



# Supporting Students with Medical Needs Policy 2026

## **1. INTRODUCTION**

Endeavour Learning Trust (ELT) has a statutory duty in accordance with section 100 of the Children and Families Act 2014 to make arrangements to support students at school with medical conditions.

ELT believes it is important that parents/carers of students with medical conditions feel confident that the Trust provides effective support for their child's medical condition, and that students feel safe in the school environment.

The aim of this policy is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Students 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. Other students may require monitoring and interventions in emergency circumstances. Children's health care needs may also change over time in ways that cannot always be predicted sometimes resulting in extended absences. In order to provide effective support, schools will maintain close liaison with the local health services and listen to the views of parents and students.

Long term absences due to health problems affect children's attainment, impact on their ability to integrate with their peers, and, affect their general well-being and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Short term and frequent absences, including those for appointments connected with a student's medical condition also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general well-being.

Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. If this is the case ELT must comply with the duties of that Act.

Some children may also have special educational needs (SEN). If this is the case then ELT will also take into account the (SEND) Code of Practice. The ELT Equality Information & Objectives Statement (Public Sector Equality Duty) defines the Trust's commitment to ensure that equality of opportunity is available to all members of the Trust's community.

There are also social and emotional implications associated with medical conditions. Student's with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of students experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

To ensure that the needs of students with medical conditions are fully understood and effectively supported, staff consult with health and social care professionals, pupils and their parents/carers.

No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

Throughout this document the term Headteacher is used, but may be, for some schools, replaced with the term Executive Headteacher or their designated representative (usually a Head of School).

## **2. LEGAL FRAMEWORK**

This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- ELT Attendance Policy
- ELT Students With Additional Health Needs Attendance Policy
- ELT First Aid Policy

- ELT Whole School Policy For Safeguarding & Child Protection
- Special Educational Needs and Disability Policy
- ELT GDPR Data Collection Policy
- ELT Complaints Procedures

### **3. ROLES AND RESPONSIBILITIES**

ELT must ensure that children with medical conditions can access and enjoy the same opportunities at school as any other child. ELT will work with the local authority, health professionals and other support services to make sure that a full education is received. This will in some cases require flexibility and for example may involve part time attendance at school combined with alternative provision managed by the local authority. Consideration will also be given to how children will be reintegrated back into school after periods of absence in line with the ELT Students with Additional Health Needs Attendance Policy.

The focus is on the needs of each individual child and how their medical condition impacts on their school life. Arrangements made for each child will include an understanding of how the medical condition impacts on a child's ability to learn, as well as increase confidence and promote self-care. ELT have a responsibility to ensure that staff are properly trained to provide the support that students need.

Supporting a child with a medical condition is not the sole responsibility of one person. In order to provide effective support it will involve working cooperatively with other agencies. Partnership working between Trust staff, healthcare professionals (and where appropriate social care professionals) local authorities and parents and students is critical.

The Trustees and Local Academy Councils (LACs) are legally responsible for fulfilling its statutory duties under legislation and will:

- Ensure that arrangements are in place to support students with medical conditions.
- Ensure that students with medical conditions can access and enjoy the same opportunities as any other student at the school.
- Work with the LA, health professionals, commissioners and support services to ensure that students with medical conditions receive a full education.
- Ensure that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensure that the focus is on the needs of each student and what support is required to support their individual needs.
- Instils confidence in parents/carers and students in the school's ability to provide effective support.
- Ensure that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensure that no prospective student is denied admission to the school because arrangements for their medical condition have not been made.
- Ensure that students' health is not put at unnecessary risk. As a result, the board holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.

- Ensure that policies, plans, procedures and systems are properly and effectively implemented.

The Headteacher will:

- Ensure that this policy is effectively implemented with stakeholders.
- Ensure that all staff are aware of this policy and understand their role in its implementation.
- Ensure that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Consider recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensure that staff are appropriately insured and aware of the insurance arrangements.
- Contact the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

Parents/carers will:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.

Students will:

- Be fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Be sensitive to the needs of students with medical conditions.

School staff:

- May be asked to provide support to students with medical conditions, including the administering of medicines, but are not required to do so.
- Will take into account the needs of students with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Will receive sufficient training and achieve the required level of competency before taking responsibility for supporting students with medical conditions.
- Will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

The School Nurse:

- Will at the earliest opportunity, notify the school when a student has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.

- Liaises with lead clinicians locally on appropriate support for students with medical conditions.

Other healthcare professionals including GPs and paediatricians will:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

Providers of health services will co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The Local Authority (LA):

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for students with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

Where a student is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the student is unlikely to receive a suitable education in a mainstream school.

#### **4. IMPLEMENTING SUPPORT FOR STUDENTS WITH MEDICAL NEEDS**

All relevant staff will be made aware of the student's condition, kept up-to-date and ensure that the information is treated with the appropriate confidentiality.

Headteachers will ensure that resources are always available to assist if required (including cover arrangements).

Supply teachers will be informed of support needs.

Risk assessments for school trips, holidays and school activities will be undertaken.

Individual health care plans will be monitored and reviewed annually or when changes are made. The plan should have the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

## **5. PROCEDURE TO BE FOLLOWED WHEN ELT IS NOTIFIED THAT A STUDENT HAS A MEDICAL CONDITION**

Schools do not have to wait for a formal diagnosis before supporting a student but judgements about any support needed will be based on the evidence from a healthcare professional, usually the child's General Practitioner or Paediatric Consultant, and in consultation with parents.

Transition arrangements will be discussed with the primary school about appropriate support in the summer term of Year 6 to ensure arrangements are in place when the child starts. A new diagnosis or children moving into the school mid-term will have arrangements put in place within two weeks.

ELT however does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

## **6. INDIVIDUAL HEALTH CARE PLANS (IHCPs)**

The ELT Inclusion Manager is the focal point for the development of individual care plans in supporting students with medical needs in close liaison with the School Nurse and parents.

IHCP's should:

- Provide clarity about what needs to be done, when and by whom.
- Be essential for some students where their condition may fluctuate or that there is a high risk that emergency intervention will be needed.
- Be helpful where medical condition is long term and complex.

However, not all children will require an IHCP. School, the healthcare professional and the parent should agree based on evidence when an IHCP would be inappropriate or disproportionate. If a consensus cannot be reached the Headteacher will take the final view. A flow chart for identifying and agreeing the support a child needs and developing an IHCP is provided at Annex A.

IHCP's should capture key information and actions that are required to support the child effectively. The level of detail within the plan depends upon the complexity of the child's condition and the degree of support needed. Different children with the same health condition may require very different support. Where a child has special educational needs but does not have a Statement or an Education and Health Care Plan (EHCP) then their special educational needs should also be mentioned in their IHCP.

IHCP's can be initiated by school, or by a healthcare professional, usually the School Nurse, but will be done in consultation with the parent. Students should be involved where appropriate. School is responsible for ensuring that the IHCP is finalised and implemented.

Plans should be reviewed at least annually or earlier if evidence is presented to demonstrate that the child's needs have changed. School should develop the IHCP with the child's best

interests in mind and ensure that risks to the child's education, health and social wellbeing are assessed and managed with the minimum of disruption.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the ELT Inclusion Manager works with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate as per the ELT Students with Additional Health Needs Attendance Policy.

The following information should be recorded on the IHCP:

- the medical condition, its triggers, signs, symptoms and treatments;
- the student'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 student'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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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 child's medical condition from a health care professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child'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 student 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 child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## 7. STAFF TRAINING AND SUPPORT

Any member of staff who is required to provide support to a student will be identified during the development or review of individual healthcare plans. Staff may already have knowledge of the specific support needed by a child with a medical condition and so training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

Where formal training needs are identified, training will be arranged with accredited providers such as Lancashire County Council. In addition the following will apply;

- As required, teachers and support staff will receive training on the Supporting Students with Medical Conditions Policy as part of their new starter induction.
- Teachers and support staff will receive regular and ongoing training as part of their development. Whole school awareness training is generally undertaken at the start of each academic year.
- The clinical lead for this training is the School Nurse.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility. A First Aid certificate does not constitute appropriate training in supporting children with medical conditions.
- No staff member may administer drugs by injection unless they have received training in this responsibility.
- A record of training undertaken and a list of teachers and support staff who are qualified to undertake responsibilities under this policy.

## **8. CHILDS ROLE IN MANAGING THEIR OWN MEDICAL NEEDS (SECONDARY SCHOOLS ONLY)**

Following discussions with parents/carers and wherever possible, students who are competent to manage their own health needs and medicine should be allowed to carry their own medicines and relevant devices or be able to access for self-medication quickly and easily although some may require an appropriate level of supervision. This is reflected in their IHCP.

If a child refuses to take medicine staff should not force them but follow the agreed procedure in the IHCP. Parents should be informed so that alternatives can be considered.

## **9. MANAGING MEDICINES ON ELT SCHOOL PREMISES**

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours. If this is not possible, prior to staff members administering any prescribed medication, the parents/carers of the child must complete and sign a Parental Agreement for School to Administer Prescribed Medicine form (Annex B). If this form is emailed to school a follow up phone call will be made.

Prior to staff administering any non-prescribed medication, e.g. Paracetamol for pain relief, the parents/carers of the child must complete and sign the declaration on the Data Collection Sheet or appropriate consent form.

Parents will be also be contacted by phone prior to medicine being administered so it is essential that school hold up to date phone numbers.

All medicines should be delivered personally to the school.

No student will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstance, for example, where the medicine has been prescribed to the child without the knowledge of the parents.

Where a secondary school student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.

No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

Medicines must be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered. It is the parent's responsibility to ensure that medicines provided are in date.

Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence.

Medications will be stored in a lockable cabinet under the supervision of a designated member of staff.

Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the lockable cabinet.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children. This is particularly important when outside of school premises, e.g. on school trips.

Any medications left over at the end of the course will be returned to the child's parents as it is their responsibility to dispose of.

Written records will be kept of any medication administered to children.

Students will never be prevented from accessing their medication.

ELT cannot be held responsible for side effects that occur when medication is taken correctly.

Schools securely store asthma inhalers for emergency use and their use is recorded.

Where a pupil has been prescribed an adrenaline auto-injectors (AAIs)/adrenaline pens, this will be written into their IHP.

Students who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession. For students under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and central location.

## **10. AVOIDING UNACCEPTABLE PRACTICE**

ELT understands that the following behaviour is unacceptable:

- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the student and/or their parents.
- Ignoring medical evidence or opinion.
- Sending students home frequently or preventing them from taking part in activities at school
- Sending the student to the appropriate member of staff unaccompanied if they become ill.
- Penalising students with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

## **11. EMERGENCIES**

Medical emergencies will be dealt with under the ELT First Aid Policy and local first aid procedures.

Where an Individual Healthcare Plan (IHCP) is in place, it should detail what constitutes an emergency and what to do in an emergency. Students will be informed in general terms of what to do in an emergency such as telling a teacher.

If a student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## **12. INSURANCE**

Teachers and support staff who undertake responsibilities within this policy are covered by the school/academy's insurance under the Public Liability section of the policy.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the Headteacher.

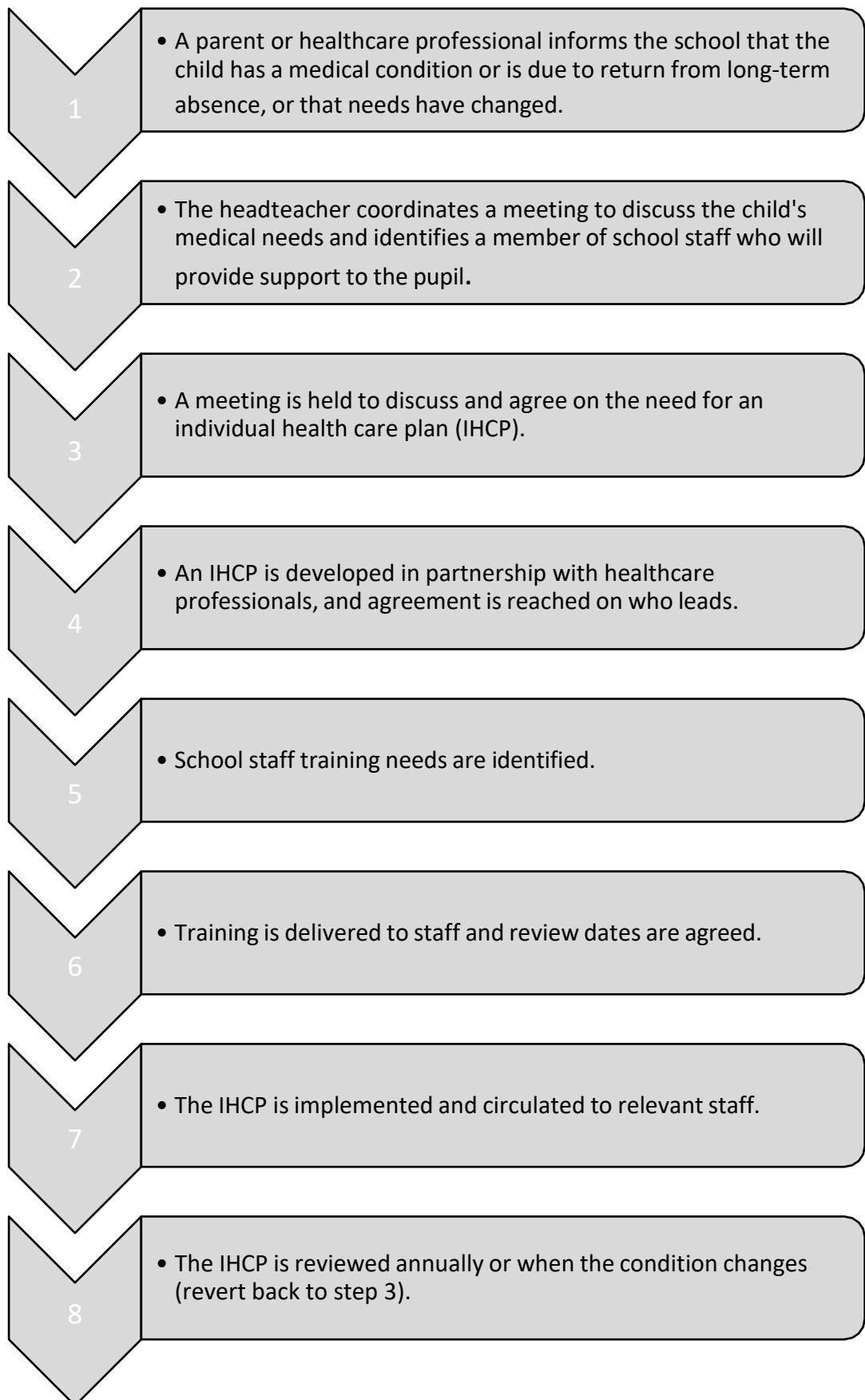
## **13. COMPLAINTS**

Parents/carers wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance. Details of how to make a complaint is set out in the ELT Complaints Procedures which can be found on the ELT and school websites.

**14. POLICY REVIEW**

This policy is reviewed annually by the Trust Leader/CEO and Chair of LACs.

**Annex A      Process for Developing Individual Health Care Plans (IHCP)**



**Annex B Parental Agreement For School To Administer Prescribed Medicine**

ELT staff will not give your child medicine unless you complete and sign this form,

Date for review to be initiated by	
Name	
Tutor	
Medical condition or illness	
<b>Medicine</b>	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – yes/no	
Procedures to take in an emergency	
<b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>	
<b>Contact Details</b>	
Name	
Telephone	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to school.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Annex C Record of Medicine Administered to an Individual Student**

Name of child	
Date medicine provided by parent	
Tutor	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

**Either**

Signed Permission for School to Administer Non-Prescribed Medicine received (Data Collection Sheet)

Yes / No

**Or**

Signed Parental Agreement for School to Administer Prescribed Medicine Form received

Yes / No

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

Date									
Time given									
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Name of member of staff									
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