



Connection ● Communication ● Independence ● Aspiration

Supporting Learners at School with Medical Conditions

Review Date: December 2026

Redwood school is an inclusive community that welcomes and supports learners with medical conditions. The school provides all learners with any medical condition the same opportunities as others at school.

Redwood ensures

All staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

Redwood

Understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

Understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect learners within their school and staff receive training on the impact medical conditions can have on learners.

The named members of school staff responsible for this medical conditions policy and its implementation are:

Paul Evans - Headteacher

Adele Navesey-Hall - Assistant Headteacher

Policy framework

The policy framework describes the essential criteria for how the school can meet the needs of children and young people with long-term medical conditions.

Redwood is an inclusive community that supports and welcomes learners with medical conditions.

The school is welcoming and supportive of learners with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both

school based and out-of-school) as other learners. No child will be denied admission or prevented from taking up a place in Redwood because arrangements for their medical condition have not been made.

The school will listen to the views of learners and parents.

Learners and parents feel confident in the care they receive from the school and the level of that care meets their needs.

Staff in the school understand the medical conditions of learners and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.

All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

The school and local health community understand and support the medical conditions policy.

The school understands that all children with the same medical condition will not have the same needs.

The school recognises that duties in the Children and Families Act (England only) and the Equality Act (England, Wales and Scotland) relate to children with disability or medical conditions and are anticipatory.

The medical conditions policy has been drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

Stakeholders include learners, parents, school nurse, school staff, governors, the Local Authority, the children's community nursing team (CCNT), relevant local health services and relevant supporter organisations.

The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation.

Learners, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

All children with a specific medical condition should have a care plan (CP).

A CP details exactly what care a child needs in school, when they need it and who is going to give it.

It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals and specialist if the child has one.

This is written by medical staff with full access to the child or young person's medical history and relevant notes.

All staff in the school understand and are trained in what to do in an emergency for children with medical conditions.

All school staff, including temporary staff, are aware of learners' medical conditions and understand their duty of care to learners in an emergency.

All staff receive training in what to do in an emergency and this is refreshed at least once a year.

A child's CP should explain what help they need in an emergency. The CP will accompany a learner should they need to attend hospital. Parental permission will be sought and recorded in the CP for sharing the CP within emergency care settings

All the school staff understand and are trained in the school's general emergency procedures.

All staff, including temporary staff, know what action to take in an emergency and receive updates at least yearly.

If a learner needs to attend hospital, a member of staff (preferably known to the learner) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take learners to hospital in their own car unless by prior agreement with the Headteacher.

The school have clear guidance is given on providing care and support and administering medication at school.

The school understands the importance of medication being taken and care received as detailed in the learner's CP.

The school will make sure that there is more than one member of staff trained to administer the medication and meet the care needs of an individual child.

The school will not give medication (prescription or non-prescription) to a child under 16 without a parent's digital / written consent. Digital / written consent can only be given by a person with parental responsibility.

When administering 'on demand' medication, for example pain relief, the school will check the maximum dosage and when the previous dose was given. Parents will be informed. The school will not give a learner under 16 aspirin unless prescribed by a doctor.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

The school should only accept prescribed medicines if these are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date but will generally be available to school inside an insulin pen or pump, rather than in its original container.

A trained member of staff will take responsibility for receiving the medication and parental consent and logging it into the medicine cupboard, checking that it is medication we are able to dispense. They will also establish a daily administration of medication record and establish a system for a weekly stock check.

- Where there is any doubt about the correct dosage to be administered, advice must be obtained from the child's GP or the pharmacy team before the medicine is administered.

Medication should only be given to the named child. Learners must not be given medication which has been prescribed for another learner. Parents are responsible for ensuring that there is sufficient medication to be used in school and that the medication has not passed its expiry date.

If a learner refuses to take their medication, they should not be forced to do so and a note made in the record of administration of their refusal. The parents/guardian should be informed of the refusal on the same day. If the refusal results in an emergency, the school emergency procedures should be followed. These procedures should be set out in the care plan for the individual learner.

The school will make sure that a trained member of staff is available to accompany a learner with a medical condition on an off-site visit, including overnight stays.

Parents of learners at the schools understand that they should let the school know immediately if their child's needs change.

Parents of learners should also inform the school if any changes are made to their child's medication and complete a consent form

If a learner misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

Any refusal or errors due to loss from overpouring or spillages are to be reported and logged at time of administering and reported to Assistant Head / Head and parents informed. If the emergency rescue medication is a controlled drug and is missing for any reason this must be reported to the Assistant Head / Head Teacher, parents, pharmacy and where appropriate the police where an abuse risk.

Parents of learners should also inform the school if their child has attended hospital or Accident and Emergency and share the outcome.

The school has clear guidance on the storage of medication and equipment at school.

The school will make sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Learners may carry their emergency medication with them if this is appropriate.

If appropriate, learners may carry their own medication/equipment, or they should know exactly where to access it.

The school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at the school can administer a controlled drug to a learner once they have had specialist training. All these children have a CP and it will be reviewed at least every 12 months.

The school will make sure that all medication is stored safely, and that learners with medical conditions (who are able to) know where they are at all times and have access to them immediately.

The school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

At the end of each summer term medication / equipment will be sent home and parents are asked to provide new and in date medication at the start of the autumn term boxes are kept securely at the schools and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures

The school has clear guidance about record keeping.

Parents at the school are asked if their child has any medical conditions on the enrolment form.

The school use a CP written by the NHS medical team to record the support an individual learner needs around their medical condition. The CP is developed with the learner (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

The school have a centralised register of CPs

CPs are regularly reviewed by the schools named nurse, at least every year or whenever the learner's needs change.

The learner (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the CP. Other school staff are made aware of and have access to the CP for the learners in their care.

The school makes sure that the learner's confidentiality is protected.

The school seeks permission from parents before sharing any medical information with any other party.

The school consults with the learner (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the learner's CP which accompanies them on the visit.

The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

The school makes sure that all staff providing support to a learner and other relevant teams have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the learner's CP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and the schools keep an up-to-date record of all training undertaken and by whom.

The school ensures that their whole school environment is inclusive and favourable to learners with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

The school is committed to providing a physical environment accessible to learners with medical conditions and learners are consulted to ensure this accessibility. The school is also committed to an accessible physical environment for out-of-school activities considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

All the school staff are aware of the potential social problems that learners with medical conditions may experience and use this knowledge, alongside the schools anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

The school understands the importance of all learners taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all learners. This includes out-of-school clubs and team sports.

The school staff treat the learners with an appropriately high level of care at all times. This means that the school is aware of learners who have been advised to avoid/take special

precautions during activity, and the potential triggers for a learner's medical condition when exercising and how to minimise these.

The school makes sure that learners have the appropriate medication/ equipment/ food with them during physical activity.

The school makes sure that learners with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

The school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a learner's medical condition. Redwood will not penalise learners for their attendance if their absences relate to their medical condition.

Learners at the school learn what to do in an emergency in line with their level of understanding.

The school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of learners with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

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 and education provider to ensure that the child receives the support they need to reintegrate effectively.

The school works in partnership with all relevant parties including the learner (where appropriate), parent, the school's governing body, all the schools staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully. Reintegration may take place over an extended period of time if that meets the needs of the child.

Safeguarding duties

The school governors will ensure that learners' health is not put at unnecessary risk from, for example, infectious diseases. The Schools will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Indemnity

Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy and guidance are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity

requires that the procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against a member of school staff, the Local Authority will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

*The term 'parent' implies any person or body with parental responsibility such as a foster parent, carer, guardian or local authority. www.medicalconditionsatschool.org.uk

Appendix 1

CARING FOR CHILDREN WITH MEDICAL CONDITIONS IN SCHOOL LEGAL INFORMATION

The laws relating to looking after children with medical conditions in school in the UK vary depending on the particular nation. The following is a summary of the relevant legislation and guidance in each nation.

The Equality Act 2010 (England, Scotland and Wales)

The NHS, local authorities and all schools in England, Scotland and Wales all have duties towards children with medical conditions, many of whom are legally defined as being disabled. Fee-paying independent schools are also legally obliged to meet the duties in the Equality Act 2010.

The relevant aspect of this act to schools is that governing bodies or proprietors must make reasonable adjustments to ensure that children and young people with disability are not put at a substantial disadvantage compared with their peers.

Importantly, this duty is anticipatory, which means adjustments must be put in place in advance to prevent disadvantage from occurring.

This is particularly relevant to schools in making sure they have enough staff trained so that a child with a medical condition can take part in all aspects of school life. If all the trained staff leave contingency plans must be in place to train up replacements quickly.

The Equality Act also states children with disability must not be discriminated against, harassed or victimised. You can find out more on the Equality and Human Rights Commission website

www.equalityhumanrights.com/

Specific legal information

England – legal duties on schools

Children and Families Act 2014

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

The statutory guidance, Supporting learners at school with medical conditions, is available to read on the Government website,

www.gov.uk/government/publications/supporting-learners-at-school-with-medical-conditions-3

Schools that must meet the duty in the Children and Families Act are:

a maintained school

an Academy school

an alternative provision Academy

all alternative provision providers

a learner referral unit.

The legal duty in the Children and Families Act is on “the appropriate authority”. “The appropriate authority” means:

The governing body of a maintained school

The proprietor of an academy

The managing committee of a learner referral unit.

The Education Act 2002

Sections 21 and 175 detail how governing bodies of maintained schools must promote the wellbeing of learners and take a view to the safeguarding of children at the school.

Section 3 of the Children Act 1989

This places a duty on a person with the care of a child to do all that is reasonable in the circumstances for the purposes of safeguarding and promoting the child. With relation to a

child with a medical condition, this will mean knowing what to do in the event of an emergency.

Legal duties on local authorities

Local authorities have legal responsibilities to help make sure schools can meet the duties relating to children with a medical conditions. These duties both refer to all children in the local authority and they do not depend on the kind of school the child attends.

Section 19 of the Education Act 1996

When children and young people are unable to continue at school because of illness, the Education Act 1996 requires Local Education Authorities to provide them with 'suitable education' for example in a hospital school or in home tuition. Suitable education refers to efficient education suitable to the child or young persons' age, ability and aptitude and to any special educational needs he may have.

Section 10 of the Children Act 2004

This is a particularly important piece of legislation if schools are struggling to get the support and training they need to allow them to look after a child with a medical condition properly.

Section 10 essentially means the local authority must make arrangements to promote cooperation between the authority and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board. They must make arrangements with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education.

If a school cannot get the support it needs to look after a child with a medical condition then they must approach their local authority.

Section of 17 of the Children's Act

This gives local authorities a general duty to safeguard and promote the welfare of children in need in their area. If a school is looking after a child with a medical condition so poorly that the child is put in danger, the local authority must step in.

Legal duties on the NHS Section 3 of the NHS Act 2006

This gives Clinical Commissioning Groups (CCGs) a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the

persons for whom it's responsible. What this means is that CCGs should provide the healthcare the people in its area need, if these needs are reasonable.

This section also provides for CCGs to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible.

In relation to children with medical conditions, this means that a CCG should, within reason, make sure support and health care is in place to improve their health or at least keep them healthy. Poor management of a medical condition at school will obviously affect the health of a child. If a school is unable to get the support it needs to help manage a child's condition successfully then both the local authority and the local CCG have a responsibility to the child's health and welfare.

Appendix 2 Further Advice from the Dept. of Education

Role of the Governing Body

The governing body should ensure that the schools policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support learners at school with medical conditions.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A schools ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and learners 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 learners with medical conditions are met effectively.

Some of the most important roles and responsibilities are listed below, but schools may additionally want to cover a wider range of people in their policy.

Governing bodies must make arrangements to support learners with medical conditions in school, including making sure that a policy for supporting learners with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Governing bodies should ensure that learners with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to learners with medical conditions are able to access information and other teaching support materials as needed.

Role of the Headteacher

Headteacher 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 learners with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers 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. Whilst Headteachers have overall responsibility to ensure all documentation is completed, any medical care plans should be written by medical colleagues.

School staff are insured to administer prescribed drugs/medicines along with those available without prescription (this includes drawing amounts). They are also covered for first aid etc. However, the staff concerned must have received regular, ongoing appropriate training and the usual risk assessments must be carried out from both a PL and EL perspective. 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.

Role of the Parents

Learners 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 learners will often be sensitive to the needs of those with medical conditions.

Role of School Staff

Any member of school staff may be asked to provide support to learners with medical conditions, this may include 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 learners 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 in line with the schools emergency protocols when they become aware that a learner with a medical condition needs help.

Role of the 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 should 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 and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. Schools keep a record of relevant training undertaken by staff.

Role of other Healthcare Professionals

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 individual healthcare plans. Specialist local health teams should be able to provide support in school for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Role of the Local Authority

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 co-operation 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 wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). 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 learners with medical conditions to attend full-time. Where learners 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 health needs sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of 9 (whether consecutive or cumulative across the school year).

Role of the Clinical Commissioning Groups (CCGs)

Clinical commissioning groups commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings. Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

Providers of Health Services

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Role of OFSTED

Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of learners, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of learners with special educational needs and disabilities, and also by learners' spiritual, moral, social and cultural development.

Appendix 3 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

(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 individual healthcare plans;

if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

prevent learners from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

the administration of medication to children within school hours should not impact on a parent's ability to work if they choose to

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 to accompany the child.

