



# Victor Seymour Infants' School

## **Supporting Pupils with Medical Conditions Procedure**

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# Victor Seymour Infants' School

## Supporting Pupils with Medical Conditions Procedure

Victor Seymour Infant's School is committed to complying with all relevant legislation in relation to the health and safety of the pupils in its care, including those with special medical needs.

This procedure applies to Victor Seymour Infant's School and all governors and staff of the school must abide by this procedure.

It is the responsibility of the Headteacher of the school to ensure that their school and its staff adhere to this procedure. In implementing this procedure school staff must take account of any advice given to them by the GLT CEO and/or Board of Trustees. If there is any question or doubt about the interpretation of this, the GLT CEO should be consulted.

### Approval and review

- Maintenance of the Procedure is the responsibility of the GLT Directors of Education (model) and the Headteacher (school version)
- The model procedure was approved by the GLT Board of Trustees on 20 December 2024.
- This school procedure was approved by the School Governing Body on: **20 January 2026**
- The Model Procedure may be updated where necessary by the GLT Directors of Education in line with statutory guidance.

## **Aims**

The procedure aims to ensure that:

- Pupils, parents/carers and staff understand how our schools will support pupils with medical conditions.
- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

The headteacher will implement this procedure by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's 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 procedure and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

## **Note for Parents / Carers**

The school holds confidential information on pupils' health. This needs to be updated regularly. The provision of this information remains the responsibility of the parent / carer.

The child's own doctor/health care professional is the person best placed to advise whether a child should or should not be in school.

The school will consider requests made by the parent / carer in respect of the administration of medicines. For further information on this please refer to the Administration of Medicines on School Site procedure.

The school will consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

The school recognizes that supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents/carers and pupils is critical.

## **Legislation and Statutory Responsibilities**

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

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

## **Roles and Responsibilities**

### **The Headteacher**

The Headteacher will:

- Ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- Ensure all staff are aware of this procedure and understand their role in its implementation

- Ensure that there is a sufficient number of trained staff available to implement this procedure and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure all relevant staff are made aware of the child's condition
- Ensure there are cover arrangements in place in case of staff absence or staff turnover so that someone is always available
- 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
- Ensure that risk assessments for school visits, holidays, and other school activities outside of the normal timetable are carried out.

These responsibilities may be delegated to other members of the Senior Leadership Team or other staff as appropriate.

### **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.

### **Parents**

Parents 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.

### **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.

### **Equal opportunities**

Victor Seymour Infant's School is committed to ensuring that all children with medical conditions receive a full education. We recognise that, in some cases, this will require flexibility and that any decisions need to be made in partnership with pupils and parents/carers with the child's best interests at the centre. We also recognise the possible impact of medical conditions on pupils' social, emotional and mental well-being and full inclusion in school life. Victor Seymour Infant's School is committed to

working in partnership with pupils and their parents/carers holistically when considering how best to meet their needs.

Victor Seymour Infant's School is clear about the need to actively support pupils with medical conditions to participate in school 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 and any relevant healthcare professionals will be consulted.

## **Procedure to be followed when the school receives notification that a child has a medical condition**

When a new diagnosis is made or a child moves into the school mid-term, the process outlined below will be followed to decide whether the pupil requires an Individual Healthcare Plan. Every effort will be made to ensure that arrangements are put in place within 2 weeks of the school being notified by the parent/carer, or by the beginning of the relevant term for pupils who are new to our school.

The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a medical condition is unclear or there is a difference of opinion, judgements will be made about what support to provide based on the evidence available to the school. This will include some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

## **Individual Healthcare Plans**

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENCO.

Individual healthcare plans are used to help ensure that each school effectively supports 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 individual healthcare plans. The healthcare professional, school and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will make the final decision in consultation with healthcare professionals. See Appendix A for procedures for identifying and agreeing the support a child needs and developing an individual healthcare plan.

The format of individual healthcare plans may vary and the level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. An example proforma can be found in Appendix B.

Plans will be drawn up by healthcare professionals e.g., School nursing team, specialist, paediatrician or children's community nurse, who can best advise on the particular needs of the child. This will be in partnership with the school and parents/carers. Pupils will also be involved whenever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The aim of the plan is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to accessing their full educational entitlement and

experience. Healthcare professionals will take the lead in writing the plan, but responsibility for ensuring it is implemented rests with parents/carers and the school.

Individual healthcare plans will be reviewed at least annually or earlier if evidence is presented to the school that the child's needs have changed. Unless the school has been notified of a change in the child's needs, the review will be undertaken in consultation with the school nurse and parents/carers.

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

## **What Will Be Recorded**

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 and the SENCO 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 when moving around.
- 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, meaningful inclusion with their peers.
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in 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, 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/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 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.
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## **Staff Training and Support**

Any member of school staff providing support to a pupil with medical needs will receive suitable training. This will be identified during the development or review of individual healthcare plans. Staff who provide support to pupils will be involved in meetings where this is discussed. The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.

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.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents/carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

There will be annual whole school awareness training so that all staff are aware of the school's procedure for supporting pupils with medical conditions and their role in implementing that procedure. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

All new staff will receive appropriate training in line with induction procedures.

## **Managing Medicines**

Please refer to Administration on Medicine on School Premises Procedure for more details.

### **The Child's Role in Managing Their Own Medical Needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents 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 so that an alternative option can be considered, if necessary.

### **Record-Keeping**

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

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

All children with medical needs have their photos, their condition and, where appropriate, their care plans accessible to all relevant staff and staff should regularly familiarise themselves/remind themselves of this key information.

### **Emergency Procedures**

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Each school will ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

### **Day Trips, Residential Visits and Sporting Activities**

Staff 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. The school 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.

For any day trip, residential visit or sporting activity, specific information to support any pupil with a medical condition to be safely included in the trip will be captured on the class' individual risk assessment. Where appropriate, specific risk assessments for out-of-school activities will be included on the care plan and will inform planning for the trip.

## **Unacceptable Practice**

Staff should use their discretion and will judge each case on its merits with reference to the child's individual healthcare plan. However it is not 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/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 individual healthcare plans;
- if the child becomes ill, leave them unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- require parents, 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 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, e.g. by requiring parents/carers to accompany the child;
- administer, or ask pupils to administer, medicine in school toilets.
- where the need is detailed on a IHP, prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

## **Liability and indemnity**

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

## **Complaints**

Should parents/carers 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 school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents/carers (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## Appendix A:

Step 1	Parent or Healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long term absence, or that needs have changed
2	Headteacher or senior member of school staff to whom this has been delegated coordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil
3	Meeting to discuss and agree need for IHP to include key school staff, child, parent, relevant healthcare professional, and other medical clinician as appropriate (or to consider evidence provided by them)
4	Develop IHP in partnership - agree who leads on writing it. Input from healthcare provider must be provided
5	School staff training needs identified
6	Healthcare professional commissions / delivers training and staff signed off as competent - review date agreed
7	IHP implemented and circulated to relevant staff
8	IHP is reviewed annually or when condition changes. Parent or healthcare professional to initiate. <b>Return to step 3</b>

## Appendix B: Individual Healthcare Plan Proforma

Name of School:	
Child's Name:	
Year Group / Class:	
Date of Birth:	
Child's Address:	
Medical diagnosis or condition:	
Date:	
Review Date:	

### Family Contact Information

Contact 1:

Name:	
Phone no. (work)	
(Home)	
(Mobile)	
Relationship to child:	

Contact 2:

Name:	
Phone no. (work)	
(Home)	
(Mobile)	
Relationship to child:	

Clinic / Hospital Contact

Name:	
Phone no.	

G.P. Contact

Name:	
Phone no.	

Who is responsible for providing support in school:	
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Describe medical needs and give details of a 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 administration with / without supervision:
Daily care requirements:
Arrangement if child refuses to take their medication whilst at school:
Specific support for the pupil's educations, social and emotional needs (if required):
Arrangements for school visits / trips:
Other information (if required):

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

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

Plan developed with:

Staff training needed / undertaken – who, what, when:

Form copied to: