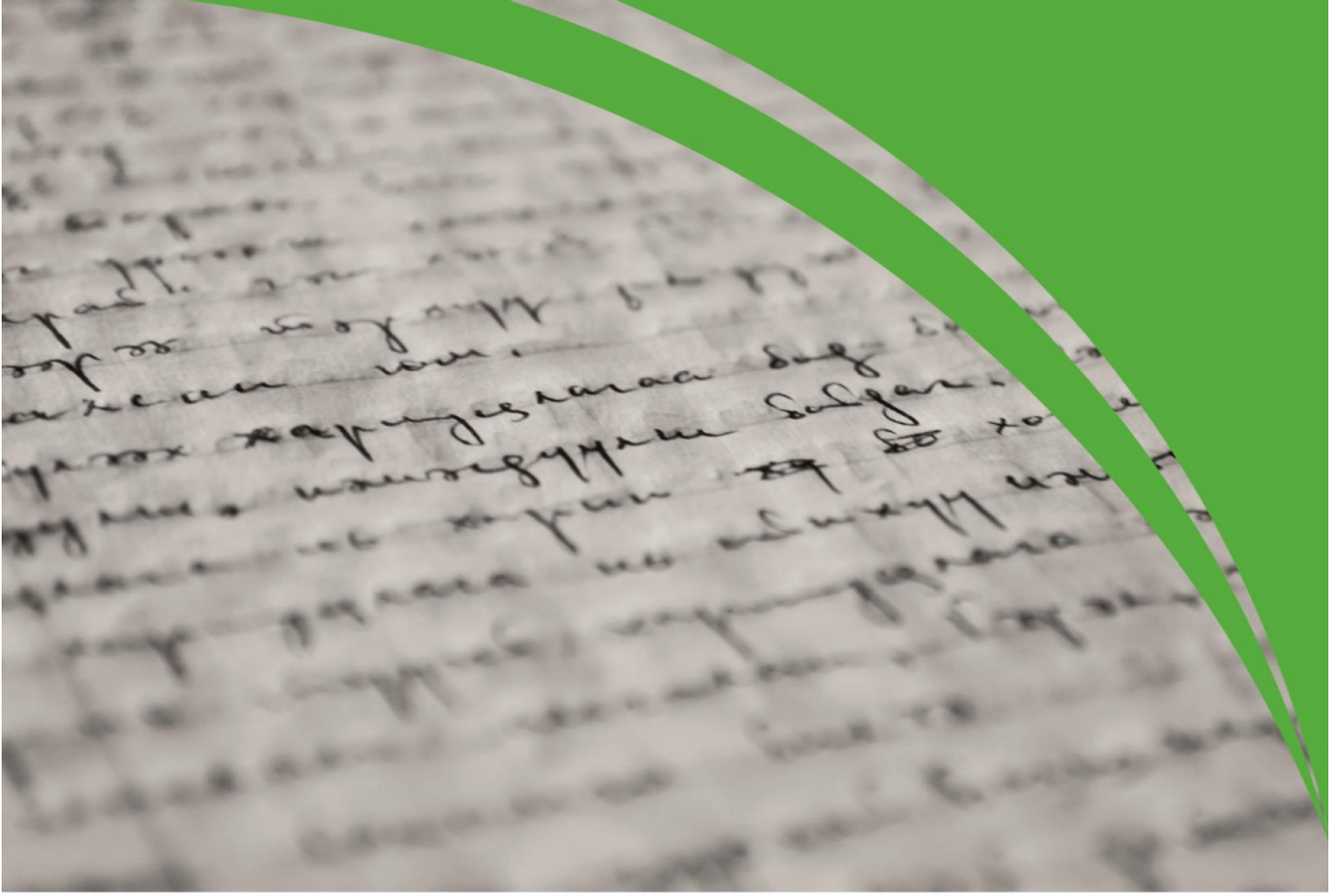


Supporting Children with Medical Conditions

Key Document Details

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Table of Changes

Version	Date	Page document	Change	Origin of Change e.g. Change in legislation, Policy review
2	01/08/2024	1	Change of Author and Owner	Policy review
		5	Added: Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including sporting activities and school trips, e.g. by requiring parents to accompany their child	Policy review
		7	Changed "Ensuring" to "Will seek assurance"	Policy review
3	01/09/2025	3	Explicit reference to statutory guidance	
		5	Transition arrangements	
		6	Governance clarity	
		6	Staff training	
		7	Individual Healthcare Plans (IHPs)	
		9	Record keeping	
		9	Complaints	
4	23/07/2026	Multiple	Added health-related absence arrangements, including the 15-day threshold, local authority liaison and reintegration planning.	Policy review
		Multiple	Added explicit allergy provisions, Allergy Action Plan expectation and spare adrenaline auto-injector arrangements.	Policy review
		Multiple	Added information sharing and special category health data wording linked to privacy notices.	Policy review / GDPR alignment
		Multiple	Added wellbeing, awareness, anti-bullying and post-incident support expectations for pupils with medical conditions.	Policy review / inclusion alignment
		Multiple	Added serious incidents and near misses section linked to health and safety procedures.	Policy review / operational clarity
		Multiple	Strengthened transition, new diagnosis and reintegration arrangements.	Policy review / operational clarity

Section 1 - Introduction

1.1 Statement

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Children with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. This policy complies with Section 100 of the Act and with the Department for Education statutory guidance Supporting pupils at school with medical conditions (December 2015). It should also be read alongside the Department for Education statutory guidance on arranging education for children who cannot attend school because of health needs, where relevant.

We will endeavour, where reasonable and practical, to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education, whilst also acknowledging that the schools are not specialist providers. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All staff have a duty of care to follow and co-operate with the requirements of this policy.

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

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

We recognise that medical conditions may impact social and emotional development as well as having educational implications. Allergy is a medical condition for the purposes of this policy. Where a pupil has an allergy, the school must also refer to the Trust/school allergy safety arrangements and ensure that any Allergy Action Plan is considered alongside the pupil's Individual Healthcare Plan where appropriate.

1.2 Aim and purpose

- To support children with medical conditions, so that they have full access to education, including physical education and educational visits
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for children who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records

1.3 Who it applies to

The policy applies to the individual children, their parent/carers, Headteacher, school staff, governing body and The Trust.

Section 2 - Introduction

2.1 Description

The Trust provides full access to the curriculum for every child wherever possible. We believe that children with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting children with medical needs, as follows:

Employees may:

- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including sporting activities and school trips, e.g. by requiring parents to accompany their child
- Choose whether or not they wish to be involved
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership any concern or matter relating to the support of children with medical conditions

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, other children in class).

Some children may also have special educational needs (SEN), or have an Education, Health and Care (EHC) Plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the SEND code of practice. For children who have a medical condition that requires an EHC Plan, compliance with the SEND code of practice will ensure compliance with the statutory elements of this policy.

2.2 Expectations

It is expected that:

- Parents will inform school of any medical condition which affects their child;
- Parents will supply schools with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container;
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible;
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual;
- The Trust and school will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler);
- School staff will liaise as necessary with Healthcare professionals and services to access the most up-to-date advice about a child's medical needs and will seek support and training in the interests of the child;
- Transitional arrangements between schools will be completed well in advance of a student moving between schools and key stages, in such a way that the school will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare. For pupils joining at the start of a school year, support arrangements should be in place for the start of term wherever possible. For a new diagnosis, mid-year admission or return from long-term absence, every effort should be made to put appropriate support arrangements in place within two weeks.

While school staff will use their professional discretion in supporting individual children, it is unacceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication

when and where necessary

- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parent
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons Associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues and intimate care. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Section 3: Roles and responsibilities

3.1 Trustees:

- Will seek assurance that the Trust's insurance arrangements provide appropriate cover for staff to act within and implement the policy.

3.2 Local Governing Body:

- The Local Governing Body must ensure that arrangements are made to support children with medical conditions, and that policies, procedures and training are implemented and reviewed. They must ensure that the school is compliant with statutory duties under the Children and Families Act 2014.
- Being aware of roles and responsibilities of all those involved in the arrangements to support children with medical conditions;
- Evidencing that the policy is fully implemented and staff are fully trained

3.3 Headteacher:

- Ensuring that all staff are aware of the policy for supporting children with medical conditions and understand their role in its implementation;
- Ensuring that all staff who need to know are aware of the child's condition;
- Ensuring that sufficiently trained members of staff are available to implement the policy and deliver against all individual health care plans, including in contingency and emergency situations;
- Ensuring the development of individual health care plans;
- Ensuring that the staff are appropriately insured and are aware that they are insured to support children in this way;
- Ensuring that the School Nurse Service is contacted in the case of any child who has a medical condition that may require support at the school, but who has not yet been brought to the attention of the School Nurse;
- Ensuring that relevantly trained staff are aware that they may be asked to provide support for children with medical conditions, including administering medicines, assisting with intimate care and toileting issues.

3.4 Teaching and Support Staff:

- Knowing what to do and responding accordingly when they become aware that a child with medical conditions needs help;
- Receiving sufficient and suitable training, updated regularly and kept under review, and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions e.g., for diabetes, epilepsy, anaphylaxis.

3.5 School Nurse:

- Notifying the school when a child has been identified as having a medical condition which will require support;
- Creating and supporting school staff in implementing a health care plan;
- Liaising locally with lead clinicians, parents and school staff on appropriate support.

Section 4: Procedures

4.1 Identifying children with health conditions

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers. We will use the Pupil Registration Form to obtain the information required for each child's medical needs in order to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to request some formal medical evidence and consultation with the parents.

The school will ensure that a pupil's health, and the health of others, is not placed at unnecessary risk, including where infectious disease or medical advice indicates that attendance would be detrimental.

4.2 Pupils with health needs who cannot attend school

Where a pupil cannot attend school because of health needs, the school will initially follow its usual attendance procedures and record absence appropriately while maintaining contact with the pupil and family.
Where it is clear that the pupil will be away from school for 15 days or more, either consecutively or cumulatively across the school year, because of health needs, the school will liaise with the local authority so that suitable education can be arranged in line with statutory expectations.

The school will work with the local authority, relevant medical professionals, parents/carers and, where appropriate, the pupil to support access to education during the absence and to plan a managed return.
When the pupil is considered well enough to return, the Headteacher or delegated senior member of staff will ensure that a reintegration plan is agreed and shared with relevant staff.

4.3 Individual health care plans

Individual Healthcare Plans (IHPs) must be developed for pupils where conditions are long term, complex or where emergency intervention is likely. They must be developed in consultation with parents, pupils (where appropriate), and health professionals. Plans must be reviewed at least annually, or sooner if the child's needs change.

We recognise that Individual Healthcare Plans 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. The school, healthcare professional and parents/carers will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the Headteacher to work with parents and relevant healthcare professionals to write the plan.

Where an individual healthcare plan is not required it will be the responsibility of the Headteacher to work with parents to agree in writing an appropriate level of support Where the pupil accesses home-to-school transport, the school should liaise with the local authority so that transport healthcare arrangements are consistent with the IHP where appropriate.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional. The Headteacher will work in partnership with the parents/carer, and a relevant healthcare professional. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, this individual plan will be linked to or become part of that statement or EHC plan.

Please see appendix 1 for the process of developing a health care plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Headteacher/individual responsible for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
  Where a pupil has an allergy, their Allergy Action Plan and/or Asthma Action Plan should be attached to, or stored with, the IHP as appropriate.

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with the child's parents/carers and nurse to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

4.4 Medicines

- The school will supervise the administration of medication for children who have long term medical needs. These children may have an Individual Health Care Plan (IHCP) that has been agreed by the school nurse, this includes children with asthma, epilepsy, diabetes and severe allergies.
- The school 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, dosage and storage
- All medication/inhalers will be kept in a locked cabinet within the school office/medical room. We do recommend that asthmatic children who have inhalers carry it with them at all times (for secondary children) and keep a spare in their classroom (for primary schools)/medical room for emergencies. Emergency medication and devices, including inhalers and adrenaline auto-injectors, must be readily accessible to pupils who need them and must not be stored in a way that prevents timely access in an emergency.
- First Aiders can only supervise the administration of any long-term medicine but in the event of a medical emergency, medication (if required) will be administered by a first aider in accordance with the individuals care plan (IHCP) if they have one.
    - Written Records of all medication administered within the school must be kept.
    - For non-prescribed medicines or prescribed medicines for short term medical conditions please refer to the child's school's procedures for managing medication as per HSF 4.4 Medication Risk Assessment.

4.5 Spare adrenaline auto-injectors (AAIs)

Schools may hold spare, clearly labelled AAIs for emergency use in line with current guidance and local procedures. Spare AAIs are for emergency use only and are not a substitute for a pupil's own prescribed AAI.
Where spare AAIs are held, they should be stored in a clearly marked, accessible and safe location known to relevant staff, separate from the general first aid kit, and checked regularly to ensure they remain in date.

4.6 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.
Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

4.7 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take medicine or carry out a necessary procedure if they refuse, but

will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

4.8 Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.
If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

4.9 Serious incidents and near misses

The Trust recognises that effective procedures cannot remove all risk. Serious incidents and near misses involving pupils with medical conditions will be treated seriously and managed in accordance with the school's health and safety, safeguarding and reporting procedures.
Following a serious incident or near miss, the school should review the pupil's support arrangements, including the IHP, staff training, communication and emergency procedures, and make any necessary changes.

4.10 Complaints

If parents or pupils are dissatisfied with the support provided, they should follow the school's complaints procedure. If concerns remain unresolved, they may escalate to the Local Governing Body and, ultimately, to the Department for Education.

4.11 Information sharing

A pupil's health information is special category data. The school will hold, use and share relevant health information only where necessary to keep the pupil safe, support inclusion and ensure that staff can meet the pupil's needs. Information will be shared with staff and relevant professionals on a need-to-know basis and processed in accordance with the Trust/school privacy notices and data protection procedures.

4.12 Support for wellbeing

The school will involve parents/carers and, where appropriate, the pupil, in developing and reviewing support arrangements. The school will also consider the pupil's educational, social and emotional needs when developing or reviewing an IHP.

The school will respond to bullying or stigma linked to a medical condition through its anti-bullying, behaviour and safeguarding procedures, and will consider appropriate support for pupils and families following any serious incident.

Section 5: Monitoring and Review

The Trust will review the content of this policy on an annual basis in line with its policy review process and statutory requirements.

The Policy owner will make and consult on any changes. These will be ratified by a designated Executive Director or CEO.

Changes will be updated on the Trust's website and disseminated to all schools.

Section 6: Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Allergy safety arrangements / allergy policy
Attendance policy
Anti-bullying policy
Data protection and privacy notices

Section 7: Local Conditions

This policy is to be adopted across the Trust and should be complied with by all schools. It is understood that, in some circumstances, local conditions mean that delivery will require local specific changes in the procedures by agreement with the Trust. However, the core essence of the policy must be followed. Local specific conditions are attached as an annex to the Terms and Conditions.

Appendix 1: Process for developing individual healthcare plans

