



The Island Learning Trust

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY (STATUTORY)

Review date: February 2026

This policy is written in line with the requirements of: -

Children and Families Act 2014 – Section 100

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE 2014 (updated 2017)

0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the SEND Policy/SEND Information Report, Safeguarding Policy, Complaints Policy.

Definitions of Medical Conditions

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

Short-term affecting their participation at school because they are in treatment, accessing an intervention and/ or on a course of medication.

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

It is important that short and long term care is provided in a non-stigmatising way wherever possible. For example, agreed subtle communication queues about medical health needs between pupils and staff.

Some children with medical health needs may be considered disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010 i.e. to make 'reasonable adjustments' to make sure disabled students are not discriminated against. The Trust will not discriminate against pupils with medical conditions under the Equality Act 2010. The duty to make reasonable adjustments in education is 'anticipatory'. This means schools must consider in advance what they need to do to make sure all disabled pupils can access and participate in the education and other benefits, facilities and services they provide for their pupils.

Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with

the 0-25 SEND Code of Practice and the school's SEN policy/SEN Information Report and the individual healthcare plan will become part of the EHCP.

The statutory duty of the Trust Board

The Trust Board remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The Trust Board fulfils this by: -

- Ensuring that arrangements are in place to support pupils with medical health needs. In doing so ensuring that such children can access and enjoy the same opportunities at school as any other child.
- Ensuring that where children and young people also have SEN, their provision is planned and delivered in a co-ordinated way with the healthcare plan.
- Considering that many medical health needs that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical health needs impacts on their school life.
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical health needs, 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. We will ensure that staff are properly trained to provide the support that pupils need.
- Ensuring that no child with a medical health need is denied admission or prevented from taking up a place in school because arrangements for their medical health needs have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases (<https://www.gov.uk/government/collections/infectious-diseases-detailed-information>) , and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so.
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented.
- Developing a policy for supporting pupils with medical health needs that is reviewed regularly and accessible to parents and school staff (this policy).
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation).
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical health needs (see section below on individual healthcare plans).
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs).
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises).
- Ensuring that the policy sets out what should happen in an emergency (see section below on emergency procedures).

- Ensuring that robust risk assessments are completed, and appropriate arrangements are clear and unambiguous to actively support pupils with medical health needs to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities).
- Considering
 - developing transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport.
 - purchasing and training staff in the use of defibrillators
 - anaphylaxis – preventative approaches e.g., nut free school and access to medication
 - holding asthma inhalers for emergency use.
<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice).
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity).
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical health needs (see section on complaints).

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Trust Board. The Trust Board have conferred the following functions of the implementation of this policy to the staff below, however, the Trustee Board remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Head of School. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

SENDCo's will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

SENDCo's will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to our schools for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to our school's mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

When considering arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be 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 in doing so. We will plan for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP state that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Our 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 of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by SENDCo, and following this an individual healthcare plan will be written in conjunction with the parent/carers, SENDCo.

Individual healthcare plans (IHP)

Individual healthcare plans (IHPs) are distinct from Education, Health and Care (EHC) plans. Some pupils may have both, and where a child has an EHCP, their IHP should be linked to it or incorporated within it.

IHPs set out what support a pupil needs, who will provide it, and when. They are essential where a condition fluctuates, is long-term or complex, or where there is a risk of emergency intervention. Not every child will require an IHP; the school, healthcare professionals and parents/carers should agree when a plan is necessary. If agreement cannot be reached, the Head of School will make the final decision. A flow chart for developing IHPs is provided at Annex A.

IHPs will be accessible to relevant staff while maintaining confidentiality. The level of detail will reflect the complexity of the child's condition, recognising that pupils with the same diagnosis may need different support. Where a child has SEND but does not have an EHCP, their needs should still be recorded within the IHP.

IHPs should be developed and reviewed jointly by the school, parents/carers and appropriate healthcare professionals, with pupil involvement where appropriate. The school is responsible for ensuring the plan is completed, implemented and reviewed.

Plans will be reviewed at least annually, or sooner if a child's needs change. Reviews will consider the child's best interests and aim to minimise disruption to their education, health and wellbeing. When a child returns to school after hospital education or alternative provision, the IHP will detail the support required for successful reintegration.

Template 1 provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information

- The medical condition, its triggers, signs, symptoms and treatments.

- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed (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 the school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents/carer and the Head of School, 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 assessment.
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- 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.

Roles and responsibilities

In addition, the health professional involved in their care can support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other healthcare professionals, including GPs and paediatricians should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Children's community health teams i.e. Children's community nursing teams which includes specialist practitioners for asthma, epilepsy or diabetes, may be able to provide support, and training to staff, for children with particular needs.

School Health provide virtual generic awareness updates for Asthma, Epilepsy and Anaphylaxis, the service is not notified when an individual child is identified as having medical condition requiring support in school. Schools can contact the service directly.

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, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers 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 always contactable.

Kent County Council commissions the School Public Health Service for all children aged 5–19, including those in maintained schools, academies, and those not in school. KCC has recently reviewed and updated its Education Health Needs Policy, which clarifies how the local authority, schools and health partners work together to support pupils with medical or health needs. Schools must notify KCC when a pupil is, or is expected to be, absent for 15 days or more due to illness (whether consecutive or cumulative), in line with statutory guidance. Where a pupil cannot receive a suitable education in their mainstream school because of health needs, the local authority has a legal duty to arrange appropriate alternative provision.

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

The Integrated Care Board (ICB) commission healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and the ICB to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Staff training and support

All staff required to support pupils with medical conditions will receive training from a suitably qualified healthcare professional. Training needs will be identified during the development or review of each individual healthcare plan. The school may arrange additional training as needed and will ensure that all training remains up to date.

Training must ensure that staff are fully competent and confident in supporting pupils with medical conditions and in meeting the requirements outlined in their healthcare plans. Staff must understand the specific conditions they are supporting, including associated implications and preventative measures.

Staff must not administer medicines or carry out healthcare procedures without appropriate, condition-specific training. A first aid certificate alone is not sufficient. Healthcare professionals, including the school nurse, will confirm staff proficiency in any medical procedure or medication administration. The Head of School will seek advice from relevant healthcare professionals to determine training needs, including preventative and emergency measures, so staff can recognise and respond promptly to medical issues.

Parents and carers will be asked to share relevant information about their child's medical needs. While their contribution is important, they will not be expected to deliver staff training.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily. Our schools do also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will 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 will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

The following procedures are to be followed:

- 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. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A prescription is not required for the administration of medicine to children that can be bought 'over the counter'. With parental written consent, we will administer non-prescription medicines (except aspirin or containing aspirin) to children under the age of 16. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed.
- Ibuprofen may only be administered to a child with asthma when there is no identified clinical contraindication, and written parental consent has been provided.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Our schools will only accept medicines with written permission from a parent/carer 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 be in-date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.
- All medicines will be stored safely and securely in a locked cupboard. 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.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available in classroom cupboards and not locked away. Asthma inhalers should be marked with the child's name and always be available.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required.
- A child who had been 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. Otherwise, we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will 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 the school.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Our schools 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 safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. Parents are responsible providing the school where necessary and removing the boxes when appropriate.

Emergency procedures

Head of School will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

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. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits, and sporting activities

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

Unacceptable practice (Examples)

Although staff at our schools should use their discretion and judge each case on its merit 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.
- 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 breaks whenever they need to manage their medical condition effectively.
- Prevent children from participating or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.
- The school will ensure that parents collect all medicines at the end of each year or where necessary.

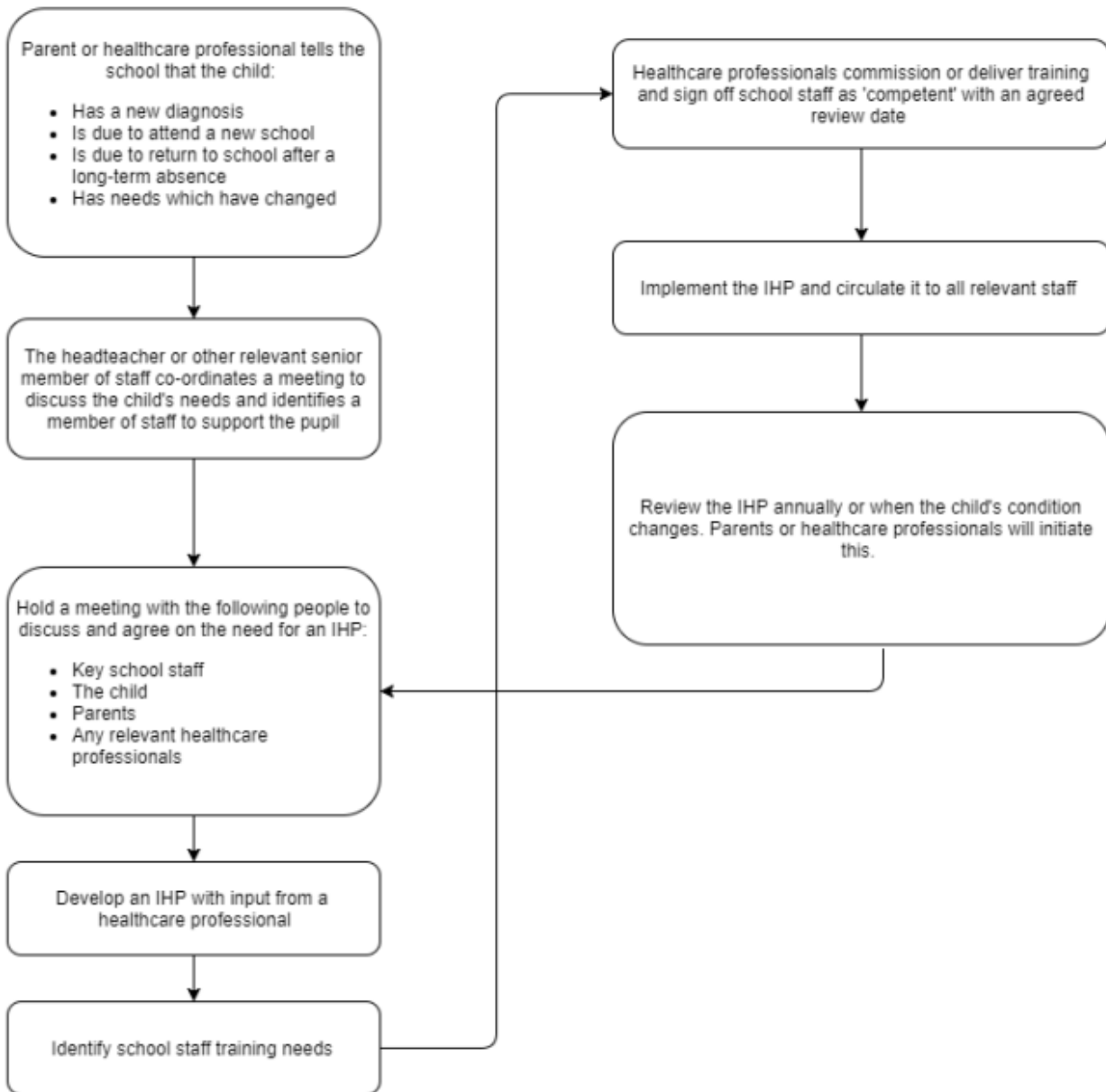
Liability and Indemnity Department of Education Policies are displayed in each school and are renewed annually.

Complaints

Should parents\carers be unhappy with any aspect of their child's care at our schools, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Head of School. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using The Island Learning Trust's Complaints Procedure.

Policy Reviewed:	February 2026
Next Review:	February 2027

Annex A: Model process for developing individual healthcare plans



Individual Healthcare Plan

Name of school/setting

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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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

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Describe what constitutes an emergency, and the action to take if this occurs

Other information

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parent signature:

Date:

Staff signature:

Date: