



## **Supporting Pupils at School with Medical Conditions Policy**

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## RATIONALE AND CONTEXT

NWLJDS is an inclusive community that welcomes and supports pupils with medical conditions. The school aims to provide all pupils with any medical condition the same opportunities as their peers.

The 2014 statutory guidance states that:

- ❖ Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- ❖ Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- ❖ Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- ❖ The aim 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 in school life, remain healthy and achieve their academic potential.

### Definitions of Medical Conditions:

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in activities because they are on a course of medication.
- Long-term potentially limiting their access to education.

## PROCEDURES TO BE FOLLOWED WHEN THE SCHOOL IS NOTIFIED THAT A PUPIL HAS A MEDICAL CONDITION

- A meeting is held between the parents and relevant staff (staff members may include welfare assistant(s), class teacher, teaching assistant(s), SENCo, senior staff member(s), kitchen manager).
- Where a healthcare plan is required, the welfare assistant will contact the school nurse to arrange a meeting with the parent for this purpose.
- Information is to be recorded in the child's personal file and shared with relevant staff.
- In the case of **life-threatening** conditions, details will be made available to all staff (displayed in staffroom, classroom, lunch hall if necessary).
- The SENCo will oversee points of transition within the school so that information is transferred to the relevant people when a child with medical needs moves school, or if the child's medical needs change.
- In cases such as **new diagnosis** or **children moving** to the school mid-term, every effort will be made to ensure that arrangements are put in place within **two weeks**.
- The statutory guidance states that schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference in opinion, judgements will be made about what support to provide

based on the available evidence. This will normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, every effort will be made by the school to ensure that the right support can be put in place.

## **INDIVIDUAL HEALTH CARE PLANS**

(THE ROLE OF INDIVIDUAL HEALTH CARE PLANS, AND WHO IS RESPONSIBLE FOR THEIR DEVELOPMENT, IN SUPPORTING PUPILS WITH MEDICAL CONDITIONS).

Individual health care plans can help to ensure effective support of pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases 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 parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual health care plan is provided in Appendix A.

Individual health care plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

The health care plan will be informed by medical professionals and drawn up by the school's welfare officer, SENCo and parents. These are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. If a child has an EHCP, the health care plan should be included into the EHCP under Section B.

Appendix B provides a template for the Individual Health Care Plan but it is a necessity that each one includes:

- 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 the condition, dietary requirements and environmental issues e.g. crowded/noisy conditions, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, how absences might 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 (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 healthcare professional; and cover arrangements for when they are unavailable.

- who in school needs to be aware of the child's condition and the support required;
- arrangements for written permission from Parents/Carers 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 child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the Parents/Carers or 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 Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the school's responsibility to write or review.

### **THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily: these will be stored in the cupboard in the Medical Room to ensure that safeguarding of other children is not compromised. The school also recognises that children who take their own medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them. If a child refuses medicine, then the parents/carers will be informed.

### **HOW STAFF WILL BE SUPPORTED IN CARRYING OUT THEIR ROLE TO SUPPORT PUPILS WITH MEDICAL CONDITIONS AND HOW THIS WILL BE REVIEWED.**

- On the basis of identified needs, in-school training will be provided both at whole school level and for relevant members of staff in respect of medical conditions. For example, all staff will receive Epipen and Asthma training, while relevant staff receive training to support a pupil with diabetes.
- Contact will be maintained with health professionals and parents to answer any questions or concerns that staff may have. Any member of school staff providing support to a pupil with medical needs will receive suitable training. The school nurse or other relevant healthcare professional will advise on the type and level of training and how this can be accessed.
- Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

## HOW STAFF TRAINING NEEDS WILL BE ASSESSED, ARRANGEMENTS FOR WHOLE-SCHOOL AWARENESS AND INDUCTION ARRANGEMENTS FOR NEW STAFF

- Records of staff training will be kept on the Single Central Record (SCR) by Jolene Werners. These records will be reviewed regularly and top up training will be provided as required for staff who join the school or may have missed relevant training.
- When medical conditions new to the school are identified, the welfare assistants, in consultation with healthcare professionals, will source training for the whole staff or relevant staff as appropriate.

## PROCEDURES FOR MANAGING MEDICINES

Procedures for managing medicines follow the guidance set out in [Managing medicines in schools and early years settings](#) Ref: DFES-1448-2005

- 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 under 16 should be given prescription or non-prescription medicines without their parent or carer's written consent.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should 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 pen or a pump, rather than in its original container.
- All medicines will be stored safely in the Medical Room. 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 storage facility, which will be in the medical room. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away: these will be stored either in the medical room or in the clearly labelled classroom cupboards where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an in date inhaler in school at all times.
- During school trips, the first aid trained member of staff or member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should 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 of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

## WHAT SHOULD HAPPEN IN AN EMERGENCY SITUATION

In case of an emergency, staff members should follow the procedures detailed in the health care plan, if one is in place.

In the absence of a health care plan, they should follow the procedure outlined in the Staff Handbook. In classes where children have medical needs, pupils should be made aware of basic procedures to alert a member of staff in case of an emergency.

## **ARRANGEMENTS FOR SCHOOL TRIPS AND SPORTS ACTIVITIES**

Children with medical needs are identified on risk assessments for educational visits and sports activities, as is their supervision by a named accompanying member of staff. For residential trips a meeting may be held with parents to support appropriate provision on the trip. With advice from parents and/or health professionals, special provision may be made for accommodation or meals to support the child's medical needs. Adjustments may be made to the programme to make it accessible for individual needs.

## **UNACCEPTABLE PRACTICE**

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents/carers; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them 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/carers, or otherwise 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **INSURANCE ARRANGEMENTS (COVERING STAFF WHO PROVIDE SUPPORT TO PUPILS WITH MEDICAL CONDITIONS)**

Liability cover is provided automatically for members of staff administering medication to pupils. (Page 52 of the Education policy wording under 'You/your/yours' point (b)(iii) for clarification of the cover afforded.)

The School has procedures in place that ensure the necessary staff are fully trained to carry out the

administering and written records are kept of all medication that is kept on site and administered to pupils.

## **COMPLAINTS**

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

## **ROLES AND RESPONSIBILITIES**

While individual roles and responsibilities are defined, the school will aim to work in collaboration with others to fulfil the aims of this policy.

**The Governing Body:** The Governing Body must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They will ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. 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. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**The Headteacher:** The Headteacher will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition. The Headteacher will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans. He will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will ensure that contact is made with the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

**School staff:** Any member of 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. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**School nurses:** The 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. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support



children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

**Other healthcare professionals, including GPs and paediatricians:** should 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. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

**Pupils:** Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

**Parents:** Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Local Authorities:** Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

**Providers of health services:** These should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

**Clinical commissioning groups (CCGs):** CCGs commission other healthcare professionals such as specialist nurses. They 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. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to

encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

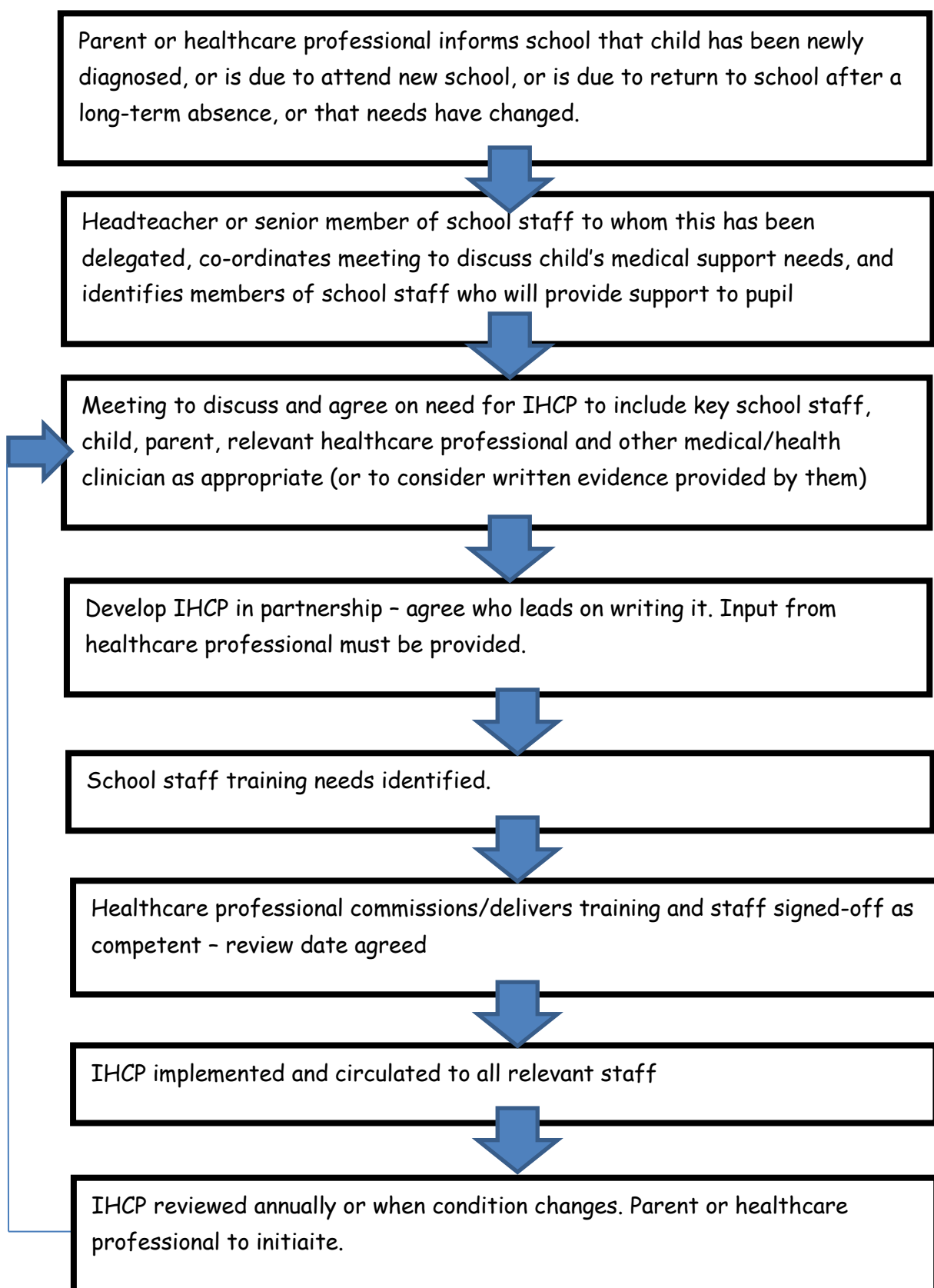
**Ofsted:** The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

## **POLICY IMPLEMENTATION**

- All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.
- The overall responsibility for the successful administering and implementation of this Policy is given to Judith Caplan as Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site. In the event of such provision not being possible the child's parent/carer will be advised.
- The Deputy Headteacher, will be responsible for briefing supply teachers,
- Amanda Shoota will ensure that risk assessment for school visits, holidays, and other school activities outside of the normal timetable identify provision for children with medical needs.
- The welfare officer, Jolene Werners, will oversee the monitoring of individual healthcare plans.
- All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this policy.

## APPENDIX A

### MODEL PROCESS FOR DEVELOPING INDIVIDUAL HEALTH CARE PLANS



**APPENDIX B: HEALTH CARE PLAN**

PHOTOGRAPH  
OF CHILD

<b>Child's Name</b>	
<b>Class</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Medical Diagnosis or Condition</b>	
<b>Date</b>	
<b>Review Date</b>	

**INDIVIDUAL HEALTH CARE PLAN**

<b>Name of Parent/Carer 1</b>	
<b>Contact Numbers</b>	Work: Home: Mobile:
<b>Relationship to child</b>	
<b>Name of Parent/Carer 2</b>	
<b>Contact Numbers</b>	Work: Home: Mobile:
<b>Relationship to child</b>	

<b>Clinic/Hospital Name</b>	
<b>Contact Number</b>	
<b>GP Name</b>	
<b>Contact Number</b>	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

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<b>Specific support for the pupil's educational, social and emotional needs</b>
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<b>Arrangements for school visits/trips, etc</b>
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<b>Other information</b>
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<b>Describe what constitutes an emergency and the action to take if this occurs</b>
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<b>Who is responsible in an emergency, state if different for off-site activities</b>
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<b>Staff training needed/undertaken – who, what, where, when</b>
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<b>Plan developed with</b>
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<b>Signed</b>
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<b>Form copied to</b>
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**APPENDIX C: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD**

<b>Child's Name</b>	
<b>Class</b>	
<b>Date medicine provided by Parent/Carer</b>	
<b>Quantity received</b>	
<b>Name and strength of medicine</b>	
<b>Expiry date</b>	
<b>Quantity returned</b>	
<b>Dose and frequency of medicine</b>	

<b>Staff signature</b>	
<b>Parent/carers signature</b>	

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

**APPENDIX D: RECORD OF MEDICINE ADMINISTERED TO ALL CHILDREN****CLASS:** \_\_\_\_\_

<b>Date</b>	<b>Child's name</b>	<b>Time</b>	<b>Name of medicine</b>	<b>Dose given</b>	<b>Any reactions</b>	<b>Staff signature</b>	<b>Print name</b>