

# SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

The Board of Trustees, CEO and Strategic team are committed to safeguarding and promoting the welfare of children and young people and require all staff and volunteers to demonstrate this commitment in every aspect of their work.

<b>This policy was created and ratified by the Trust Board in:</b>	<b>Sept 2025</b>
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<b>Signed by the Chair of the Board of Trustees:</b>	<b>John Smith</b>

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## 1. Purpose

The purpose of the Policy for Supporting Pupils at School with Medical Conditions is to ensure that:

- Pupils, staff and parents 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 Wensum Trust will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, 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) and ensuring that all staff within each academy are aware of and follow them, particularly with reference to what to do in an emergency. This duty extends to staff leading activities out of normal school hours or off-site. In the absence of an IHP, the school's standard emergency procedure will be followed.
- Each academy will have a named person with responsibility for implementing this policy.

This policy meets the requirements under section 100 of the Children and Families Act 2014, which places a duty on the Wensum Trust to make arrangements for supporting pupils at their schools with medical conditions.

This Policy pays due regard to the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions \(2015\)](#) and Mental Health and Behaviour in Schools (2014)

## 2. Roles & Responsibilities

### 2.1 The Wensum Trust

The Wensum Trust has ultimate responsibility to make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. The Wensum Trust will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

The Local Advisory Board (LAB) is responsible for approving and reviewing any local additions / variations to this policy and reviewing the local operation of this policy on an annual basis.

### 2.2 The Headteacher

For the purpose of this policy, Headteacher is defined as the senior responsible person within the school; this may be the Executive Principal, Principal, Executive Headteacher, Headteacher or Head of School as appropriate.

The Headteacher will ensure that their school's policy is 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.

The Headteacher will ensure that all staff who need to know are aware of the child's condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all IHPs, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

The Headteacher has overall responsibility for the development of IHPs, will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

The Headteacher will ensure that contact is made with Norfolk health care professionals (HCP) in cases where further guidance to support the management of the pupil's health need is required. This may include signposting to other HCP or organisations.

### **2.3 Parents/Carers**

Parents/Carers will 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/Carers are key partners and should be involved in the development and review of their child's IHPs 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 contactable at all times.

Where a child is identified as having complex health needs which may require additional staff funding, or the management of more specialised equipment please consult the Norfolk County Council (NCC) Guidance for managing Children and Young People with complex medical care needs in educational settings.

### **2.4 Pupils**

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 IHP. Other pupils will often be sensitive to the needs of those with medical conditions.

### **2.5 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. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency 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.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

### **2.6 Norfolk HCP team**

Our schools have access to school nurses and other health practitioners via the Just One Number (0300 300 0123) Single Point of Access: [www.justonenorfolk.nhs.uk](http://www.justonenorfolk.nhs.uk). Schools can contact the service for advice and support when a young person has a health condition and needs additional support and advice. Where a health condition is impacting on school attendance, schools can also refer young people for a Health assessment to help explore the impact of their health needs. Where a child is already open to more specialist/community nursing or medical services, the HCP team may recommend liaison with the specialist

service in the first instance. School/community/specialist nursing services may be able to provide advice on developing individual healthcare plans and support associated staff training needs.

### **2.7 Other Healthcare Professionals**

Other healthcare professionals, including GPs, paediatricians and mental health professionals, should communicate with our schools when a child has been identified as having a medical condition that will require support at school.

## **3. Staff Training & Support**

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.

Relevant professionals will lead on identifying the type and level of training required and will agree this with the designated lead member of staff in school. Training will be kept up to date and records kept.

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.

#### 4. 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. Records will be kept of the pupil name, date, time and dosage administered and by whom and 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
- Prescribed for the individual pupil to whom it is being administered

Prescribed medicines which do not fulfil these criteria will not be administered. 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 and securely. Medicines which need to be kept in the fridge will be stored in a separate fridge. Pupils will be informed about where their medicines are at all times and be able to access them immediately. *See section 4.2 regarding pupils carrying their own medicines.* Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens will always be readily available to pupils, including when they are engaging in activities off-site, and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required or out of date. Sharps boxes should always be used for the disposal of needles and other sharps.

##### 4.1 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. This is at the discretion of the school. All other controlled drugs are kept in a secure cupboard in the school's designated place for storing medication 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.

#### **4.2 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 (where applicable).

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. No child will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if required. 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 immediately so that an alternative option can be considered, if necessary.

If refusal to take medicine or carry out a procedure results in an emergency, the school's emergency procedures should be followed.

### **5. Record Keeping**

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

IHPs are kept securely to preserve confidentiality in a readily accessible place which all staff are aware of. These records will be maintained in line with relevant guidelines.

The school will immediately report and record any medicine-related incidents or near misses, including but not limited to wrong medicine, dose, person, or a missed dose.

If an error occurs:

1. **Monitor** the pupil's condition.
2. **Immediately notify** the senior leadership team and parents/carers.
3. **Record** the incident on the appropriate forms (e.g., Parago, care plans).

### **6. Pregnant pupils and school age parents**

NCC Medical Needs Service has developed guidance to help schools support pregnant pupils and school age parents. Where appropriate the school will access services within Norfolk and national guidance which can offer support. It highlights the responsibilities of schools, and actions that schools can take to keep the pregnant pupil safe and ideally, remaining in education.

### **7. 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. This process will be followed by all schools in the Trust.

The school will make every effort to ensure that arrangements are put into place within 10 working days, or by the beginning of the relevant term for pupils who are new to the school (see Appendix 1).

## **8. Individual Healthcare Plans**

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. The responsibility may be delegated within an academy.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. This may be reviewed in conjunction with a pupil's Education, Health and Care Plan, if applicable.

Special consideration needs to be given to reviewing the plan when a young person is transitioning to a different setting or reintegrating back into school after a period of absence.

Plans will be developed with the pupil's best interests in mind and will ensure that academies assess and manage risks to a pupil's education, health and social wellbeing and minimise disruption. An IHP 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 when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school and parents/carers with advice from a relevant healthcare professional, such as a member of the HCP team, a specialist nurse, allied health professional or paediatrician who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. Where a pupil has an emergency health care plan prepared by their lead clinician, this should inform the IHP.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has a special educational need or disability (SEND) but does not have an EHCP, the SEND 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 Headteacher (who is likely to delegate this to the member of staff responsible 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
- Who outside the school needs to be aware of the pupil's condition and the support required (with appropriate consent from the young person and family) – for example school transport provided by local authority
- 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. Please consider large or split school sites
- 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 medication administration errors), including who to contact, and contingency arrangements

## **9. Emergency Procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). For pupils with an IHP, the IHP will clearly set out what constitutes an emergency for that individual in respect of their specific health conditions and will explain what to do.

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

## **10. Equal Opportunities**

Our schools are clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, school shows and performances and before- and after-school clubs and not prevent them from doing so because of their medical condition, except where evidence from a clinician, such as a GP, indicates that this is not possible.

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 and any relevant healthcare professionals will be consulted.

In line with safeguarding duties, schools must ensure that pupils' health is not put at risk from, for example, infectious diseases. Schools, therefore, do not have to accept a pupil on-site (or for off-site activities) at times when it is considered this would be detrimental to the health of the individual pupil or others even if they have appropriate medication, support or an IHP in place.

### **11. 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 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; or 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 child becomes ill, send them to the school office or medical room unaccompanied (unless the IHP makes it clear this is appropriate) or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments. Although working with the family in a supportive way to improve attendance where appropriate would be encouraged
- 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 child, 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips.
- Use stigmatizing or discriminative language and behaviour towards the child's medical condition or its symptoms.
- Administer, or ask pupils to administer, medicine in school toilets

### **12. Attendance**

A child or young person with a medical condition may have difficulties attending school at certain times. This could be due to planned appointments or surgery, or as a result of an increase in symptoms or deterioration of their overall health condition.

Parents have a responsibility to advise schools of any planned appointments or predicted absence due to surgery/therapeutic intervention.

Schools have a responsibility to code this absence appropriately. If a school does not have sufficient information regarding a young person's health condition, and it is impacting on school attendance, they may contact the Just One Number (0300 300 0123) Single Point of Access: [www.justonenorfolk.nhs.uk](http://www.justonenorfolk.nhs.uk) to request a school nurse attendance health check. If this process does not identify sufficient information schools can also contact GP's with parental consent, utilising the NCC Joint Protocol between Health

Services and Schools. If absence due to a medical condition is noted to be for more than 15 days, schools should consult the [NCC Medical Needs Service](#) for advice and support.

### **13. Liability & Indemnity**

The Wensum Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

*The Trust and its schools are members of the The Department for Education's (DfE's) Risk Protection Arrangement (RPA)*

RPA will provide an indemnity if a Member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury occurring during the Membership Year within the Territorial Limits and in connection with the provision of medicines or medical procedures. Indemnity will also be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to pupils with medical conditions and has received sufficient and suitable training.

Cover provided by the RPA will be subject to adherence with the statutory guidance on supporting pupils at school with medical conditions, December 2015.

### **14. Complaints**

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

### **15. Monitoring and review**

This policy will be reviewed and approved annually.

## Appendix 1: Notification of medical need and process for developing Individual Healthcare Plans (IHP)

