



Reepham Church of England Primary School

Supporting Pupils with Medical Conditions Policy

Reepham Church of England Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full-time curriculum or to have reasonable adjustments made so they can participate fully. This policy has been developed in line with the Department for Education's statutory guidance Supporting Pupils with Medical Conditions in School under a statutory duty from section 100 of the Children and Families Act 2014 (and any subsequent updates). The school will have regard to the statutory guidance issued.

For pupils who have medical conditions that require EHC (Educational Health and Care) plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

This policy refers to a clinically diagnosed medical condition. This may be from a pediatrician, on a pupils Educational Health and Care Plan or an Individual Healthcare Plan. The school may require evidence of a medical condition from a credited professional.

Note: there is a separate policy relating to the administration of medicine in school, please refer to that policy for information on requesting administration of short-term prescribed medicine such as antibiotics and paracetamol.

1) Key roles and responsibilities

a) The Local Authority (LA) is responsible for:

- 1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- 2) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans are effectively delivered.
- 3) Work with schools to ensure the needs of a child can be met before they go on to school role.

b) The Governing Body is responsible for:

- 1) Ensuring the school can meet the statutory needs of a child before they start school and that arrangements are in place to provide ongoing support for pupils with medical conditions.

- 2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- 3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- 4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- 5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities (as far as possible), remain healthy and achieve their academic potential.
- 6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- 7) Ensuring written records are kept of, any and all, medicines administered to pupils.
- 8) Ensuring the policy sets out procedures in place for emergency situations.
- 9) Ensuring the level of insurance in place reflects the level of risk.
- 10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

c) The Headteacher is responsible for:

- 1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- 2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures in school.
- 3) Liaising with healthcare professionals regarding the training required for staff.
- 4) Identifying staff who need to be aware of a child's medical condition.
- 5) Developing Healthcare Plans with relevant parties.
- 6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver Healthcare Plans in normal, contingency and emergency situations.

- 7) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to absences and emergencies.
- 8) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 9) Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- 10) Ensuring confidentiality and data protection as well as appropriate data sharing inline with Safeguarding Policies.
- 11) Ensuring staff work within the boundaries of contracts and if necessary alter contracts, appoint new staff, liaise with HR and Unions to ensure the medical needs of a child can be met.
- 12) Recommending changes to, or a referral for, an EHCP.

d) Staff members are responsible for:

- 1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- 2) Knowing where controlled drugs are stored.
- 3) Taking account of the needs of pupils with medical conditions in lessons.
- 4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- 5) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.
- 6) Notifying the headteacher immediately if they are not clear on any aspect of a child's care, or they feel unable to provide the care required.

e) School nurses and / or Lincolnshire SEND Service are responsible for:

- .1) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school and ensuring the setting can meet the child's needs.

- 2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- 3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP.
Giving advice and liaison on training needs.
- 4) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

f) Parents and carers are responsible for:

- 1) Keeping the school informed about any new medical condition or changes to their child/children's health.
- 2) Participating in the development and regular reviews of their child's IHP.
- 3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- 4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- 5) Carrying out actions assigned to them in the Health Care Plan with particular emphasis on, they or a nominated adult, being contactable at all times.

g) Pupils are responsible for:

- 1) Providing information on how their medical condition affects them.
- 2) Contributing to their own care plan (where appropriate).
- 3) Complying with the Plan and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

2) Training of staff

- a) Early Career Teachers (ECTs), new teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- b) The clinical lead for each training area/session will be named on each plan.

- c) No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- d) School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

3) Medical conditions register /list

- a) Schools admissions forms should request information on pre-existing medical conditions. Parents must have a way of contacting the school at any point should a condition develop.
- b) A medical conditions list or register should be kept, updated and reviewed regularly. Each class should have an overview of the list for the pupils in their care, within easy access.
- c) Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- d) For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare Health Care Plans and train staff if appropriate.

4) Individual Healthcare Plans

See appendix 1

- a) Where necessary (Headteachers will make the final decision) an Individual Healthcare Plan will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals. This plan may be part of and EHC or stand separate as required.
- b) These Plans will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality.
- c) Health Plans will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- d) Where a pupil has an Education, Health and Care plan or special needs statement, the Health Care Plan will be linked to it or become part of it.
- e) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the Health Plan identifies the support the child needs to reintegrate.

5) Transport arrangements

- a) This will be arranged and reviewed by the local authority SEND team, usually in conjunction with EHC arrangements.

6) Education Health Needs (EHN) referrals

a) All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.

b) In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

c) Referrals for an Educational Health and Care Plan may be made by an agency, including the school, or by the parent. Where the school makes a referral they will state if a medical need is apparent and seek support accordingly.

7) Medicine

See taking Medicine in school policy. This will be superseded by statutory information on an Educational Health and Care Plan.

8) Emergencies

- . a) Medical emergencies will be dealt with by trained staff and additional support will be immediately sought eg 999 or Hospital.
- . b) Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- . c) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9) Day trips, residential visits and sporting activities

- . a) Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate, as far as possible, with reasonable adjustments, in school trips, residential stays, sports activities, etc.
- . b) To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will

be separate to the normal day to day requirements for the school day.

This Policy was reviewed **Autumn 2025** and will be reviewed every 2 years.

Appendix 1: Being notified a child has a medical condition. A process for creating an Individual Health Plan (IHP), engaging with professionals and implementing training.

