

The 3-18 Education Trust

Supporting Pupils at School with Medical Conditions Policy

‘Every individual is in a great school.’

Approved: Spring Term 2025
Review: Spring Term 2026

www.3-18education.co.uk

Our Mission

To celebrate the diverse nature, culture and identity of our individual schools, whilst collaborating and enjoying the benefit of the team.

Our Values

Compassionate

To show care and understanding towards others.

Accomplished

To provide high quality education and training for all.

Resilient

To be solution focused and able to intelligently manage challenges.

The 3-18 Education Trust
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Company Number: 08064698

Policy Monitoring and Review

Monitoring

The Deputy Chief Executive Officer will monitor the outcomes and impact of this policy on an annual basis.

Review

Member of Staff Responsible	Chief Executive Officer Send and Safeguarding Trust Consultant
Relevant Guidance/Advice/Legal Reference	Section 100 of the Children and Families Act 2014. DfE's statutory guidance on supporting pupils with medical conditions at school.
Date of Policy	Spring Term 2025
Review Period	Annually
Date of Next Review	Spring Term 2026

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1. Policy Aims

1.1. This policy aims to ensure that:

- Pupils, staff and parents understand how school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

2. Definition

Medical Condition

2.1. For the purposes of this policy, a medical condition is any illness or disability which a pupil has. It can be:

- physical or mental
- a single episode or recurrent
- short-term or long-term
- relatively straightforward (e.g. the pupil can manage the condition themselves without support or monitoring) or complex (requiring on-going support, medicines or care whilst at school to help the pupil manage their condition and keep them well)
- involving medication or medical equipment
- affecting participation in school activities or limiting access to education

2.2. Medical conditions may change over time, in ways that cannot always be predicted.

3. Roles and Responsibilities

The Trust Board

3.1. The Trust Board has a legal duty to make arrangements to support pupils with medical conditions across the schools. The Trust Board has delegated this responsibility to each school.

3.2. The schools adopt this policy to set out the arrangements they have put in place for their pupils with medical conditions.

The Headteacher

3.3. The Headteacher at each school has overall responsibility for the successful implementation of this policy. They will:

- Ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition and that supply teachers are properly briefed.
- Take overall responsibility for the development of IHPs.

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil 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.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Ensure that risk assessments for school visits and other school activities outside of the normal timetable are completed.

Staff

- 3.4. Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- 3.5. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.
- 3.6. Teachers will take into account the needs of pupils with medical conditions that they teach.
- 3.7. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents/Carers

- 3.8. Parents/Carers (Parents) will:
- Provide the school with sufficient and up-to-date information about their child's medical needs.
 - Be involved in the development and review of their child's IHP and may be involved in its drafting.
 - Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

Pupils

- 3.9. Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

School nurses and other healthcare professionals

- 3.10. The school's nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.
- 3.11. Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal Opportunities

- 4.1. The Trust is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- 4.2. The Trust's schools will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.
- 4.3. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Notification that a pupil has a medical condition

- 5.1. Ordinarily, the pupil's parent/carer will notify the school that their child has a medical condition. Parents/carers should ideally provide this information in writing addressed to the Headteacher. However, they may sometimes pass this information on to a class teacher or another member of staff. Any staff member receiving notification that a pupil has a medical condition should notify the Headteacher as soon as practicable.
- 5.2. A pupil themselves may disclose that they have a medical condition. The staff member to whom the disclosure is made should notify the Headteacher as soon as practicable.
- 5.3. Notification may also be received direct from the pupil's healthcare provider or from a school from which a child may have transferred from.

6. Procedure following notification that a pupil has a medical condition

- 6.1. Except in exceptional circumstances where the pupil does not wish their parent/carer to know about their medical condition, the pupil's parents/carers will be contacted by the Headteacher or someone designated by them, as soon as practicable to discuss what, if any, arrangements need to be put into place to support the pupil. Every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality.
- 6.2. Unless the medical condition is short-term and relatively straightforward (e.g. the pupil can manage the condition themselves without any support or monitoring), a meeting will normally be held to:
 - discuss the pupil's medical support needs
 - identify a member of school staff who will provide support to the pupil where appropriate
 - determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain
- 6.3. Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on his/her own behalf, taking into account the pupil's age and understanding. Where this is not appropriate, the pupil will be given the opportunity to feed in his/her views by other means, such as setting their views out in writing.
- 6.4. The healthcare professional(s) with responsibility for the pupil may be invited to the meeting or be asked to prepare written evidence about the pupil's medical condition for consideration. Where possible, their advice will be sought on the need for, and the contents of, an IHP.
- 6.5. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, the Headteacher will exercise his/ her professional judgement based on the available evidence to determine whether an IHP is needed and/or what support to provide.

- 6.6. For children joining the school at the start of the school year any support arrangements will be made in time for the start of the school term where possible. In other cases, such as a new diagnosis or a child moving to the school mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.
- 6.7. In line with our safeguarding duties, the school will ensure that a pupil's health is not put at unnecessary risk from, for example, infectious diseases. The school will not accept a pupil into the school at times where it will be detrimental to the health of that child or others.

Pupils with health needs who cannot attend school

- 6.8. Where a pupil cannot attend school because of health needs, unless it is evident at the outset that the pupil will be absent for 15 or more days, the school will initially follow the usual process around attendance and mark the pupil as ill for the purposes of the register.
- 6.9. The school will provide support to pupils who are absent from school because of illness for a period shorter than 15 days. This may include providing pupils with relevant information, curriculum materials and resources.
- 6.10. In accordance with the Department for Education's statutory guidance, as soon as it is clear that a pupil will be away from school for 15 days or more (either consecutive or over the course of a school year) because of their health needs, the local authority should:
- be ready to take responsibility for arranging suitable full-time education for that pupil; and
 - arrange for this provision to be in place as soon as it is clear that the absence will last for more than 15 days.
- 6.11. The school will inform and work collaboratively with the local authority to support these responsibilities.
- 6.12. The school will work collaboratively with the local authority, relevant medical professionals, relevant education provider, parents and, where appropriate, the pupil, to identify and meet the pupil's educational needs throughout the period of absence and to remain in touch with the pupil throughout.
- 6.13. When a pupil is considered well enough to return to full time education at the school, the Headteacher or someone designated by them will develop a reintegration plan in partnership with the appropriate individuals/organisations.

7. Individual Healthcare Plans (IHP) see Appendix A

- 7.1. The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.
- 7.2. Plans will be developed with the pupil's best interests in mind and will set out:
- What needs to be done
 - When
 - By whom
 - What medication is to be administered and the process for doing so
- 7.3. Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher has responsibility for the final decision.

- 7.4. Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.
- 7.5. IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has Special Education Needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.
- 7.6. The IHP will also 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 pupil (regardless of whether they have an IHP) needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany a pupil taken to hospital by ambulance.
- 7.7. Except in exceptional circumstances, or where the healthcare provider deems that they are better placed to do so, the school will take the lead in writing the plan and ensuring that it is finalised and implemented.
- 7.8. Where a pupil is returning to the school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the pupil will need to reintegrate effectively.
- 7.9. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered when deciding what information to record on IHPs:
 - 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required.
 - Arrangements for written permission from parents and the 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 school timetable that will ensure the pupil can participate, e.g. risk assessments.
 - Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.

- What to do in an emergency, including who to contact, and contingency arrangements
- A pupil's confidence in self-care and how this may be supported.

Reviewing Individual Healthcare Plans (IHP)

- 7.10. Every IHP should be reviewed at least annually. The Headteacher (or someone designated by them) shall within the correct timeframe, contact the pupil's parents/carers and the relevant healthcare provider to decide whether the current IHP is still needed or needs to be changed. If the school receives notification that the pupil's needs have changed, a review of the IHP will be undertaken as soon as possible.
- 7.11. Where possible, staff who provide support to the pupil with the medical condition shall be included in any meetings where the pupil's condition is discussed.

8. Managing Medicines

- 8.1. Prescription and non-prescription medicines will only be administered at school:
- When it would be detrimental to the pupil's health or school attendance not to do so and
 - Where the school has parents' written consent
- 8.2. If a pupil requires medicines or medical devices, such as asthma inhalers, blood glucose testing meters or adrenaline pens, in school it is vital that the parent/carer advises the school accordingly so that the process for storing and administering medication can be properly discussed.
- 8.3. The school will only accept prescribed medicines that are:
- In-date.
 - Labelled.
 - Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.
 - The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- 8.4. The medication must be accompanied by a complete written instruction form signed by the pupil's parent/carer. The school will not make changes to dosages labelled on the medicine or device on parental instructions.
- 8.5. All medicines will be stored safely. Pupils will be informed about 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 adrenaline pens will always be readily available to pupils and not locked away.
- 8.6. Parents will be contacted to collect/replenish medication when either out of date or no longer required, however it is the parents' responsibility to check.

9. Pupils managing their own needs

- 9.1. Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their IHPs.
- 9.2. Wherever possible, pupils will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Where

it is appropriate to do so, pupils will be encouraged to administer their own medication under staff supervision. Staff administering medication should do so in accordance with the labelled instructions. Staff who volunteer to assist in the administration of medication will receive appropriate training and guidance before administering medication.

- 9.3. The school will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication will be noted.
- 9.4. If a pupil refuses to take their medication, staff will not force them to do so and will inform the parent/carer of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- 9.5. It is the responsibility of the parents/carers to notify the school in writing if the pupil's need for medication has ceased. When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles.

Unacceptable practice

9.6. School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

10. Emergency Procedures

- 10.1. Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.
- 10.2. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.
- 10.3. Parents/carers will have the opportunity to opt out of giving permission for their son/daughter to have access to emergency inhalers or auto injectors. This will be by email and recorded on the school's management information system.

11. Training

- 11.1. Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.
- 11.2. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- 11.3. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher or member of staff who has been delegated this responsibility. Training will be kept up to date.
- 11.4. Training will:
 - Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
 - Fulfil the requirements in the IHPs.
 - Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 11.5. Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 11.6. All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.
- 11.7. The school has in place appropriate levels of insurance regarding staff providing support to pupils with medical conditions, including the administration of medication. Copies of the school's insurance policies can be made accessible to staff as required.

12. Record Keeping

- 12.1. Written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.
- 12.2. IHPs are kept in a readily accessible place which all staff are aware of.

13. Liability and Indemnity

- 13.1. The Trust provides the appropriate level of insurance to cover staff providing support to pupils with medical conditions and covers liability relating to the administration of medication.
- 13.2. The Trust's insurance arrangements are accessible from the Finance Director.