will balance growing independence with appropriate supervision and safeguarding.

**Serious Incidents and Near Misses**

All staff must report suspected or confirmed medical incidents and near misses promptly to the Headteacher or delegated senior leader. Immediate safety takes priority.

For a serious incident, staff will:

7. Ensure the pupil's immediate safety and stay with them.

8. Monitor the pupil and call 999 where there is an immediate risk to life.
9. Inform the Headteacher or delegated senior leader immediately.
10. Seek medical advice where appropriate.
11. Preserve relevant evidence and do not retrospectively alter records.
12. Complete the required incident documentation.
13. Ensure parents/carers are informed as soon as practicable after immediate safety actions.

The Headteacher will determine the required investigation, escalation and reporting, including whether LADO, the Trust or RIDDOR processes apply.

The school will distinguish between a near miss (an error identified before harm occurs) and a serious incident (where significant harm, risk of significant harm, emergency treatment, hospitalisation or significant safeguarding/system failure is involved).

Lessons learned will be recorded on CPOMS and used to improve IHPs, risk assessments, staff training, medication arrangements and procedures. Staff mistakes will be considered fairly and constructively; the Trust policy recognises that carelessness, inadvertence or simple mistakes do not automatically amount to serious or wilful misconduct.

**Monitoring, Compliance and Reporting to the LSB/Trust Board**

The Headteacher will provide assurance to the Local School Board (LSB) through the school's governance reporting arrangements. The LSB will provide appropriate assurance to the Trust Board through CIT governance arrangements.

Monitoring will include, as appropriate:

- Number and review status of IHPs.
- Medication consent and MAR compliance.
- Staff training and competency compliance.
- Medical incidents and near misses, including lessons learned.
- Educational visit risk assessments and emergency medication checks.
- Reasonable adjustments and inclusion outcomes.
- Complaints and concerns relating to medical support.
- Actions arising from audits or policy reviews.

The Headteacher will ensure that significant concerns, repeated near misses or serious incidents are escalated promptly rather than waiting for the routine governance cycle.

**Unacceptable Practice**

Poplar Farm adopts the CIT Part 1 list of unacceptable practice. Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- Assuming that every child with the same condition requires the same support;
- Assuming that older children and young people do not require support related to their medical condition, even if they are able to take increasing responsibility for its management;

- Ignoring the views of the child or young person or their parents or carer;
- Ignoring medical evidence or the opinion and advice of healthcare professionals;
- Assuming that a child or young person does not have a medical condition because they do not yet have a diagnosis, for example while medical investigation is under way;
- Unreasonably requesting further medical evidence (e.g. from specialists);
- Discriminating against children or young people with medical conditions by sending them home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities or extracurricular activities, including lunch;
- Sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- Penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- Setting lower attendance ambitions for children or young people with medical conditions, for example by implementing sustained part-time timetables without review;
- Preventing children and young people from drinking, eating or taking toilet or other breaks whenever they need to, in order to manage their medical condition effectively;
- Preventing children and young people from resting or engaging in sustained physical activity where they have conditions which cause chronic pain or fatigue;
- Requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child, including with toileting issues. Parents and carers should not have their work or other responsibilities impacted because the school, college or setting is failing to support their child's medical needs
- Preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

**Complaints, Review and Document Control**

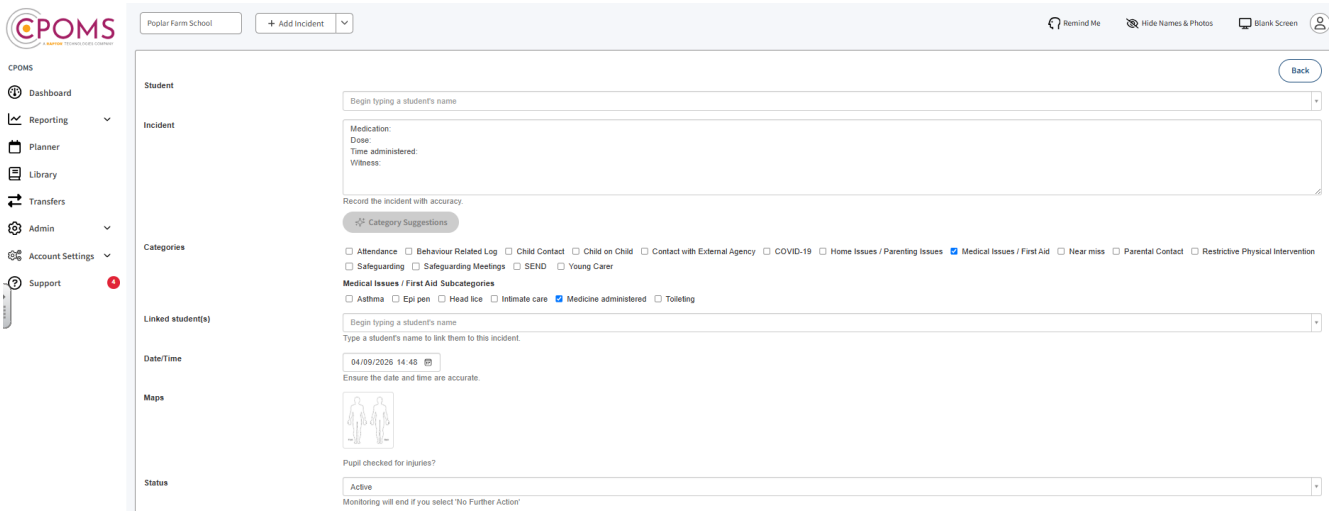
Concerns about medical support should be raised with the school in the first instance and will be managed under the school's complaints procedure where formal resolution is required. Serious incidents and near misses will be investigated and reviewed irrespective of whether a complaint is made.

| | |
|---|---|
| This policy was adopted on: | September 2026 |
| Review Cycle: | Annual |
| This policy was subsequently reviewed: | |

This Part 2 will be reviewed annually and sooner if there are changes to legislation/statutory guidance, a serious incident or pattern of near misses, significant changes to school arrangements, audit findings or learning from complaints.

## Appendix 1 – School Medication Administration Record (MAR)

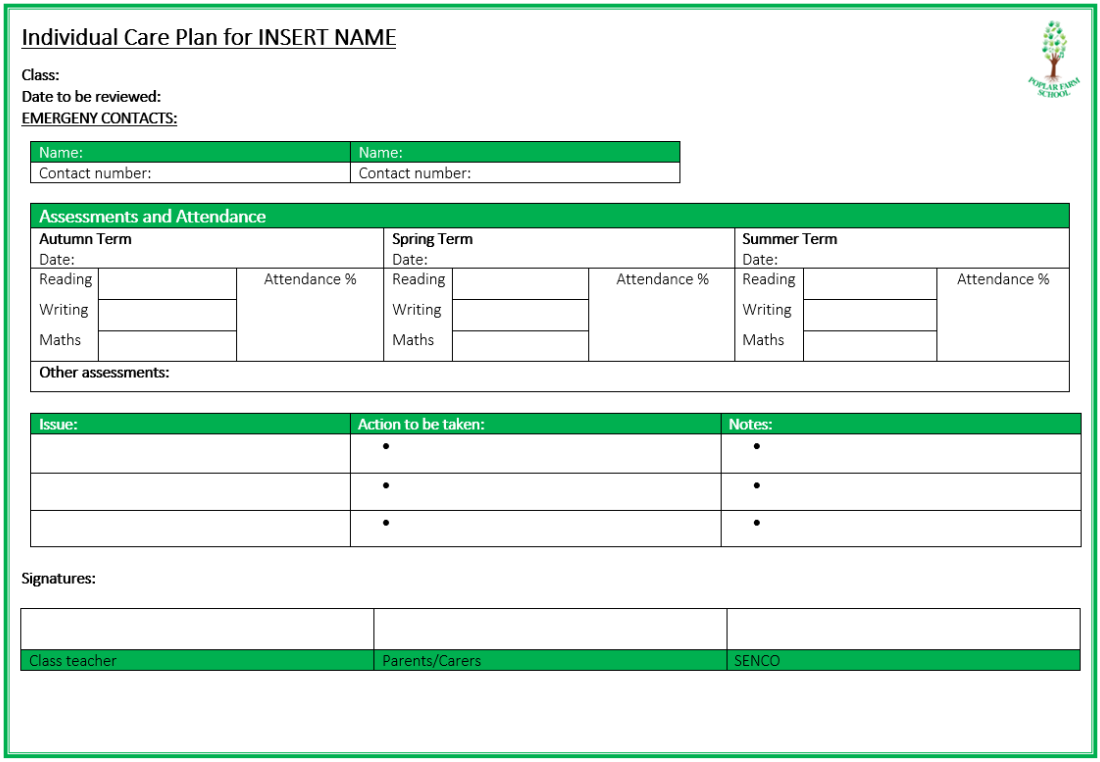
CPOMS is to be used to record administration of any medicine using the templated headings below.




If medication is refused, omitted, unavailable or administered incorrectly, record the event and follow the incident/near-miss procedure.

## Appendix 2 – Individual Healthcare Plan (IHP) Template

The school's IHP should be completed with the pupil (where appropriate), parents/carers and relevant healthcare professionals.



Individual Care Plan for INSERT NAME

Class:
Date to be reviewed:
EMERGENY CONTACTS:

| Name: | Name: |
|---|---|
| Contact number: | Contact number: |

| Assessments and Attendance | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Autumn Term Date: | | | Spring Term Date: | | | Summer Term Date: | | |
| Reading | | Attendance % | Reading | | Attendance % | Reading | | Attendance % |
| Writing | | | Writing | | | Writing | | |
| Maths | | | Maths | | | Maths | | |
| Other assessments: | | | | | | | | |

| Issue: | Action to be taken: | Notes: |
|---|---|---|
| | • | • |
| | • | • |
| | • | • |

Signatures:

| | | |
|---|---|---|
| Class teacher | Parents/Carers | SENCO |