



The Federation of the Church Schools of  
Shalfleet and Freshwater & Yarmouth  
*Together for a Brighter Future*

# **SUPPORTING CHILDREN WITH MEDICAL CONDITIONS**

## **A STATEMENT OF POLICY**

<b>Approved by</b>	<b>CW</b>
<b>Portfolio</b>	<b>Inclusion</b>
<b>Approved on</b>	<b>Autumn 2025</b>
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<b>Review Cycle</b>	<b>1 Year</b>

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Supporting Children with Medical Conditions Policy**

### **1. Children and Families Act 2014**

Section 100 of the Children and Families Act 2014 includes a duty on schools to support children with medical conditions. Schools must make arrangements for supporting pupils at schools with medical conditions and in meeting that duty they must have regard to the statutory guidance issued by the Secretary of State in September 2014.

The Federation of the Church Schools of Shalfleet and Freshwater & Yarmouth will ensure that children with medical conditions are well supported, and produce Individual Health Care Plans (IHCP) where appropriate.

### **2. Responsible Staff**

The Head teacher is responsible for ensuring that sufficient staff are suitably trained, organising appropriate cover arrangements and briefing any supply teachers, this task is delegated to the Deputy Headteacher and School Business Manager .

Our Inclusion Team led by the Deputy Headteacher, is responsible for liaising with relevant parties to write, implement and monitor Individual Health Care Plans (IHCPs), supporting the children and making sure that all relevant staff are aware of a child's needs.

As a school we undertake risk assessments for school visits, holidays, and other school activities outside of the normal timetable.

### **3. Procedure to be followed when a school is notified that a pupil has a medical condition**

When we know of a child coming to or going from The Federation of the Church Schools of Shalfleet and Freshwater & Yarmouth, we will liaise with the other school/preschool to ensure arrangements are in place for the start of the relevant school term.

In other cases, such as a new diagnosis or children moving to a new school mid-term, we will make every effort to ensure that arrangements are put in place quickly.

### **4. Individual healthcare plans (IHCP)**

Individual healthcare plans 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 will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Annex A.

The format of individual healthcare plans may vary in order to be effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the

child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans, and their review, may be initiated in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision, including home tuition, schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

## 5. What does an IHCP include?

Information about the pupil's medical condition, its triggers, signs, symptoms and treatments; the pupil's resulting needs, including:

- medication (dose, side-effects and storage)
- other treatments
- facilities and equipment
- testing
- access to food and drink where this is used to manage their condition
- dietary requirements
- environmental issues
- specific support for the pupil's educational, social and emotional needs
- requirements for extra time to complete exams
- use of rest periods
- 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),
- any emergencies.

If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring; who will provide this support, their training needs, and expectations of their role and confirmation of proficiency to provide support for the child'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 child'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 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; and what to do in an emergency, including whom to contact, and contingency arrangements.

## 6. Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals, and where appropriate, social care professionals, local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

Governing Bodies -must 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. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. Governing bodies should 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.

Headteachers - should 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. Headteachers should ensure that all staff that need to know are aware of the child's condition. They should also ensure that sufficient trained members of 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. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service 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 the school nurse.

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. 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.

School nurses - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child.

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse 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. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

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 individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents – should 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 are key partners and should be involved in the development and review of their child's individual

healthcare plan, 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.

Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to 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. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should 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, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs.

## **7. Staff training and support**

Staff will be supported in carrying out their role to support pupils with medical conditions through appropriate training as identified in the IHCP, and receive emotional support from line managers. Support to staff will be reviewed by the Headteacher and SLT at regular intervals, and on an ongoing basis.

Training needs for staff will be identified during the development or review of individual healthcare plans. They will be reviewed in line with IHCP reviews, or sooner should a child have a change of diagnosis and need, or should the staff member feel additional training in a key area would support them. Staff with existing knowledge of the specific support needed by a child with a medical condition may not require extensive training. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The school will hold whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy (this may be delivered separately to teachers and teaching assistants/ lunchtime staff/ support staff). Medical awareness training will be included in induction arrangements.

The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

## **8. Managing Medicines and Record Keeping**

Please refer to our policy on Administering Medicine.

## **9. Emergency procedures**

Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation. As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies.

Where a child has an individual healthcare plan, this should 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 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.

## **10. Day trips, residential visits and sporting activities**

At The Federation of the Church Schools of Shalfleet and Freshwater & Yarmouth pupils with medical conditions should participate fully in school trips and visits, or in sporting activities. Teachers should 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 and with any reasonable adjustments. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The Federation of the Church Schools of Shalfleet and Freshwater & Yarmouth will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. As part of our commitment to best practice, we carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **11. 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; or ignore medical evidence or opinion,;
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- 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. 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.

## **12. Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school.

If for whatever reason this does not resolve the issue, they may make a formal complaint via the Federation's complaints procedure.

***This policy should be read in conjunction with the school's Child Protection Policy***

## Annex A: Model process for developing individual healthcare plans

