"We Care."

Supporting Children with Medical Needs Policy

Persons Responsible: Scott Roche, Michelle Barrand, Petra Verkooijen

Policy review : November 2026

Review Period: Yearly (or after a significant change or incident)

Next Review: November 2027

Supporting Pupils at School with Medical Conditions

Introduction

The Children and Families Act 2014 places a duty on the Board of Trustees and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with medical conditions cannot be denied admission or excluded from school on medical grounds alone unless accepting a child in school would be detrimental to the health of that child or others.

Some children with medical conditions may be disabled. Where this is the case the Trust must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care plan(EHCP). For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice.

The aim of this document 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 play a full and active role and achieve their potential.

This policy will be reviewed annually and will be readily accessible to parents/carers and staff through the school website.

Policy Implementation

The overall responsibility for the successful administering and implementation of this policy is the Principal. They are responsible for ensuring that sufficient staff are suitably trained and will ensure these staff have effective plans to provide cover arrangements in case of staff absence or staff turnover and to ensure that someone is always available.

The Office Manager is responsible for the production of individual Health Care Plans (not SEND) and the SENCo is responsible for producing individual Health Care Plans (for children with identified SEND).

Class teachers are responsible for briefing cover staff and class support staff, risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of Individual Healthcare Plans.

All staff are expected to show a commitment to and awareness of children's medical conditions. New members of staff will be inducted into the arrangements.

Pupils with medical conditions

Pupils with long term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

Children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. Reintegration back into school will be properly supported so that pupils with medical conditions will fully engage with learning and not fall behind.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working arrangements and working in partnership will ensure that the needs of pupils with medical conditions are met effectively.

1. The Trust will ensure that the school develops and implements a policy for Supporting Pupils with Medical Conditions. It will ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions. It will ensure that the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.
2. The Principal will ensure that the school's policy is developed and effectively implemented with partners. They will ensure that all staff are aware of the policy and understand their role in its implementation. They will make sure that sufficient numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in emergency and contingency situations. The Principal has the overall responsibility for the development of Individual Healthcare Plans. They will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Principal will nominate a member of staff to contact the school nursing service in the case of any child who has a medical condition that may require support at school.
3. School staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
4. School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support at school. School nurses may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison.
5. Other healthcare professionals, including GPs and pediatricians notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.
6. Where appropriate, Pupils will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of their individual healthcare plan since they know best how their condition affects them. Other pupils in the school will be sensitive to the needs of those with medical conditions.
7. Parents/carers will provide the school with up-to-date information about their child's medical needs. They will be involved in the development and review of their child's individual healthcare plan. They will carry out any action they have agreed to as part of its implementation and ensure they or another nominated adult are contactable at all times.
8. The Local Authority should work with schools to support pupils with medical conditions to attend full time.
9. Health services can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at school.
10. Clinical Commissioning Groups (CCGs) should ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions.
11. Ofsted – Inspectors consider the needs of pupils with chronic or long-term medical conditions and also those of disabled children and pupils with SEND. The school will demonstrate that the policy dealing with medical needs is implemented effectively.

Procedures to be followed when notification is received that a pupil has a medical condition

The school will follow the correct procedures when it is notified that a pupil has a medical condition. The procedures will be in place to cover any transitional arrangements between schools / home and school, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support.

For pupils starting at the school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on available evidence which would normally involve some form of medical evidence and consultation with parents.

The school will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school will consider what reasonable adjustments it might make to enable pupils with medical needs to participate in school trips and visits or in sporting activities.

Individual Healthcare Plans

Not all children will require an Individual Healthcare Plan. The school, healthcare professional and parent will agree when a healthcare plan would be appropriate, based on evidence. If consensus cannot be reached, the Principal will take the final decision. A flow chart for identifying and agreeing the support a child needs and developing an Individual Healthcare Plan can be found at Annex A. Individual Healthcare Plans will often be essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

Individual Healthcare Plans will be accessible to all who need to refer to them, while preserving confidentiality. The plans capture the key information and actions that are required to support the child effectively. Where a child has SEND but does not have an (EHCP), their special educational needs should be mentioned in their Individual Healthcare plan (a template can be found at Annex B). Where a child has a special educational need identified in a statement or EHCP, the Individual Healthcare Plan should be linked to or become part of that statement or EHCP.

Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents and a relevant healthcare professional who can best advise on the needs of the child. Pupils will also be involved, whenever appropriate. Partners will agree who will take the lead in writing the plan however it is the responsibility of the school to ensure it is finalised and implemented.

The school will review plans at least annually or earlier if evidence is presented that the child's needs have changed.

Annex B provides a template for an Individual Healthcare Plan and the information that will be recorded on such plans.

Risk Assessments for Children with Complex Needs

The school recognises that some children with medical needs may also have complex needs requiring additional planning to ensure their safety and full participation in school life.

- **Individual Risk Assessment:**
  A risk assessment (Annex E) will be completed for any child whose medical condition or combination of needs may present additional risks during the school day, on trips, or during specific activities (e.g. PE, science, outdoor learning).
- Risk assessments will be carried out in collaboration with parents/carers, healthcare professionals, and relevant school staff to ensure a shared understanding of risks and appropriate control measures.
- The risk assessment will consider:
  - The child's medical condition(s) and any associated vulnerabilities.
  - Specific risks in relation to the school environment, curriculum activities, and extracurricular opportunities.
  - Emergency procedures and staff responsibilities.
  - Any required adjustments to staffing ratios, specialist equipment, or training needs.
- Risk assessments will be reviewed at least annually, or sooner if:
  - The child's needs change.
  - A significant incident occurs.
  - There are changes to school activities, environment, or staffing.
- Where appropriate, the outcomes of the risk assessment will be incorporated into the child's Individual Healthcare Plan to ensure consistency of care.

The purpose of these risk assessments is not to exclude children from activities, but to identify reasonable adjustments and ensure that they can participate safely and fully in school life.

Staff training and support

Any member of school staff providing support to a pupil with medical needs will receive suitable training. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

Healthcare professionals, including the school nurse can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The school will make arrangements for whole school awareness training so that all staff, including new staff, are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Parents can also contribute by providing specific advice.

The child's role in managing their own medical needs

Some children are competent to manage their own health needs and medicines. The school, after discussion with parents, will encourage such children to take responsibility for managing their own medicines and procedures. This will also be reflected within Individual Healthcare Plans.

Wherever possible and if appropriate, children should be able to access their medicines for self-medication quickly and easily. Those children who take their medicines themselves or manage their own procedures will require an appropriate level of supervision.

If a child refuses to take medicine or carry out a necessary procedure then they should not be forced by staff. The procedure agreed in the Individual Healthcare Plan should be followed and parents informed so that alternative options can be considered.

Managing medicines on the school premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 16 will be given prescription or non-prescription medicines without their parents' written consent
- A child under 16 should never be given medicines containing aspirin unless prescribed by a doctor
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. (The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pump, rather than in its original container)
- Medicines will be stored safely in the Infant office. Children should know where their medicines are at all times and be able to access them with the support of an adult. Where relevant, they should know who holds the key to the storage facility, who will be the Infant office First Aiders.
- Devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. These will be stored in the class bases where members of staff and child, with adult support, know how to access them. They follow the child during the day (lunchtimes, swimming, outdoor learning, etc.) to ensure speedy access at all times
- During school trips, the member of staff in charge of first aid will carry all medical devices and medicines required
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, however passing it on to another child for use is an offence. Monitoring arrangements may be necessary in such cases. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency.
- Staff administering a controlled drug must do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects should also be noted. These procedures are outlined in Annex C and Annex D.
- Sharp boxes should always be used for the disposal of needles and other sharps. When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Emergency procedures

As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed. A pupil taken to hospital by ambulance will be accompanied by a member of staff who will stay with the child until the parent arrives.

Unacceptable practice

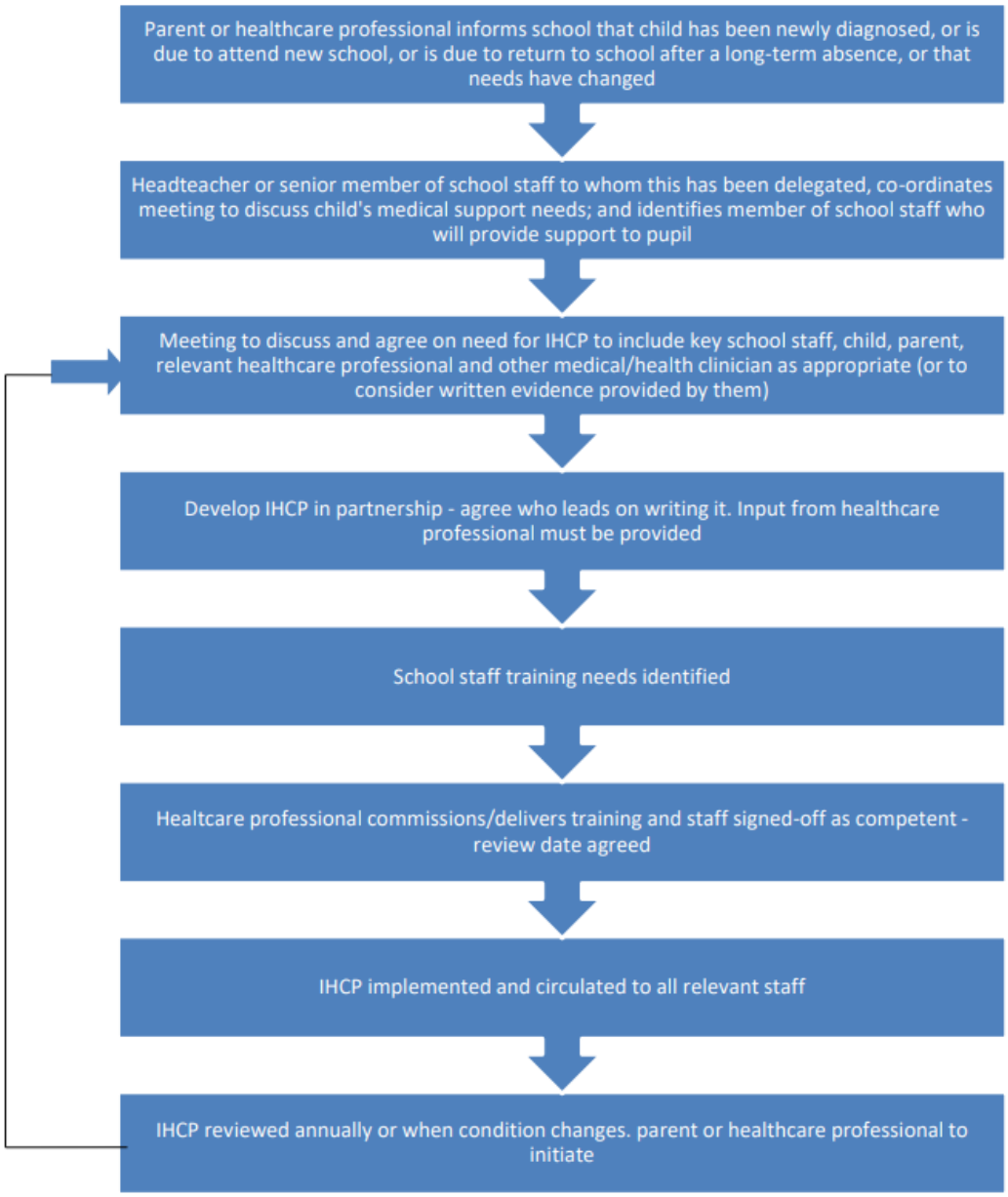
Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan, however it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary, with support from members of staff
- Assume that every child with the same condition requires the same treatment
- Ignore medical evidence or opinion (although this may be challenged) or ignore the views of the child or their parents
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the Individual Healthcare Plan
- If the child becomes ill send the child to the school office or medical room unaccompanied or with someone unsuitable
- 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 or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents or 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trip, e.g. by requiring parents to accompany the child

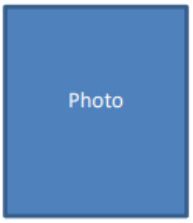
Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If the issue is not resolved, a formal complaint via the school's complaint procedure should be made. After other attempts at resolution have been exhausted, a formal complaint can be made to the Department for Education only if it comes under the scope of section 496/497 of the Education Act 1996.

Annex A: Model process for developing Individual Healthcare Plans



Annex B: Individual Healthcare Plan



Date: **Review date:**

Child's details

Name		**Date of birth**	
Year Group		**Class**	
Address			
Condition			

Family contact information

1. Contact name		**Relationship to child**	
Main phone number		**Additional phone number**	
2. Contact name		**Relationship to child**	
Main phone number		**Additional phone number**	

	Clinic/hospital contact		**GP**
Name		**Name**	
Role		**Name**	
Phone number		**Phone number**	

Who is responsible for providing support at school?	**First Aiders: Michelle Barrand, Tina Watty, Kerry Andrews**

Description of condition including details of pupil's individual symptoms

Description of what constitutes an emergency for the pupil:

Actions to be taken if this occurs:

Emergency medicine(s) ***(only to be administered by named and trained members of staff):***

Name and dose of medicine	
Named individual(s) who may give medicine	

Follow-up care:

Daily care requirements:

Specific support or equipment required (for medical, learning, social, emotional needs)

Activities that require special precautions, and how to manage

Arrangement for school trips

Other information

This plan has been agreed by:

Name:	**Signature:**
Role:	**Contact number:**
Name:	**Signature:**
Role:	**Contact number:**

Details of staff training required/undertaken

Individual Healthcare Plan (continued)

Annex C: Record of Medicine Administered to an Individual Child

Pupil's Name	
Class	
Date medicine provided by parent/carer	
Name and strength of medicine	
Quantity received	
Dose and frequency of medicine	
Expiry date	
Quantity returned	
Staff signature	
Parent/carer signature	

Date	Dose given	Time given	Name of member of staff	Staff initials

Annex D: Record of Medicine Administered to all Children

Class:……

Date	Pupil's name	Name of medicine	Dose given	Time given	Any reactions	Staff signature	Print name

ANNEX E – Template for Individual Risk Assessment

Risk Assessment Control Sheet

Assessor:	Date :	Ref Number :

Work Activity/Item Assessed

Persons at Risk •	**Property at Risk** No
Hazards Identified •	

Current Control Measures needed: •

Risk Rating Score

Severity		**Likelihood**	
Very Minor / Property	= 1	Unlikely	= 1
Minor / First Aid	= 2	Possible	= 2
Lost Time 3 Day Injury	= 3	Probable	= 3
Hospitalities	= 4	Likely	= 4
Death/ Irreparable Damage	= 5	Certain	= 5

Severity	**Likelihood**	**Total**
2	2	= 4

0 to 6 = Low Risk	***7 to 11 = Medium Risk***	***12 + = High Risk***

Please note if total is more than 12 please contact Health and Safety Department

Summary of Risk or Notes	**Other Risk Assessments Required** DSE, Manual Handling, COSHH, Young Persons, Expectant Mother, Fire Please Circle

New Control Measures Required:

Review Date:

Signed by assessor: Date:

Signed by staff: Date: