



Supporting Pupils with Medical Needs Policy

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An academy within:



“Learning together; to be the best we can be”



1. Context

- 1.1. Section 100 of the Children & Families Act places a duty on all schools to make arrangements for supporting children with medical conditions, and to have regard for the Department for Education's (DfE) Supporting Children at School with Medical Conditions (DfE 2015). This policy outlines how Heatherwood School will ensure that all children with medical conditions will be supported to ensure they can play a full and active role in school life, remain healthy and achieve their academic potential.

2. Principles

- 2.1. We have adopted the key drivers of the 'Supporting pupils at school with Medical Conditions' by the DfE as our aims and objectives. Wherever possible we will endeavour:
 - To ensure students with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
 - To ensure arrangements are in place to support pupils at school with medical conditions, including the use of risk assessment and health care plans.
 - To work with health and social care professionals, students and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

3. Recognition

- 3.1. Application to the school has request for parents to provide the school with useful information regarding the pupil's needs.
- 3.2. The primary liaison member of staff will visit setting or organise a face to face meeting before admission date to liaise with staff, parents and pupils to highlight areas of need
- 3.3. Any EHCPs in place will be reviewed to monitor how school supports the pupils.
- 3.4. Medical needs are on record on BROMCOM. Issues of a sensitive nature are 'flagged up' on a need-to-know basis.
- 3.5. All trips beyond routine request that parents inform school of any specific medical needs that may be relevant for that particular occasion.
- 3.6. When Heatherwood School becomes aware that a child with medical needs will begin attending or that a child already attending the school has newly diagnosed medical needs, a meeting is convened with relevant staff and the nursing team (if appropriate) to determine what is needed in place in order to meet the child's needs within school. Arrangements to support pupils are ideally in place before they start, or no later than two weeks after their admission.



- 3.7. When a formal diagnosis has not yet been made, or where there is a difference of opinion, the school makes a judgement about what support to provide based on the available evidence- usually some form of medical evidence and consultation with parents/carers.

4. Individual Healthcare Plans

- 4.1. Students with medical needs attending the school have an individual healthcare plan where this is required, the plan outlines what needs to be done, when and by whom. Their delegated person will work with parents/carers and healthcare professional to develop healthcare plans.
- 4.2. Not all children with medical needs require a plan. Decisions to not make a healthcare plan are recorded appropriately on the child's file. Healthcare plans are reviewed annually or sooner if the child's medical needs have changed.
- 4.3. Common medical needs are:
- Epilepsy: all pupils are closely monitored. At times, the nature of a pupil's epilepsy will require them to need a higher level of adult support to maintain their safety and wellbeing. This is documented on their healthcare plan and systems are in place for close liaison with the Epilepsy specialist nurse and for the recording of seizure activity. All staff are trained to administer rescue medication. This is locked away in individual classrooms but is very accessible. Where pupils require routine administration of medication, this is addressed through the schools Recommended Procedure for the Management of medical needs Policy (see attached).
 - Asthma: pupils are not required to carry their own e.g. salbutamol, but it will be available to them at all times.
 - Epipens are kept in the individual classroom. Staff receive training as/when required.
 - Insulin will be kept in secure but available cupboard, in pupil-specific boxes in school reception
 - Children with injuries eg broken legs or children recovering from surgery. Where required, adaptations to the environment are made in the specific classroom or bathroom to ensure the pupil is able to access their education offer.
 - Where an illness keeps the child off school, work will be arranged to be sent to them, if this is reasonable. Longer term illness and prolonged time in hospital may invoke referral to medical access school.

5. Roles and responsibilities

- 5.1. Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines. Any member of staff must know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Learning Support Assistants and Cover Supervisors have medication routines included in their Job Descriptions. However other staff do not and their involvement in medication administration is voluntary.



However full training is given and staff are asked to consider the nature of their job role in relation to the administration of medication at Heatherwood School.

5.2. Parents/Carers are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs
- Participating in the development and review of their child's individual healthcare plan
- Carrying out any actions they have agreed to as part of the plan's implementation (e.g. provide medicines)
- Ensuring that written records are kept of all medicines administered to children
- Ensuring they or another nominated adult is contactable at all times and contact information is kept up-to-date.
- Ensure the prompt delivery of all medical supplies to school on request.
- Ensure that all equipment is recalled for appropriate servicing.

5.3. The Trust are responsible for:

- Making arrangements to support children with medical conditions in school, including making sure that this policy is in place;
- Ensuring that the school's procedures are explicit about what practice is not acceptable;
- Making sure it is clear how complaints may be made and will be handled concerning the support provided to children with medical conditions;
- Ensuring the school's policy clearly identifies the roles and responsibilities of those involved in the arrangements they make to support children at school with medical conditions.

5.4. The Headteacher is responsible for:

- Promoting this policy with the whole staff team, parents/carers, students and agency partners;
- Ensuring sufficient staff have received suitable training are competent before they take on responsibility to support children with medical conditions;
- Ensuring the training needs of all staff are met, including the whole school staff regarding this policy, First Aiders trained by the school as well as individual members of staff with responsibility for individual children;
- Cover arrangements to ensure availability of staff to meet individual children's needs;
- Monitoring the provision of individual healthcare plans for those children who require one and undertaking healthcare plan reviews;
- Ensuring all children with medical needs have a healthcare plan where appropriate, that it is kept up-to-date, is shared with all the individuals who need to know about it and reviewed at least annually;
- Providing adequate PPE for all staff.

5.5. Teachers and Support Staff are responsible for:

- Supporting the child as much as possible in self-managing their own condition;



- Risk assessment for school visits, school journey and other school activities outside of the normal timetable;
- Implementing their actions identified in individual healthcare plans.
- Staff have a duty to ensure they are up to date with training regarding support and management of medical conditions. Where training is required this **MUST** be raised with their line manager. Staff must not administer medication or any other clinical intervention without training.
- Teachers have a duty to instigate all changes to individual pupil's health care plans where necessary.
- Teachers should request medical supplies and alert parents to faulty equipment.
- Support staff must always raise any concerns they have over the care of a pupil with their line manager or class teacher.

6. Links to achievement and social and emotional wellbeing

- 6.1. There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may become anxious or depressed. Long-term absences due to health problems may affect attainment, impact on a student's ability to sustain friendships and affect their wellbeing and emotional health. At Heatherwood School we work closely with the child, their parent/carer and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional wellbeing is minimised.
- 6.2. Heatherwood School staff are highly skilled in providing excellent social and emotional support. Our team will develop bespoke programmes to support transition following a period of absence working with outside agencies where appropriate.

7. Procedures for managing medicines

- 7.1. Please see the 'Recommended procedure for the management of medical needs in school.'

8. Emergency procedures

- 8.1. Where a child has an individual healthcare plan, this defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school know that they should inform a teacher immediately if they think help is needed (where this is appropriate e.g. in The Key). If a student needs to be taken to hospital, staff stay with the child until the parent/carer arrives, or accompanies a child taken to hospital by ambulance.

9. Extra-curricular activities



9.1. Heatherwood School staff are fully committed to actively supporting students with medical needs to participate in the full life of the school including trips and visits. Healthcare plans clearly outline how a child's medical condition will impact on their participation, but there is flexibility for all students to participate according to their own abilities and with reasonable adjustments (unless evidence from a clinician states that this is not possible).

9.2. Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This includes consultation with the student, the parents/carer and any relevant external agency involved in the care of the child.

10. Unacceptable practice

10.1. In order to keep all students safe and well we are very clear that the whole team know what is not acceptable practice.

10.2. It is not acceptable practice (unless there is evidence included in the child's individual healthcare plan from a medical professional) 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 students 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 student 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;
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition;
- Require parents/carers, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues;
- Prevent students from participating, or create unnecessary barriers to children participating in any aspect of school.

11. Support for children with allergies and medical conditions

11.1. On receiving information regarding allergies or medical conditions all staff are made aware of the allergy or medical need immediately. The classroom teacher will then liaise with the Senior LSA for medical needs, families and wider professionals to develop a healthcare plan and organise any necessary staff training. Where appropriate they will then develop an allergy student profile



which includes a picture of the student, a description of the allergy and allergic reaction symptoms. Profiles will be shared with all staff and held in the student file and the main office.

- 11.2. Parents/carers must provide two Epi-Pens where applicable, one of these should be kept with the student and the other held in the classroom. The classroom team will check Epi-Pens routinely to ensure they are 'in date'. Epi-Pens must be taken on school trips and visits and held by an adult who is trained to administer it.
- 11.3. Teachers and support staff will be trained on how to use all relevant medical interventions and treatments. A central file is maintained and updated as training is delivered.

12. Training

- 12.1. Training to support the school in meeting the needs of children with medical conditions is provided on a regular basis, and from a range of practitioners. Heatherwood School undertakes whole school awareness training, induction training for new members of staff and training for individually identified members of staff.
- 12.2. We work in partnership with the school nursing team and the children's community nursing team to determine what training is required to meet the medical needs of the Heatherwood School cohort. We regularly review our training programme in response to changes in staffing, changes in student population and reviews of healthcare plans.

13. Other professionals

- 13.1. Heatherwood School works closely with a range of other professionals when supporting a child with medical needs including GPs, school nurses, psychologists and specialist provision in hospitals etc.
- 13.2. We have the support of the school nursing service and the children's community nursing team who work closely in partnership with the school and with health professionals in acute settings and with parents/carers.
- 13.3. **Local Authority Contacts**
Children's Services Multi Agency Access Point: 01302 737777

Health Contacts

Kate Watkins – kate.watkins@rdash.nhs.uk

NB: Medicines must be in the original container as dispensed by the pharmacy	No opened medication will be accepted into school.
Expiry date must be clearly labelled	Prescription labels must be CLEAR and include child's name.
Contact Details – Please refer to pupil record card/Bromcom	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. **I will inform Heatherwood, in writing, when sending in medication, if there are any changes in dosage, frequency or if the medicine is stopped.**

Signed: _____ Name: _____ Date: _____ School Representative

Signed: _____ Name: _____ Date: _____ Parent/Carer

Where possible we encourage medication to be administered outside of school hours. However, if there are four doses per day or if they are time specific school will gladly administer. TO BE UPDATED EACH ACADEMIC YEAR OR WHEN CHANGES ARE NECESSARY

