

# PINNER WOOD SCHOOL



## Supporting Children with Medical Conditions Policy

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## 1. Introduction

From 1 September 2014 governing bodies have a duty to make arrangements to support pupils at school with medical conditions. This guidance document sets out what governing bodies must do to meet their legal responsibilities and the arrangements they will be expected to make, based on good practice, as described in 'Supporting Pupils at School with Medical Conditions: Statutory Guidance for Governing Bodies' (DfE, April 2014).

The DfE document sets out 'statutory guidance' in bold text and 'non-statutory advice' in plain text. This document reflects the approach taken in 'Supporting Pupils at School with Medical Conditions' so that schools can be clear on what is required and what is best practice advice.

The key points are:

- 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

## 2. The role of governing bodies

The governing body must 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.

Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

Governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should 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 should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should 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 should ensure that staff are properly trained to provide the support that pupils need

Children and young people 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<sup>6</sup> 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, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore 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.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

### **3. Roles and responsibilities**

#### **3.1 The Governing Body**

Governing bodies should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions

An essential requirement for any policy will be to identify collaborative working arrangements to ensure that the needs of pupils with medical conditions are met effectively

Governing bodies must make arrangements to support pupils with medical conditions, including making sure that a policy for supporting pupils with medical conditions is developed and implemented

They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life

They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions

They should also ensure that any members of school staff who provide support to pupils with medical conditions can access information and other teaching support materials as needed.

#### **3.2 The Headteacher**

Headteachers should 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.

They should ensure that all staff that need to know are aware of the child's condition

They should 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

Headteachers have overall responsibility for the development of individual healthcare plans.

They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

### **3.3 School Staff**

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be made 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 should 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.

### **3.4 School Nurses**

School nurses 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, e.g. on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

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.

### **3.5 Other healthcare professionals e.g. GPs and pediatricians**

Other healthcare professionals 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).

### **3.6 Parents**

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Parents 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.

### **3.7 Pupils**

Pupils 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.

### **3.8 Clinical commissioning groups (CCG's)**

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 with the Local Authority. CCGs 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

### **3.9 OFSTED**

Ofsted's 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 consider the needs of pupils with chronic or long-term medical conditions. Ofsted expect schools to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

## **4. Developing and implementing the school's policy for supporting pupils with medical conditions**

Governing bodies should ensure that schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. In developing their policy, schools may wish to seek advice from relevant healthcare professionals.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. DfE statutory guidance states that the school's policy should include detail on the following:

- Clear identification of roles and responsibilities of all those involved in the arrangements made to support pupils with medical conditions
- who is responsible for ensuring that sufficient staff are suitably trained; how training needs are assessed and how and by whom training will be commissioned and provided
- a commitment that all relevant staff will be made aware of the child's condition; and will receive suitable training
- arrangements for whole school awareness training so that all staff are aware of the school's policy and their role in implementing it. Induction arrangements for new staff should be included.
- procedures to be followed whenever a school is notified that a pupil has a medical condition
- the role of and monitoring arrangements for individual healthcare plans; and who is responsible for their development
- procedures to be followed for managing medicines, including arrangements for dealing with emergencies
- procedures for school visits and other school activities outside of the normal timetable
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- briefing for supply teachers
- arrangements for children who are competent to manage their own health needs and medicines
- what practice is not acceptable
- how complaints may be made and will be handled concerning the support provided to pupils with medical conditions
- the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

## **5. Procedures to be followed when notification is received that a pupil has a medical condition**

The school's policy should set out the procedures to be followed when a school is notified that a pupil has a medical condition. Procedures should also be in place to cover transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change and arrangements for any staff training or support. For children starting at a new school, arrangements should be in place in time for the start of the relevant term. In other cases, e.g. a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Schools do not have to wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

## **6. Individual healthcare plans**

Individual healthcare plans will often be essential, e.g. 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 is best placed to take a final view. See flow chart below for identifying and agreeing the support a child needs and developing an individual healthcare plan. The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. See template A for an example of a format for an individual healthcare plan.

Individual healthcare plans (and their review) may be initiated and drawn up, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Pupils should also be involved, whenever appropriate. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

The governing body should ensure that plans are reviewed at least annually or earlier if the child's needs change. They should be developed 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. Where the child has a special educational need identified in a statement or Education, Health and Care (EHC) plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider:

- 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 – e.g. 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 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 the school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents/ 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 timetable
- where confidentiality issues are raised by the parent/child, the designated individuals who are permitted access to information about the child's condition
- what to do in an emergency (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**

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

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

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.



## **8. The child's role in managing their own medical needs**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare 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. Children who can take their medicines themselves or manage procedures 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 should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

## **9. Managing medicines on school premises**

Schools should already have procedures in place for managing medicines but they should reflect the following details:

- 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's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. Schools should set out the circumstances in which non-prescription medicines may be administered.
- 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.
- schools should only accept prescribed medicines that are in-date, labelled, provided in the original container 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 should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. They should know who holds the key to the storage area. Medicines and devices - asthma inhalers, blood glucose testing meters and adrenaline pens - should be always readily available to children and not locked away.
- a child prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- school staff may administer a controlled drug to the child for whom it has been prescribed. Schools should 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

- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

## **10. Record keeping**

Schools should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell. Templates for supporting pupils with medical conditions are available alongside this policy. All administered medicines are recorded on Medical Tracker.

## **11. Emergency procedures**

Where a child has an individual healthcare plan, this should 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 pupils 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 taken to hospital by ambulance.

## **12. Day trips, residential visits and sporting activities**

Governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required; unless evidence from a clinician such as a GP states that this is not possible.

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

Any restrictions on a child's ability to participate in PE due to a medical condition should be recorded in their individual health care plan.

## **13. Work placements and off-site education**

Schools are responsible for ensuring that work placements are suitable for students with a particular medical condition. Schools are also responsible for children with medical needs who are educated off-site through another learning/training provider.

Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers or learning/training providers. See policy on Work Experience and Work-Related Learning (P650) on Schools' PeopleNet.

## **14. Home to school transport**

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations. Wherever possible, the driver and/or passenger assistant will meet the pupil and parents before transport starts to discuss any transport needs.

Schools should make every effort to provide relevant information they hold regarding pupils' transport needs to the Travel and Transport team so that risks to pupils are minimised during home to school transport, particularly if any needs change.

For these pupils, all drivers and passenger assistants should have basic first aid training. Additionally trained passenger assistants may be required to support some pupils with complex medical needs. These can be healthcare professionals or passenger assistants trained by them. In general it is not the function of a passenger assistant on transport to provide health care or to administer any medication unless it is essential to the safety of the pupil during transport and they have been specifically trained to do so.

Some pupils are at risk of severe allergic reactions. These risks can be minimised by not allowing anyone to eat on vehicles and ensuring details of any allergy are made apparent to Travel and Transport services before transport begins. Passenger assistants should also be trained in the use of an adrenaline pen for emergencies, but only where appropriate

## **15. Emergency asthma inhalers and guidance on other common pupil health needs**

Although school staff should 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; 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
- 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.

## **16. Liability and indemnity**

Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

In addition if there is any doubt about the insurance position in relation to provision of support for a particular child, headteachers should contact the Insurance Team.

## 17. Template A - Model process for developing individual healthcare plans

