



# **Medical Needs Policy**

**Autumn 2025**

*Rise to the Challenge*

## Legislative Compliance

This policy complies with the guidance given in **Supporting pupils at school with medical conditions, December 2015**. It has been written as guidance for staff, parents or carers and children with reference to the following guidance and documents.

- SEND Code of Practice: 0–25 years (DfE/DHSC), updated 12 September 2024.
- Ofsted school inspection: report card model and area-by-area 5-point grading (from 2025/26), following the removal of single-word judgements (Sept 2024).
- Equality Act 2010 and DfE advice for schools on the Equality Act.
- Children and Families Act 2014
- *Mental Health and Behaviour in Schools* guidance (DfE, 2018)

## Supporting pupils within the school community

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. In September 2014 a new duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.

The school's co-ordinator for children with medical needs will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

**At this school, the Coordinator for pupils with medical needs is:** *The SENDCo and the Head Teacher*

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

Individual healthcare plans (IHCP) can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one. [A model IHCP is provided at Appendix B]

**At this school the individual(s) responsible for drawing up IHCPs will be:** *The SENDCo and the Head Teacher*

Plans will be reviewed at least annually or earlier if the child's needs change. They will be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan will be linked to the child's EHC plan where they have one.

When drawing up an IHCP the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose,

time, facilities, equipment, testing, dietary requirements and environmental issues

- 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 own medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role, cover arrangements for when they are unavailable and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional;
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents for medication to be administered by a member of staff, or self-administered by individual pupils during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. Other pupils in the school should know what to do, 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.

**In the event of an emergency, the ambulance (or other emergency service) should be directed to:**

*Foxton Primary School, Gallow Field Road, Foxton, LE16 7QZ*

### Collaborative working arrangements

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and where appropriate, social care professionals, local authorities and parents and pupils is critical.

#### *The Governing Board 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. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made
- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. 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
- Ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. in line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so
- 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. 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 should 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.
- **Governing bodies should ensure that written records are kept of all medicines administered to children.**
- *Headteachers have overall responsibility for the development of individual healthcare plans.*

**The Headteacher will:**

- Ensure that policies are 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
- Ensure that all staff who need to know are aware of the child's condition
- Ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose
- Contact the designated Public Health Nurse 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 Specialist Services;
- Make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way.

*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.
- All staff will have received suitable training, and their competency will be assured, 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.

*Pupils will:*

- Often be best placed to provide information about how their medical condition affects them. They will 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. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. 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. Children who can take their medicines themselves or manage procedures may require a level of supervision.

*Parents will:*

- Provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases notify the school that their child has a medical condition. They will also be involved in the development and review of their child's individual healthcare plan. 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.

*The Public Health Nurse or other qualified healthcare professionals will:*

- Notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school.

- The Public Health Nurse is able to provide support and signpost for training to school staff to administer the following medications:
  - Epipen (for allergies)
  - Insulin (for diabetes)
  - Inhalers (for asthma)

*GPs, paediatricians and other healthcare professionals:*

- May notify the school health advisor 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.
- Public Health Nurses may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy or other health needs as appropriate) or they are able to signpost an refer to specialist services.

*Local authorities will:*

- 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;
- Wherever possible, provide support, advice and guidance, including suitable training for school staff through the Public Health Nurses, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- 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 then the local authority has a duty to support schools in making other arrangements.

*Providers of health services will:*

- Co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school health advisors, and participation in locally developed outreach and training.

*Clinical commissioning groups will:*

- 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.

**Staff training and support**

School ensures that there are adequate numbers of staff with basic and paediatric first aid training. More specific training, such as epilepsy, would be arranged as and when required.

Staff communication is clear regarding the expectations of administering medicines.

## Managing medicines on school premises

- Medicines will 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 (It is good practice for professionals to follow the criteria commonly known as the Fraser guidelines). 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.
- No child under 16 will 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. Unless signed consent has been given on the day, a phone call will be made before any medicine is administered.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- The school will only accept prescribed and non-prescribed medicines that are in-date, labelled (with the child's name and instructions for administration, dosage and storage) and provided in the original container. 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. Children will know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens will be readily available to in classrooms and not locked away.
- 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; and if medication is for any reason not given a record must be kept and the parent informed.
- A record of all allergies of the child must be maintained.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

## Day trips, residential visits and sporting activities

Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers will 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. The schools will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

## 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
- Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
- If the child becomes ill, send them to the school office or out of class unaccompanied
- 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 or create unnecessary barriers to children participating in any aspect of school life, including school trips.

## Complaints

If there are any complaints relating to the provision for children with medical needs these will be dealt with in the first instance by the class teacher and SENCO, then, if unresolved, by the Head Teacher. The governor with specific responsibility may be involved if necessary. In the case of an unresolved complaint the issue should be taken through the general Governors complaints procedure (see separate Complaints Policy).

## Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's co-ordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Some children with medical conditions may have a disability. Where this is the case the governing body will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

The school will continue to maintain contact with a pupil who is unwell and not attending and will contribute to their academic and reintegration plans in order that they may enjoy a continuous level of education and support from the

school during their period of absence. This may include providing other agencies with relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement.

The school will do all that it can to maintain links with appropriate agencies and the Local Authority. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

### *Local Authority Support*

The aim of the Local Authority will be to support the school in its work to reintegrate pupils into full time education at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education.

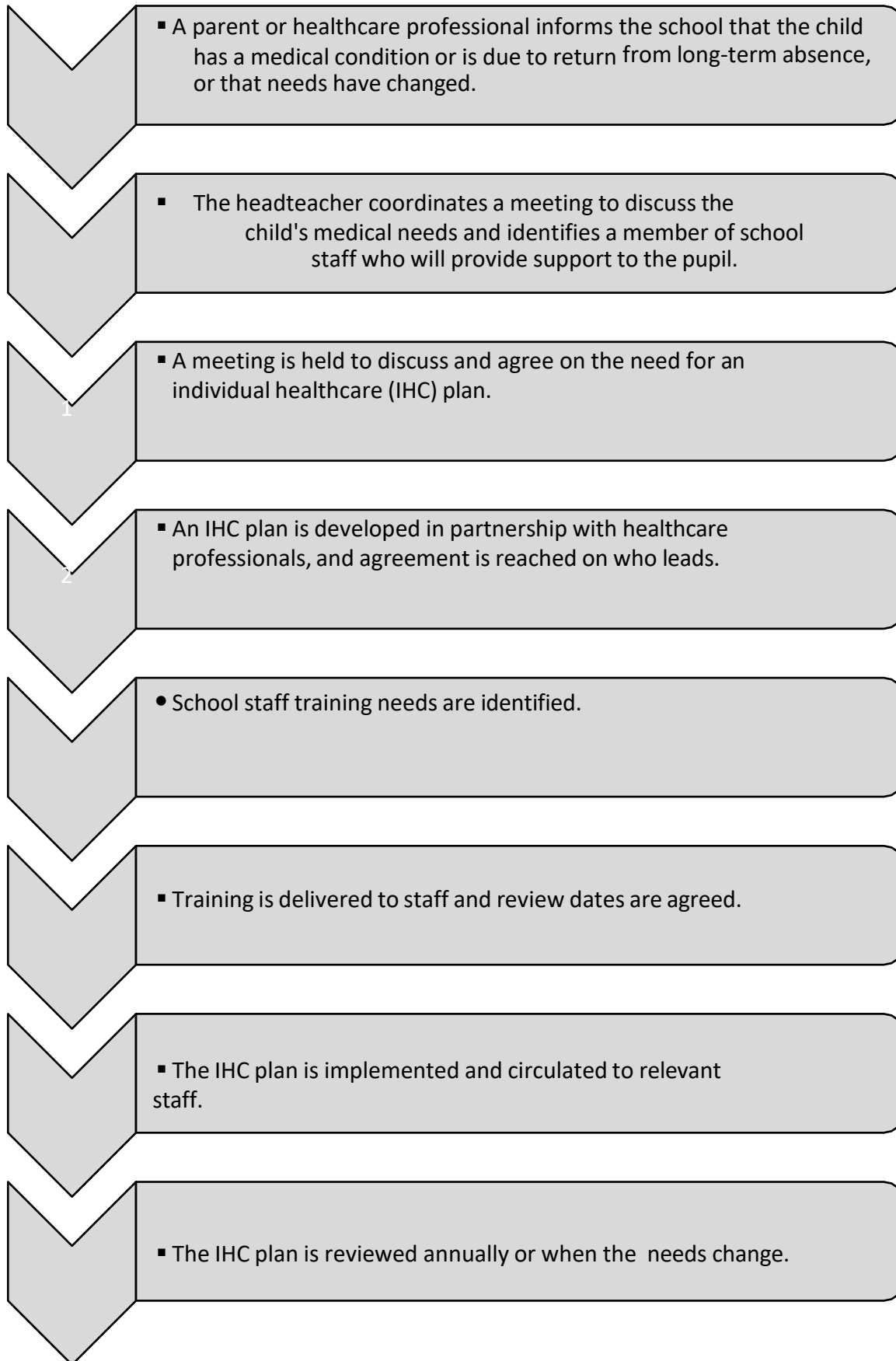
The Local Authority Policy outlines the responsibilities for schools, local authority and health service. This should be read in conjunction with the school's policy.

Where a child's health condition requires an extended period of absence or repeated absences for the same condition, the school is required to notify the Local Authority.

These pupils may be:

- (a) Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which becomes significant in the longer term.
- (b) Pupils with mental health problems who are unable to attend school.

## Appendix A: Individual Healthcare Plan Implementation Procedure



**Foxtton Primary School**

*Appendix B: Individual Healthcare Plan*

Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:


**Family contact information**

Name:

Phone number (work):

(home):

(mobile):

Name:

Relationship to child:

Phone number (work):

(home):

(mobile):


**Clinic/hospital contact**

Name:

Phone number:


**Child's GP**

Name:

Phone number:


Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:


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**Family contact information**

Name:

Phone number (work):

(home):

(mobile):

Name:

Relationship to child:

Phone number (work):

(home):

(mobile):


**Clinic/hospital contact**

Name:

Phone number:


**Child's GP**

Name:

Phone number:


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.

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

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Daily care requirements:

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

Arrangements for school visits/trips:

Other information:

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

Responsible person in an emergency (state if different for off-site activities):

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Plan developed with:

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Staff training needed/undertaken – who, what, when:

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<b>Name</b>	<b>Signature</b>	<b>Date</b>
Parent/Carer		
Head Teacher		
Employee providing the medical procedure		
GP/Supervising consultant		

Form copied to:

Review date:

*This IHCP should be used as an ongoing 'live' risk assessment document which should be distributed to other services as appropriate and link into existing processes such as EHCP, PEP reviews, Community Paediatrics, CAMHS etc. It should include mental health as well as physical health conditions to ensure everyone has a holistic overview of the difficulties a CYP may be facing in their access to education*