

# SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY



## St Mary's C of E School

"DON'T LET ANYONE LOOK DOWN ON YOU  
BECAUSE YOU ARE YOUNG. BE AN EXAMPLE TO  
ALL BELIEVERS IN WHAT YOU SAY, IN THE WAY  
YOU LIVE, IN YOUR LOVE, YOUR FAITH AND YOUR PURITY."  
1 TIMOTHY 4:12

## THE SUNRISE CURRICULUM

Approved by:	Full Governing Board September 2024
Next Review Due By:	September 2025

**‘Give me a safe, caring environment in which to live  
My thoughts and feelings are important to me’**

## **Contents**

- 1. Aims**
  - 2. Legislation and statutory responsibilities**
  - 3. Roles and responsibilities**
  - 4. Equal opportunities**
  - 5. Being notified that a child has a medical condition**
  - 6. Individual healthcare plans**
  - 7. Managing medicines**
  - 8. Emergency procedures**
  - 9. Training**
  - 10. Record keeping**
  - 11. Liability and indemnity**
  - 12. Complaints**
  - 13. Monitoring arrangements**
  - 14. Links to other policies**
- Appendix 1: Being notified a child has a medical condition**
- 

### **1. Aims**

This policy aims to ensure that:

Pupils, staff and parents/carers understand how our 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

The governing board will implement this policy by:

Making sure sufficient staff are suitably trained

Making staff aware of pupils' conditions, where appropriate

Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions

Providing supply teachers with appropriate information about the policy and relevant pupils

Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Mrs Louise Stevenson, Headteacher.

## **2. Legislation and statutory responsibilities**

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

It is further based on guidance provided by our local authority. This guidance can be found at: [Physical disability or medical needs - Cornwall Council](#)

It is a statutory requirement that local authorities have a named person responsible for the education of children with health/medical needs. In Cornwall, the named person is:

Nick Millward, Senior School Effectiveness Officer

Email: [nick.millward@cornwall.gov.uk](mailto:nick.millward@cornwall.gov.uk)

## **3. Roles and Responsibilities**

### **3.1 The governing board**

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### **3.2 The headteacher**

The headteacher will:

- 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
- 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

### **3.3 Staff**

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.

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.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **3.4 Parents/carers**

Parents/carers 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

### **3.5 Pupils**

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.

### **3.6 School nurses and other healthcare professionals**

Our school 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.

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.

Pupils who have health/medical needs may be at risk of failing to make appropriate progress from their individual starting points. This is particularly the case for those pupils whose health/medical needs prevent them from attending school for an extended period of time, or for those who are restricted by their health/medical needs to attending school on a part-time or sporadic basis.

Schools are expected to make reasonable adjustments to support pupils with medical/health needs so that they are able to access education.

Schools are required by law to make arrangements to support any pupil with a health/medical condition. This duty is detailed in Section 100 of the Children and Families Act 2014 and in the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

St Mary's Church of England School is also mindful of the non-statutory guidance: [Mental health and behaviour in schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/672222/mental-health-and-behaviour-in-schools.pdf)

Pupils at our school with health/medical conditions will be supported with an appropriate Health Care Plan so that they have full access to education, including school trips and physical education.

Cornwall Council expect that a suitable education should consider the age, aptitude and ability and the medical/health needs of the pupil. It should include teaching by a teacher, whether through online, group or 1:1 provision.

St Mary's Church of England School will ensure that there are robust mechanisms in place to ensure that any alternative provision arrangements that are put in place meet the needs of the child.

Reasonable adjustments will be made to accommodate pupils who would otherwise find it difficult to attend school due to illness or a medical condition. In doing so, we will be mindful of following Cornwall Council guidance on reduced timetables. Further details on this can be found here:

[Part-time Timetables - Cornwall Council](#)

St Mary's Church of England School are required to report to Cornwall Council any arrangements for pupils who are not accessing a full timetable in school. This includes pupils who access full time hours in a combination of school and an alternative provider. This allows Cornwall Council to monitor the suitability of provision for all pupils.

St Mary's will inform the Statutory SEN Service when any child with an IHP is unable to attend school due to health/medical needs and will liaise with them to ensure education provision is appropriate for the pupil's special educational needs.

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

Each pupil's needs will be assessed on an individual basis to ensure that their requirements are being met.

The school will provide a named teacher with whom each involved party can liaise. This will be the SENCo.

St Mary's Church of England School can access support from the Community Hospital Education Service (CHES). This service is commissioned by Cornwall Council to provide support for children who are unable to attend school in excess of 15 days, continuously or cumulatively, due to medical/health needs.

St Mary's will liaise with the parents and any other professionals involved through the best means for the situation. We are able to contact families via phone, text and email. We will ensure that the family are kept up-to-date with events that are going on in the school. Peer liaison will be encouraged and facilitated, for example through visits or videos.

St Mary's will maintain an education plan which records progress made towards return to school. If the pupil has an IHP then the education plan will feed into this.

St Mary's will ensure appropriate arrangements, including entry and invigilation, are made for all assessments.

Pupils will remain on our school roll and this will be reviewed through a meeting at least every six weeks. Up-to-date medical information will be required for the meetings and will be updated at least termly. Action plans will be produced and distributed.

Arrangements will be made with the family to access work. A risk assessment will be carried out should learning need to occur in the family home. It is necessary that a named adult be present for the pupil at the time of the session. This may be by sending work home, by accessing work via our online learning application or by another agreed means. Appropriate materials for the work plan will be provided. This will be discussed with the parents/carers and any involved professionals to ensure the pupil's educational opportunities are supported.

Where support is agreed, there is an expectation that all parties will engage with, and contribute to, the agreed plan for learning and reintegration back into school when appropriate to a pupil's needs. Key staff will be involved with the integration into school. Individually tailored reintegration plans will be made for when a pupil returns to school and reasonable adjustments will be considered.

If the school can't make suitable arrangements, Cornwall Council will become responsible for arranging suitable education for these children.

Cornwall Hospital Education Service is commissioned by Cornwall Council to provide education for pupils with health/medical needs who are unable to attend school. Cornwall Council can directly place pupils with CHES. This decision rests with the named officer. Referral to CHES may be appropriate for a number of medical conditions.

CHES will provide support for pupils who are in-patients at Cornwall hospitals, as well as offering transitional support for children being discharged from long stays in hospital, young people being discharged from the Sowenna CAMHS in-patient unit or those who have had repeated hospital admissions.

In certain instances, particularly in the case of severe mental health needs, pupils may be placed in specialist residential hospitals inside or outside of Cornwall. Many of these facilities have access to an on-site education provision or school that can offer education as part of the package of care; additional education costs are met by Cornwall Council. Cornwall Council retains the responsibility for the education of these pupils whilst they remain in hospital and on their return to Cornwall following discharge.

With regard to life limiting and terminal illness, CHES will continue to provide education for as long as it is in the best interests of the pupil to do so. If the pupil and parents/carers wish to withdraw from education, their wishes will be respected if the decision is supported by medical advice. Each case is considered individually.

For pupils diagnosed with Myalgic Encephaly (ME) /Chronic Fatigue Syndrome (CFS), the educational provision put in place will be guided by the medical advice provided. This may include, for example, periods of school attendance, periods of rest and periods of 1:1 tuition.

CHES will work with the school and all other professionals involved to reintegrate pupils back into school at the earliest opportunity, depending upon individual needs. A reintegration program will be drafted and agreed following discussion by CHES, the parents/carers, the school and other relevant agencies. The school will work with CHES to create an updated Individual Health Care Plan to support transition.

In cases where the local authority makes arrangements, St Mary's School will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required

➤ Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully

➤ When reintegration is anticipated, work with the local authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

#### **4. Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in trips and visits, or in sporting activities, and not prevent them from doing so.

The school 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.

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/carers and any relevant healthcare professionals will be consulted.

#### **5. Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

#### **6. Individual healthcare plans (IHPs)**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to [insert role, if not the headteacher].

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers 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.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher / role of the individual with responsibility for developing IHPs, will consider the following 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/carers 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/carer or 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

## **7. Managing medicines**

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 we have parents/carers' written consent
- **The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

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.
- 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.
- Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

### **7.1 Controlled drugs**

- [Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.
- A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.
- Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **7.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

### **7.3 Unacceptable practice**

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/carers
- Ignore medical evidence or opinion (although this may be challenged)
- 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/carers, 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/carer 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/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **8. Emergency procedures**

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.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

## **9. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

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.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher / role of individual. Training will be kept up to date.

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
- Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 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.

## **10. Record keeping**

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

## **11. Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The school's insurance is provided by Cornwall Council and covers all necessary requirements.

## **12. Complaints**

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

### **13. Monitoring arrangements**

This policy will be reviewed and approved by the governing board annually.

### **14. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding and Child Protection Policy
- Special educational needs information report and policy

### Appendix 1: Being notified a child has a medical condition

