

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

The policy framework describes the essential criteria for how a Trust school can meet the needs of children and young people with medical conditions. It is in line with the latest DfE statutory guidance on Supporting Pupils at School with Medical Conditions

ESSENTIAL MANAGEMENT POLICY FOR:

Heads of Schools, qualified first aiders, Visit Leaders,
School SENCO, Pastoral lead and Staff as required

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Next review: May 2026

Revision History

Issue Date:	Version:	Comments
September 2018	0.1	Draft for review
September 2018	1.0	Distributed to Headteachers, COO, SET SLT
September 2021	2.0	New Appendices E and F
September 2022	3.0	Introduction references the Allergies and Anaphylaxis and Animals in Education policy
August 2023	4.0	Section numbering added
May 2024	5.0	Date changed in footer
May 2025	6.0	Pica reference added to Appendix E

1. INTRODUCTION

The purpose of this policy is to provide Sapiientia Education Trust (SET) schools with a framework to enable Head Teachers to implement a local school policy which ensures pupils with medical conditions are properly supported at school.

The school's local policy will also be informed by:

- the statutory guidance contained in '[Supporting pupils at school with medical conditions](#)' issued by the Department of Education
- SET Managing medicines in school's policy
- SET Emergency salbutamol inhaler in school policy
- SET Allergies and Anaphylaxis policy
- SET Animals in Education policy
- [SEND code of practice](#)
- Norfolk County Council Joint Protocol between health services and schools – management of pupil absence from school where medical reasons cited.

Responsibility for the implementation of the local school policy lies with the school Head Teacher who must be named in the policy as the responsible person. It is important to specify roles and responsibilities in your policy, arrangements, training requirements, location of records and details of the monitoring and review process.

2. NOTIFICATION THAT A PUPIL HAS A MEDICAL CONDITION

The school will be informed by a parent or healthcare professional that a child with a pre-existing medical condition or one that has been newly diagnosed is due to attend the school or is due to return to school after a long-term absence, or that needs have changed. In all cases, the recipient of the information regarding a medical condition is to inform the school nurse (if applicable) and the Head Teacher.

Where it is known that a new pupil set to join the school has a medical condition that will require support, arrangements to provide that support are to be put in place before the pupil starts at the school. This must include a review of the school accessibility plan in the case of a new pupil with special educational needs and disability (SEND).

In cases where there is a new diagnosis or that a pupil has moved to the school mid-term, suitable support arrangements must be put in place within 14 working days of that pupil arriving at the school.

To assist those assessing the level of support required for new entrants or those with a new diagnosis a level of need indicator template is provided at Appendix E together with guidance notes.

3. INDIVIDUAL HEALTHCARE PLANS

Where a pupil has long-term or complex medical condition or health needs, schools must, where appropriate, produce an IHCP for that pupil. A template IHCP is set out at Appendix C.

The IHCP will be prepared by the agreed lead person either the (Head Teacher, designated staff member or health professional following collaborative consultation which will also include the parents, staff, the pupil (where appropriate) and School nurse (if applicable).

Where the child has a special educational need identified in an educational health and care plan (EHCP), with health needs related to the child / young person's SEN, the IHCP should be linked to or become part of that EHCP.

The IHCP should be presented to the Parents for approval prior to its implementation to ensure the school holds accurate information about the medical condition of any pupil with long-term needs.

Once the IHCP is approved, the Head Teacher will be responsible for its maintenance and implementation. In practice day to day management of the plan and upkeep of the school IHCP register will be delegated to an appointed staff member e.g. the SENCO or Pastoral lead.

It is important to ensure that the IHCP is kept up to date accessible to those staff who need to see it (whilst maintaining compliance with GDPR) and is reviewed regularly. Reviews must take place as a minimum annually (earlier if new information or changes are notified).

For the avoidance of doubt, an IHCP will not be required for a temporary incapacity such as a broken leg requiring the use of crutches. Please see the crutches protocol at Appendix D.

4. EDUCATIONAL HEALTH AND CARE PLANS (EHC)

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the [special educational needs and disability \(SEND\) code of practice](#)

The Special educational needs and disability code of practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils

who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

If an EHC is issued by the local authority for a pupil, a number of contributing agencies will have been involved prior to its release including;

- Parents/Carers
- Head teacher
- School SENCO
- Staff
- Medical/Healthcare professionals
- Local authority

The responsibility for ensuring the EHC is managed and reviewed (at least annually or earlier if evidence is presented that the pupil's needs have changed) lies with the Head Teacher but in practice, day to day management of the EHC is usually delegated to appointed school staff e.g. the school SENCO/Pastoral lead.

In circumstances where support for associated medical conditions is required, any additional staff training needs must be captured in the EHC and locally in the pupil's EHC Risk Assessment undertaken by the SENCO *(We don't routinely complete a RA for all pupils with an EHCP only where there is a behavioural concern.)*

Further information or advice pertaining to EHC's together with a template EHC risk assessment can be obtained from the trust SEND lead based at Wymondham College.

5. STAFF TRAINING AND SUPPORT

The school is responsible for ensuring that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in the school.

The Head Teacher must ensure that all staff required to support pupils with medical conditions receive such training as is commensurate with their roles and are included in discussions about pupil specific IHCPs.

For audit purposes it will be necessary for schools to keep records of all training given together with completion dates/certification and renewal dates.

Training needs are to be reviewed as part of the annual review of the IHCP or as changes of that plan are implemented.

6. MANAGING MEDICINES

Instructions for the management and issue of medication and self-medication and associated record keeping are contained in the Trust's Managing Medicines in Schools policy. Schools should include relevant information in their local policy.

7. EMERGENCY SITUATIONS

Where a pupil's ability to respond to an emergency situation such as a fire alarm may be impaired, a risk assessment should be undertaken to determine the need for any additional protective arrangements and/or emergency procedures. The findings of the risk assessment will be used by the Head Teacher of the school or other designated senior staff member to produce a personal emergency evacuation plan (PEEP) based on the recommendations contained in the risk assessment. A template is provided at Appendix F below.

Where there are specific actions needed in response to a medical emergency these should be detailed in the IHCP.

Activities and off-site trips and visits. The organiser of any non-curriculum activities on site is responsible for taking into account the IHCP needs of the participating pupils. For example, there may be access, allergy or emergency issues to consider. Similarly, for off site visits, the visit leader must check for any pupils travelling who may have an IHCP and implement appropriate measures as part of the visit risk assessment (see the Trust's "Off Site Visits and Trips Policy").

Day to day. The IHCP is to contain detailed emergency procedures to be followed, according to a pupil's medical condition, for normal day-to-day attendance at school.

GDPR. It is important that those staff who need to be made aware of a pupil's medical condition and IHCP know where they can find it. Under GDPR it would not be unreasonable for schools to keep basic information in staff rooms which by their nature restrict access to non-staff members.

To comply with GDPR the IHCP template front sheet at Appendix C below which only gives name class and picture can be posted on staff room noticeboards to make staff aware a healthcare plan is in place for that individual and who to contact to arrange to see the full document.

Kitchen staff will need to identify those with specific dietary requirements particularly if the pupil has a food allergy e.g. nuts.

Methods of identifying those individuals could be as simple as:

- Coloured wrist bands
- A photograph of the child alongside details of their allergy in the kitchen or serving area together with an emergency telephone number to call for medical assistance in the event the child suffers an allergic reaction

8. REPORTING AND EVALUATION

The Head Teacher is to ensure that an annual report is provided to the Governing body (SET) detailing how the school meets the needs of pupils who have a medical condition including an assessment of their progress and achievement.

The report should be addressed to the SET education lead for your school and copied to the SET SEND lead and HSO.

9. UNACCEPTABLE PRACTICE

Although staff should use their discretion and judge each case on its merits with reference to the pupil's IHCP, it is not acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication and administering medication when and where necessary
- Assume every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers; or ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP
- If the pupil becomes ill, send them to the first aid room/medical centre unaccompanied or with someone unsuitable
- Penalise pupils from drinking, eating or taking toilet breaks whenever they need 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/carers should have to give up working because the school is failing to support their child's medical needs; or
- Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including trips e.g. by requiring parents to accompany the pupil.

10. INSURANCE

The Trust is a member of the Department of Education's Risk Protection Arrangements (RPA). All other insurance not provided by the Department of Education is sourced directly from commercial providers.

11. COMPLAINTS

Any complaints about any aspect of the implementation of this policy should be addressed through the school's complaints procedure.

12. MONITORING AND REVIEW

Local school medical conditions policies must be reviewed annually as a minimum or earlier if a significant incident occurs. Such reviews should include key staff members responsible for managing day to day management of healthcare plans. This trust policy will be reviewed by the HSO on the same basis.

13. ATTACHMENTS

Appendix A: Model Process for developing Individual Healthcare Plans

Appendix B: Information for inclusion in an Individual Healthcare Plan

Appendix C: Individual Healthcare Plan pro forma

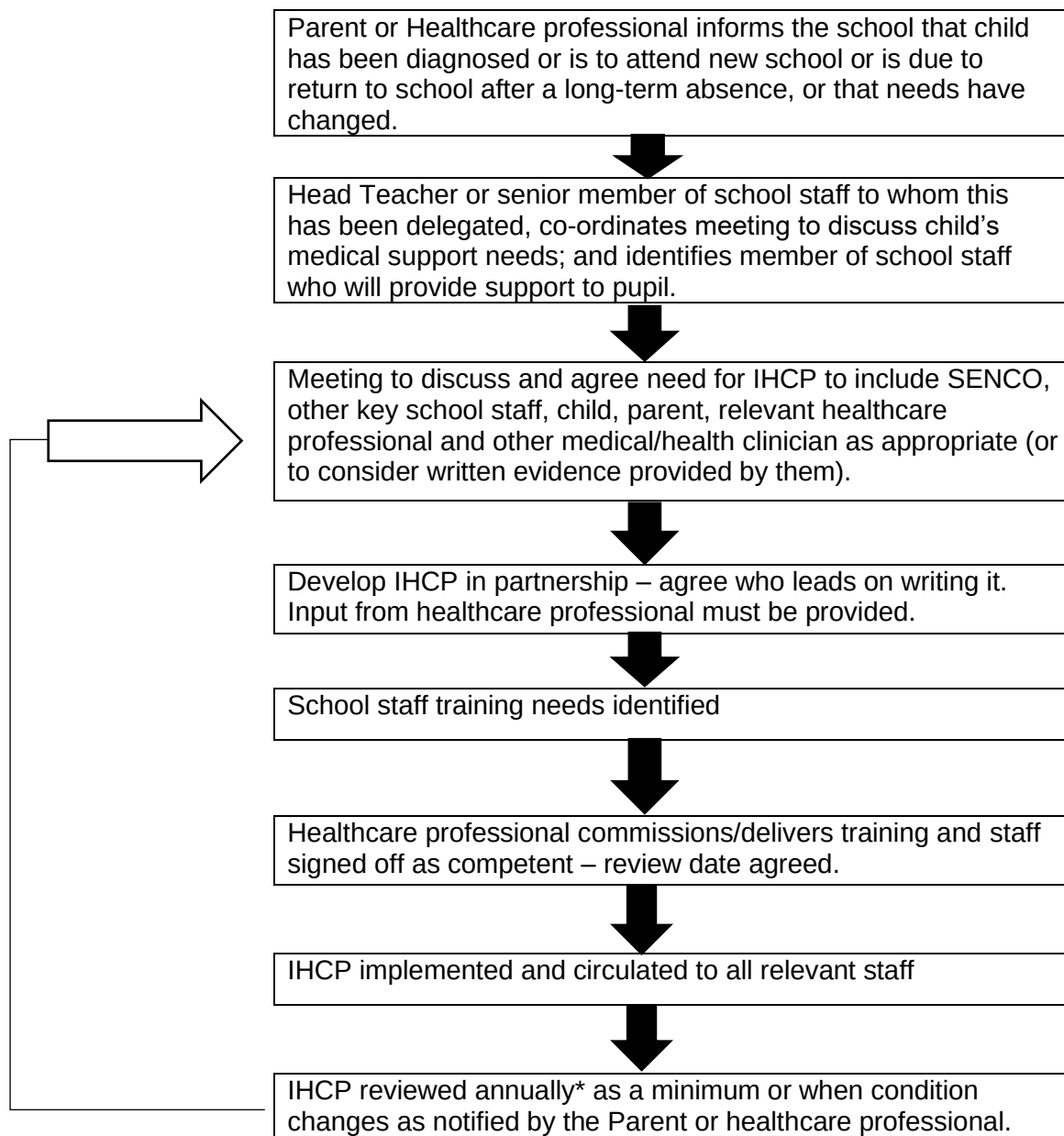
Appendix D: Crutches protocol

Appendix E: Medical Conditions - Level of Need Indicator Grid and guidance notes

Appendix F: Personal Emergency Evacuation Plan pro forma

Appendix A

SCHOOL PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS



*In some circumstances more frequent review may be appropriate.

Appendix B

INFORMATION FOR INCLUSION IN AN INDIVIDUAL HEALTHCARE PLAN

The following should be considered for inclusion in an IHCP:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupils 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-medicating, this should be clearly stated with appropriate arrangements for monitoring.
- Clear identification of the post holders responsible for providing support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Clear identification of who at the school needs to be aware of the pupil's condition and the support required;
- Arrangements for written permission from parents and the Head Teacher or senior member of staff to whom this has been delegated, for medication to be administered by a member of staff, or self-administered by the pupil in accordance with existing protocols (See Trust managing medicines in schools' policy)
- Separate arrangements or procedures required for trips and visits or other school activities outside of the normal timetable that will ensure that the pupil can participate (see trips and visits policy for information around risk assessment);
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition; and
- What to do in an emergency, including who to contact and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan;
- Identification of staff training needed to support the individual

Appendix C

Individual healthcare plan (IHCP)

Name:

Group/Class/Form:

Attach
Photograph
here

**Contact the School Office/Medical
centre**

[Delete as appropriate]

For further information

Individual healthcare plan (IHCP)

Attach
Photograph
here

Name of school/setting
Child's name
Group/class/form
Date of birth
Child's address
Medical diagnosis or condition
Date
Review date

Family Contact Information

Name
Relationship to child
Phone no. (work)
(home)
(mobile)
Name
Relationship to child
Phone no. (work)
(home)
(mobile)

Clinic Hospital Contact

Name	
Phone no	

GP

Name	
Phone no.	

Who is responsible for providing support in school?

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

--

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I agree that my child's medical information can be shared with school staff responsible for their care.

Signed by parent or guardian

Print name

Date

Review date

Copies to:

--

Protocol for Accepting Pupils Back into School Whilst on Crutches

This applies to early years, primary and secondary schools

Schools require a letter from a medical professional (GP, hospital etc) detailing exactly what injury has been sustained before accepting responsibility for a pupil on crutches. This letter should include details of whether the pupil is required to use crutches in school and approximately how long for. Further information to be detailed, includes when weight bearing should begin and any follow-up appointments (fracture clinics, physiotherapy etc). Looking after children on crutches is not a responsibility to be taken lightly by the school and, without clear medical information, potentially puts the pupil and school at risk.

It is unacceptable for pupils to return to school on crutches that they have obtained from means other than a professional/medical establishment i.e. friends, football coaches etc – these pupils have not been officially checked out either at the GP or A&E and are a potential danger to themselves and other pupils.

We would appreciate the pupil being dropped off by a parent/carer on their initial return to school to enable the following to be discussed/explained:

- Whether the pupil can evacuate unaided or whether any personal assistance is needed
- Leaving lessons early
- Arrangements for all lessons to be in ground floor locations (if possible)
- Medication (particularly analgesia) – consent to administer must be obtained
- Collecting from school arrangements can be discussed
- Any emergency contact details can be checked
- Follow-up appointments noted

In terms of the health and safety issues within Food/Textiles, Science, PE and Technology each head of department will make an individual decision as to whether a pupil on crutches can join in with the practical activities. Provisions should be made during the lesson for pupils to “sit-out” within the classroom environment if it is felt too dangerous for them to join in, and they complete other work.

With regard to footwear all pupils returning to school on crutches should wear their usual footwear. If this is not possible suitable protective footwear should be worn.

It is recommended that a risk assessment detailing the health & safety issues for all pupils on crutches is completed and parents/guardians made aware of the details in each case.

If personal assistance is required to exit the building in an emergency a Personal Evacuation Plan (PEEP) must be produced.

An IHCP is not required if the use of crutches is a temporary measure.

Safe use of crutches – Guidance for staff and pupils

In caring for the pupil staff should be alert for and remind the pupil to take extra care:

- When weather is wet with tread through of water.
- When consuming food and drink in communal areas where spills can occur more frequently.
- When there is a risk of ice on paths (this may result in additional limitation or supporting arrangement which may include not leaving the House/school building.
- In Classrooms such as Food Tech or Science.
- On busy staircases or corridors – better to be late arriving for a lesson.
- When walking outside after dark.

And for the pupil to check every day for

- Any excessive wearing of protective rubber feet on crutches.
- Any debris such as stones or drawing pins stuck in the rubber feet.

Level of Need Indicator Grid – Guidance Notes

The Medical Conditions - Level of Need Indicator Grid can be used to support a best-fit judgement by ticking / highlighting all those statements that apply to identify the overall level of need:

- Low
- Moderate
- High
- Severe* (Chronic, life-limiting or life-threatening medical condition)

Examples of possible medical conditions are provided for illustrative purposes only, as the severity and impact of any medical condition will vary significantly from pupil to pupil.

Where it is known that a new pupil joining the school has a pre-existing medical condition or when a pupil is given a new medical diagnosis, the school should identify the pupil's overall level of need in agreement with parents/carers, and arrangements put in place to ensure this support can be given. Once completed, the grid can be attached to the pupil's IHCP or can be used to show why an IHCP is not needed (i.e. Low level of need).

Schools may find it useful to record level of need on their Medical Needs Register and/or MIS system to enable them to report headline figures to Governors.

	Medical Conditions - Level of Need Indicator Grid					
	Pupil		Date		Level of need	LOW / MODERATE / HIGH / SEVERE
	LOW		MODERATE		HIGH*	
Description	☐ A minor, diagnosed medical condition.		☐ A diagnosed, established and controlled medical condition.		☐ A diagnosed, established medical condition which is not yet fully controlled or is significant in its impact and/or severity .	
Medication	☐ Medication and/or specialist support may be required during the school day, but this is not likely to be administered regularly or for a prolonged period.		☐ Medication and/or specialist support may be required during the school day as a preventative measure or in an emergency situation.		☐ Pupil frequently requires medication and/or specialist support to be administered by trained staff during the school day, as directed in an Individual Health Care Plan (IHCP).	
School support	☐ Requires little or infrequent adult support to manage medical condition in school.		☐ Requires occasional or regular adult support to manage medical condition in school.		☐ Requires a high level of adult support to manage condition and stay safe throughout the school day.	
Advice provided by	☐ Parent(s) and possibly G.P. or a Health Care Specialist (e.g. Asthma nurse).		☐ Parent(s) and advice/guidance given by at least one Health Care Professional such as G.P., School Nurse or other specialist (e.g. Asthma nurse, Speech and Language Therapist, etc.).		☐ Parent(s) and at least one Health Care Specialist has provided consultancy/guidance (e.g. Paediatrician, Continence Nurse, Epilepsy Nurse, Occupational Therapist, Physiotherapist, etc.). ☐ Pupil has regular medical reviews (at least annually). ☐ Guidance and training given to school and collaborative production of an Individual Health Care Plan (IHCP).	
Attendance	☐ Attendance not likely to be affected because of ill health/medical needs.		☐ Attendance may temporarily be affected because of ill health/medical needs and/or appointments for short periods of time.		☐ Attendance likely to be affected because of ill health/medical needs and the need to attend regular medical appointments. ☐ Periods of hospitalisation may be required.	
Impact	☐ Medical condition has little or no impact on the pupil's ability to access the curriculum independently and has little or no impact on their ability to socialise, maintain friendships or engage in wider aspects of daily school life (e.g. social times, school trips, etc.).		☐ Medical condition has some impact on daily school life. ☐ Modification may be needed in some areas (e.g. environmental adaptations, transitions, lunch-time support or curriculum adjustment, etc.) ☐ Pupil may require support to use or learn to use specialist resources or to develop specific skills.		☐ Medical condition significantly impacts on one or more areas of daily school life. ☐ Adaptations to the curriculum, environment, timetable, etc., are likely to be needed. ☐ Pupil may require specialist equipment and/or personalised programmes of support (e.g. physiotherapy, counselling, etc.) ☐ Individual risk assessments may be needed for specific events e.g. trips and school events.	
Wellbeing	☐ Pupil's emotional and social wellbeing is largely unaffected by their medical condition.		☐ Pupil may need targeted intervention to help them develop appropriate emotional responses and coping strategies to deal with medical condition.		☐ Pupil is likely to need personalised intervention to support them in learning to cope with the wider impact and long-term implications of their medical condition.	
Documentation	☐ Medical Needs Register		☐ Medical Needs Register ☐ Possible Individual Health Care Plan (IHCP) ☐ May be on SEN Register ☐ May be on Disability Register		☐ Medical Needs Register ☐ Individual Health Care Plan (IHCP) ☐ Likely to be on Disability Register ☐ May be on SEN Register ☐ May have an EHCP	
Possible examples	<i>E.g. Eczema, Intolerances, Minor Allergies, Glue-ear, Post-operative or controlled conditions to be monitored (e.g. Grommets, Vision corrected by glasses), Stammer, Mild TICs.</i>		<i>E.g. Asthma (little or no inhaler use in school), ADHD, Chronic constipation, Moderate allergies, Cerebral Palsy (minor impact), Minor hearing or visual impairment.</i>		<i>E.g. Asthma, Incontinence, Diabetes, Epilepsy, Significant hearing or visual impairment, Pica, Tourette's, Muscular Dystrophy, Cerebral Palsy, Anaphylaxis.</i>	

*Further category of SEVERE high-level need for pupils with chronic, life-limiting or life-threatening medical conditions requiring significant personalised support

Personal Emergency Evacuation Plan Template

This form should be completed for anyone who requires assistance with any aspect of emergency evacuation. Schools should ensure they are familiar with the “Safe moving and handling for children and young people with mobility difficulties” guidance before completing a PEEP.

Date of PEEP:
Date to be reviewed:

PHOTO	Name of child/young person:
	D.O.B:
	Class/group/form:
	Location of class/group/form in building:
	Play Leader/Teacher/Tutor: (including contact number)

PEEP Lead at the school/setting:
Those involved in developing the PEEP:

Consider	Yes	No	Comments
Does the child/young person change rooms during the day/ use more than one location within the building or site?			
Does the child/young person have difficulty identifying or reading emergency exit signs?			
Does the child/young person experience difficulties hearing the fire alarm?			
Is the child/young person likely to experience difficulties when independently travelling to the nearest emergency exit?			
Does the child/young person experience difficulty using stairs?			
Is the child/young person dependent on a wheelchair or a mobility aid for walking?			
If the child/young person uses a wheelchair, do they have difficulty transferring from this without assistance?			

Can the child/young person raise the fire alarm upon discovering a fire?		Yes		No	
Provide details of how the child/young person would know if there was a fire:					
How is the child/young person to be informed of an emergency evacuation?					
Existing alarm				Visual alarm	
Vibrating pager				Other (specify)	
Provide details of how the child/young person would know if there was a fire:					
Provide details of the Exit Route Procedure (starting from when the alarm is raised to final exit of the building). Ensure all safe routes that can be used are included: (consider attaching a building plan with all routes clearly marked)					

Provide details of the persons designated to assist the child/young person in the evacuation and the nature of assistance to be provided by each person:

Provide details of the methods of assistance (e.g. transfer procedures and methods):

Equipment provided for use during evacuation: *(include details of where this is stored)*

Training in use of equipment provided by:

Persons receiving training:

Date:

Date to be reviewed:

Comments:

