



*Creative  
Education  
Trust*

# Supporting Children with Medical Conditions Policy 2025-26

<b>Policy Owner</b>	Director of SEND
<b>Reviewed by</b>	Director of SEND
<b>Approved by Safeguarding Committee</b>	Estates and Properties Committee on
<b>Implementation date</b>	September 2025
<b>Next review date</b>	September 2026



## **Supporting Pupils with Medical Conditions Policy**

### **Principles**

- 1) The Principal/Headteacher is responsible for the implementation of this policy.
- 2) Parents are responsible for providing the school with sufficient and up-to-date information about their child's medical needs. They must provide all medicines and equipment and ensure that they or a nominated adult are contactable at all times.
- 3) CET is committed to ensuring that pupils with medical conditions are supported so that they have full access to education, including school trips and physical education in each of its academies.
- 4) Principals/Headteachers will consult with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood.
- 5) We recognise that there is a need to treat all children with respect, especially when intimate care is given. No child should be attended to in a way that causes any distress, embarrassment or pain and care provided must be consistent.
- 6) Children with medical conditions are entitled to a full education and have the same rights to admission to school as other children. CET will not refuse to admit a pupil on medical grounds.
- 7) If a member of staff has any concerns about physical changes in a child's presentation (for example any marks, bruises, soreness etc.) they will immediately follow the procedures outlined in the child protection policy. If a child makes an allegation against a member of staff, procedures in the child protection policy will be followed.
- 8) In line with their safeguarding duties, the academy will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. Consequently, the Headteacher/Principal will not accept a child in school at times when it would be detrimental to the health of that child or others to do so.
- 9) Academy leaders will take full account of the latest Department for Education guidance, specifically: Supporting pupils at school with medical conditions, December 2015.

### **Procedures**



- 10) When the school is notified of a medical condition for a new or existing pupil, the following procedure is followed.
- a) The Principal/Headteacher, or senior member of school staff to whom this has been delegated, co-ordinates a meeting to discuss the child's medical support needs and identifies member(s) of school staff who will provide support to the pupil.
  - b) The senior member of staff calls a meeting to discuss and agree on the need for an Individual healthcare plan (IHCP). The meeting includes key school staff, the child, parents, relevant healthcare professionals and other medical/health clinicians as appropriate (or to consider written evidence provided by them).
  - c) The senior member of staff coordinates the writing of an IHCP, if this is deemed appropriate, in partnership with the parents and healthcare professionals.
  - d) The senior member of staff identifies any training needs required and ensures that these take place.
  - e) The IHCP is shared with all relevant members of staff and is implemented.
  - f) The senior member of staff organises reviews of the IHCP annually or when the need arises if sooner. The parents are responsible for informing the school of any changes that may require a review of the IHCP.
- 11) If the school is notified that the child is going to move school, the Principal/Headteacher ensures that the allocated school is informed about the child's medical needs as soon as possible. When a child moves school, the IHCP is transferred along with all of the child's records.

### **Individual Healthcare plans (IHCP)**

- 12) IHCPs will vary in style and complexity according to each child's needs.
- 13) IHCPs will be kept confidential to only those people who need to know.
- 14) IHCPs should be drawn up in partnership between the school, parents, relevant healthcare professionals and, if appropriate, the child.
- 15) The academy will take account of religious and cultural sensitivities.
- 16) Where the child has special educational needs (SEN) but does not have an EHC plan, their special needs should be mentioned in the IHCP.
- 17) Where the child has an EHC plan, the IHCP should be linked to or become part of EHC plan.



18) As a minimum, the IHCP should include:

- a) the medical condition, its triggers, signs, symptoms and treatments
- b) the pupil's resulting needs, including medication and other treatments in sufficient detail to enable staff to manage the condition
- c) specific support for the pupil's educational, social and emotional needs
- d) the level of support needed and how much self-management the child has
- e) who will provide the support, their training needs, competency and cover arrangements
- f) who in the school needs to be aware of the condition and how this information will be shared
- g) arrangements for written permission from parents and the Headteacher/Principal for medication to be administered by a member of staff or the pupil during school hours
- h) separate arrangements for procedures outside of school, including on residential visits if appropriate
- i) a risk assessment for the child and whether a PEEP is required or not
- j) what to do in an emergency, including contact details and contingency arrangements.

19) If a child refuses to take medicine or carry out a necessary procedure included in their IHCP, staff should not force them to do so, but follow the procedure agreed in the IHCP. They should ensure that the parents are informed so that alternative options can be considered.

### **Intimate care**

20) Intimate care, is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves, but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

21) Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

22) In most cases, intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure, only a person suitably trained and assessed as competent should undertake the procedure.



- 23) Intimate care needs must be planned carefully. Any child who requires intimate care must always be treated with respect and the welfare and dignity of the child is important.
- 24) Staff who provide intimate care are trained to do so and are aware of best practice. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much as possible for themselves. This may mean, for example, giving the child responsibility for washing themselves. Individual healthcare plans will be drawn up for children as appropriate to suit the circumstances of the child.
- 25) Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is attended to. Typically, one child will be catered for by one staff member unless there is a sound reason for having more staff present. If this is the case, the reasons should be clearly documented. Recording equipment such as mobile phones and cameras must not be taken into areas where intimate care is carried out.
- 26) If a child becomes distressed or unhappy about being cared for by a member of staff, the matter will be discussed and reviewed, and outcomes recorded. Parents and carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Further advice will be taken from outside agencies if necessary.

### **Safeguarding**

- 27) Staff and pupils must adhere to the child protection policy.
- 28) If a child is hurt accidentally, they should be immediately reassured, and the adult should check that he or she is safe. The incident must be reported immediately to the designated line manager and recorded appropriately within accident and incident reporting procedures.
- 29) Action should be taken immediately should there be a discrepancy of reports between a child and the personal assistant, particularly with reference to time spent alone together.

### **Resources**



30) The academy will ensure that all of the required resources, such as provisions for individual needs, PPE, sharps bins, clinical waste bins etc are provided.

### **Staff training**

31) All staff involved in the care of a child with a medical condition must be suitably trained in line with the child's IHCP.

32) The Headteacher/Principal or delegated senior member of staff is responsible for liaising with healthcare professionals and ensuring that the training needs of all staff members required by an IHCP are fulfilled.

33) The Headteacher/Principal must arrange whole-school awareness training about the school's pupils with medical needs at least annually and as part of the induction of new staff.

### **Managing medicines on school premises**

34) Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so, or where the medicine has been prescribed by a doctor, dentist, nurse or pharmacist and administration is required during school hours to maintain the benefit of the medicine prescribed.

35) No medicines should be given to a child without the written consent of a parent. This might be in the form of an agreed IHCP. There must be an agreed procedure in place, shared with and co-produced with parent/ carers to outline how the agreed, identified medicine(s) will be administered.

36) The academy will only accept prescribed medicines if these are in-date, labelled, provided in the original packaging and include instructions for administration, dosage and storage. See eyfs 24

37) All medicines must be stored safely. Children must know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away, both in school and on school trips.



- 38) When no longer required or when out of date, medicines must be returned to the parent(s) or carers.
- 39) Sharps boxes must be used for disposal of needles and other sharps.
- 40) A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. The academy will, otherwise, keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs must be easily accessible in an emergency.
- 41) Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. It is for the Principal/Headteacher to decide whether written instructions from the parent or on the medication container are sufficient or whether additional training is necessary. Any training or guidance detailed in an IHCP must be followed. All staff administering medicine(s) that require medical or technical knowledge must have the appropriate training relating to specific medicine(s).
- 42) The headteacher/ principal is responsible for ensuring that accurate records are maintained, detailing the administering of individual doses of medicine(s). Records must include the medicine(s) provided, the dose, the date and time and this information must be shared with parent / carers on the same day or as soon as practically possible, unless there is an agreement such as a IHPC in place. The head teacher/ principal is responsible for ensuring that all staff who administer medicine(s) has received adequate training to complete the required records.
- 43) Children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected in IHCPs.

#### **Record keeping and communication**

- 44) The Principal/Headteacher is responsible for ensuring that written records are kept of all medicines administered to children.
- 45) Communication with parents about a child's intimate care should always be through confidential and direct contact; details must not be recorded in home/school liaison books.

#### **46) Risk assessments for activities in school and away from the school site**



- 47) The Principal/Headteacher must ensure that the risk assessment in each child's IHCP is reviewed at least annually and whenever there is a change of circumstances.
- 48) In the case of a medical emergency not covered by a risk assessment, the academy must seek emergency medical assistance by calling 999, or the local emergency number if abroad, for an ambulance. School staff must remain with the child until a parent arrives.

### **Unacceptable practice**

- 49) Staff must use their discretion, but it is not generally acceptable practice to:
- a) prevent children from accessing their inhalers and medication and administering their medication when and where necessary
  - b) assume that every child with the same condition requires the same treatment
  - c) ignore the views of the child or their parents; or ignore medical evidence or opinion
  - d) 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 IHCP
  - e) if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
  - f) penalise children for their attendance record if their absences are related to their medical condition
  - g) prevent children from eating, drinking or taking toilet or other breaks whenever they need to in order to manage their medical condition more effectively
  - h) require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues
  - i) prevent children from participating or create unnecessary barriers to children participating in any aspect of academy life, including trips.

### **Liability and indemnity**

- 50) The academy is a member of the Department for Education's Risk Protection Arrangement (RPA). This provides cover for staff who provide support to pupils with medical conditions, including the administration of medication.



### **Complaints**

51) If a pupil or parent is dissatisfied with the support provided by the academy, they should follow the academy's published complaints procedure.

### **Review**

52) This Policy will be reviewed annually in September