



# Supporting Pupils with Medical Needs Policy 2025-26

## Policy Review

This document will be reviewed in full by the Governing Body on an annual basis.

This document was formally approved by the Governing Body on. 10<sup>th</sup> December

2025.

Date of Review: December 2026

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## **Rationale**

The school has a duty under Section 100 of the Children and Families Act 2014 to make arrangements for supporting pupils at school with medical conditions. The governing body will ensure that arrangements are in place to support pupils with medical conditions in doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The governing body will ensure that arrangements give parents and pupils confidence in the school's ability to provide effect support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn as well as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that pupils need.

## **Purpose**

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission (see School Admissions Code 2012) or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governors do 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.

## **Long Term Conditions/Needs**

If a child has a long-term condition/medical need an Individual Healthcare Plan (IHP) will be completed to help school effectively support the child with their medical need. Any long term condition will need a letter detailing the condition and medication required from a medical professional to be provided for the school file.

## **Short Term Conditions/Needs**

Sometimes it is necessary for children to receive medication for short term illness or condition e.g. antibiotics. 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. If the medication is to be administered 4 times a day school will administer 1 dose once a 'Parental agreement for school to administer medication' form is completed with both parent/carer and a member of senior management. If medication is required 3 times a day we request that it is administered before school, after school and before bed as this allows sufficient time. If it is required at a specific time of day this needs to be clearly labelled by the dispensing pharmacist.

## **Individual Healthcare Plans**

Individual Healthcare Plans (IHP) will help school effectively support pupils with long-term medical conditions. They will provide clarity about what needs to be done, when and by whom.

(See appendix for template)

Plans will be drawn up in partnership between school, parents and a relevant healthcare professional e.g. School or Specialist Nurse where applicable. Pupils will be involved whenever appropriate.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Where a child has a special educational need identified in a statement or Educational Health and Care Plan (EHC), the individual Healthcare Plan (IHP) will be linked to, or become part of that statement or EHC.

### **Points considered when developing an IHP**

- The medical condition, its triggers, signs, symptoms and treatments.
- Specific support for the child's educational, social and emotional needs e.g. how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed. 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 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, or delegated person, for medication to be administered by a member of staff or self-administered by the child during school hours.
- Separate arrangements or procedures for school trips or other school activities outside of the normal school timetable that will ensure that the child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent of a 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.

## **Roles And Responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. School will work in partnership with healthcare professional, social care professionals, local authorities, parents and pupils.

### **Governing Body**

The governing body will make arrangements to support children with medical conditions in school and ensure that a policy is developed and implemented. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

### **Headteachers**

The Headteachers will ensure that:

- The school's policy is developed and effectively implemented with partners.
- All staff are aware of the policy and understand their role in its implementation.
- All staff who need to know are aware of the child's condition.
- There are sufficient trained numbers of staff available to implement the policy and deliver against all IHPs including in contingency and emergency situations.

### **School Staff**

- May be asked to provide support to children with medical conditions, including administration of medicines (although they cannot be required to do so).
- Will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions.

### **School Nurse**

Every school has access to school nursing services. They are responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school.
- Liaising with lead clinicians locally on appropriate support for the child and associated staff training needs.
- Providing advice and liaising with staff on the implementation of a child's IHP.

### **Other Healthcare Professionals including GPs and Paediatricians**

- They should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

### **Children**

- Will be fully involved in discussions about their medical support needs and contribute, and comply with, their IHP as appropriate.

**Parents**

- Will provide the school with sufficient and up to date information about their child's medical needs.
- Will be involved in the development and review of their child's IHP.
- Will provide medicines and equipment and ensure they, or another nominated adult, are contactable at all times.

**Local Authority**

The Local Authority should provide support, advice and guidance to support children with medical conditions to attend full time. Where children would not receive a suitable education at Alumwell Junior School because of their health care needs the LA has a duty to make other arrangements.

**Providers of health services**

Providers of Health Services should co-operate with school in providing valuable support, information, advice and guidance.

## Staff Training And Support

- The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained. However school may wish to choose to arrange training and ensure this remains up to date.
- Training will be sufficient to ensure that staff are competent and have confidence in their ability to support children. This includes an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- A record of staff training will be kept.
- **Staff will not give prescription medicines or undertake healthcare procedures without appropriate training – the training will be updated to reflect any IHP.**
- A first-aid certificate does not constitute appropriate training in supporting children with medical needs.
- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine.
- School will have arrangements in place for whole school awareness training regarding supporting children with medical conditions (e.g. inset days, induction arrangements) to help ensure that all medical conditions affecting pupils in the school are understood fully, this includes preventative and emergency measures so that staff can recognise and act quickly when a problems occurs.
- The family of a child will be key in providing relevant information to school staff about how their child's needs can be met.

## The Child's Role In Managing Their Own Medical Needs

- The governing body will ensure that arrangements are made, for children who are competent, to manage their own health needs and medicines. Such medication would include eczema cream where the child is capable of applying it themselves. This should be reflected in their IHP.
- Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Some children may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will be informed when the medication has not been administered for this reason.

## Managing Medicines On School Premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child will be given prescription medicines without their parent's written consent.
- 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 (exception to this is insulin, which must still be in date but may be available inside an insulin pen or a pump, rather than in its original container). **All**

**medications must be brought into school by the parent/guardian. Under no circumstances will school accept any medication off a child.**

- All medicines will be stored safely either in a lockable cupboard or medical fridge. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children both in their class and in the medical room (consideration of this will be taken when off school premises e.g. school trips).
- School will keep controlled drugs that have been prescribed for a pupil securely stored and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any dosage used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to whom it has been prescribed in accordance with the prescriber's instructions. School will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharp boxes will always be used for the disposal of needles and other sharps.

### **Record Keeping**

Written records will be kept of all medicines administered to children. Parents will be informed if their child has been unwell in school.

### **Emergency Procedures**

- Where a child has an IHP this will clearly define what constitutes an emergency and explain what to do including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school should know what to do in general terms such as informing a teacher immediately if they think help is needed.
- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives or accompany a child to hospital in an ambulance.

### **Day Trips, Residential Visits and Sporting Activities**

The Governing body will ensure that arrangements are clear and unambiguous about the need to support actively children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. School will make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician states that this is not possible. A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

## **Points For Consideration**

- School does not assume that every child with the same condition requires the same treatment.
- School will not send children with medical conditions home frequently, or prevent them from staying for normal school activities, unless this is specified in their IHP.
- If a child becomes ill, they will not be sent to the school office or medical room unaccompanied.
- School take into consideration hospital appointments when monitoring attendance.
- School does not prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- School will not require parents, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No parent will have to give up working because the school is failing to support their child's medical needs.
- School will not prevent children from participating in any aspect of school life, including school trips, by requiring parents to accompany.

## **Liability And Indemnity**

School has an Insurance Policy that provides liability cover relating to the administration of medication.

Any parents of pupils dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved parents may make a formal complaint via the schools complaints procedure.

The Headteachers will have overall responsibility that this policy is implemented and that risk assessments for school visits are undertaken.

The SENCO will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHP's are monitored.

## **Pupils unable to attend school due to health needs**

The majority of children's educational needs are best met in school, but for some children, at specific times, an education either in an alternative venue or at home may be appropriate.

Schools should make appropriate referrals to the Local Authority for pupils unable to attend school due to health reasons where it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative.

### **Ensuring children have a good education**

Teachers from the identified provider will educate pupils in alternative suitable venues, or, where appropriate, in the pupil's home. Before it is agreed that teaching can take place in the home, it will be necessary to carry out appropriate risk assessments. Close liaison with the pupil's school is essential and pupils should be kept informed about school activities and events.

The pupil will remain on the School roll and the School will be expected to arrange review meetings (normally every 6 weeks). Up to date medical evidence will be required. It is important to link with other agencies in order to support the pupil's educational opportunities and good multi-agency working is crucial.

Where support is agreed, there is an expectation that all parties will engage with and contribute to the agreed plan.

### **The School's role:**

- host and chair regular review meetings (normally every 6 weeks); produce action plans and distribute notes of these meetings;
- provide materials for an appropriate programme of work and work plans;
- maintain a plan, such as an Individual Education Plan, which records progress made towards a return to school;
- ensure all staff are kept informed;
- ensure appropriate arrangements, including entry and invigilation are made for all examinations;
- provide the pupil's academic attainment levels including any relevant examination requirements;
- make arrangements for SATs;
- assess coursework;
- facilitate career interviews;
- arrange work experience placements;
- provide a named teacher with whom each party can liaise (usually the SENCO);
- provide a suitable working area within the School, where necessary;
- be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration into school;
- ensure that pupils who are unable to attend school, are kept informed about school social events, are able to participate, for example, in homework clubs, study support and other activities;
- encourage and facilitate liaison with peers, for example, through visits and videos.

**The pupil's role:**

- be ready to work with the provider;
- be prepared to communicate their views;
- engage with other agencies as appropriate;
- prepare for reintegration as soon as possible.

**The parents' role:**

- commit to a plan of reintegration;
- be willing to work together with all concerned;
- provide early communication if a problem arises or help is needed;
- attend necessary meetings;
- reinforce with their child, the value of a return to school.

**The provider's role:**

- liaise with the named person in school;
- liaise, where appropriate, with outside agencies;
- be sensitive to the needs of the child and family;
- provide a flexible teaching programme;
- provide regular reports on the pupil's progress and achievements;
- provide an opportunity for the pupil to comment on their report;
- ensure appropriate course work and any other relevant material is returned to school;
- work with the mainstream school and Education Welfare Service (EWS) where appropriate to ensure good attendance whilst with the provider;
- attend review meetings;
- help set up an appropriate reintegration programme at the earliest opportunity as soon as the pupil is ready to return to school.

**Health Services role:**

- offer medical treatment and advice where appropriate.

**Other involved agencies, for example Social Services, Child and Adolescent Mental Health Services:**

- work, with others, for the benefit of the pupil;
- attend review meetings if possible;
- provide written reports where necessary;
- give appropriate advice and support.