



# Hanley and Upton Educational Trust

## Supporting Students with Medical Conditions Policy

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	Author	SAK
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1	Consulted at Leadership Forum and discussed with LGB Chair	December 2025
2	Approved by HUET Board	December 2025
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## **1. Introduction**

- 1.1 The Children and Families Act 2014 places a duty on schools to make arrangements for and to support children with medical conditions.
- 1.2 Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special educational need, the SEN Code of Practice (2014) will also apply.
- 1.3 Children with medical conditions have the same rights of admission to school as other children.
- 1.4 All children with medical conditions, in terms of both physical and mental health, have a right to be properly supported in school so that they can play a full and active role in school life (including school trips and physical education), remain healthy and achieve their academic potential.
- 1.5 HUET schools recognise that medical conditions may impact social and emotional development as well as having educational implications. Long-term absences owing to health problems will be supported with an agreed reintegration programme so that children with medical conditions can be engaged with learning when they are unable to attend. Short term and frequent absences, including those for appointments connected with a student's medical condition, may need to be managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.
- 1.6 HUET schools will build relationships with healthcare professionals and other appropriate agencies to effectively support students with medical conditions.
- 1.7 HUET schools will consider the advice from healthcare professionals and will also listen to and value the views of parents and students so that support is effective.
- 1.8 The schools in the Trust recognise that in some cases there may be need for short term flexibility and the involvement of programmes of study that rely on part time attendance at school in combination with alternative provision arranged in conjunction with the Local Authority (such as the Medical Education Team).
- 1.9 In each case, the focus will be upon the needs of the individual child and how their medical condition impacts their school life.

## **2. Roles and Responsibilities:**

2.1 There is a named person responsible for children with medical conditions at each school:

Hanley Castle High School: Sarah Anderson-Kirby Deputy Headteacher, Student Support

Kempsey Primary school: Bryony Baynes Headteacher

Hanley Swan Primary school: Adrian Pratley Headteacher

Welland Primary school: Margaret Smith Headteacher

2.2 The person responsible for deputising in this role is:

Hanley Castle High School: James Laidler, SENCO. / Jane Eaton Medical Room Manager

Kempsey Primary school: David Willetts Deputy Headteacher

Hanley Swan Primary school: Paul Bundy Deputy Headteacher

Welland Primary school: Helen Scrivener SENCO

2.3 The named person is responsible for:

- Informing relevant staff of children's medical conditions.
- Arranging training for identified staff.
- Ensuring that staff and supply staff know how to access information regarding student medical conditions and what to do in an emergency.
- Assisting the trip leader with information to develop risk assessments for school visits and other activities outside of the normal school timetable.
- Developing, reviewing and monitoring Individual Healthcare Plans and General Healthcare Plans.
- Working with parents, pupils, healthcare professionals and other agencies.

2.4 The ASC is responsible for:

- Determining the school's policy and ensuring that arrangements are in place to support children with medical conditions.
- Monitoring the quality of the school's arrangements to give parents/carers and students confidence in the school's ability to provide effective support for medical conditions in school.
- Ensuring that staff are properly trained to provide required support

2.5 The Headteacher is responsible for:

- Overseeing the management and provision of support for children with medical conditions.
- Overall responsibility for the development of Individual Healthcare Plans and General Healthcare Plans.
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver Individual Healthcare Plans, including to cover absence and staff turnover.
- Ensuring that school staff are appropriately insured and are aware that they are insured.

2.6 Relevant staff who manage the medications and IHPs for children are responsible for:

- Being aware of the contents of the IHPs and carrying out the responsibilities as described in the plans.
- Working with the named person or the deputy, to ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable.
- Ensuring that staff and supply staff know how to access information regarding student medical conditions and what to do in an emergency.

**N.B.** A teacher or support staff member may be **asked** to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be **required** to provide this support.

**Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual or general healthcare plans).**

2.7 The NHS School Nurse offers appointments in school to specified children, they are also responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, this should be prior to a child commencing their education at a HUET school.
- Providing support for staff on implementing a child's Individual/General Healthcare Plan and providing advice and liaison including with regards to training.
- Working with children who are either on Child in Need or Child Protection plans

2.8 Parents/Carers should:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of the child's Individual or General Healthcare Plan.
- Carry out any action they have agreed to as part of the implementation of the Individual Healthcare Plan e.g. provide medicines and equipment and ensure that they or another nominated adult are contactable at all times.
- Provide the school with written, medical evidence of any planned absences or appointments including medical professionals' opinion on probable length of absence, so steps can be taken to support the student.
- Provide replacement medicines and equipment in a timely way to avoid supplies becoming out of date.

### **3. Procedure when notification is received that a student has a medical condition:**

- 3.1 The named person, or the deputy, will liaise with relevant individuals, including as appropriate parents/carers, the individual student, health professionals and other agencies to decide on the support to be provided to the child.
- 3.2 For children who are new to the school, arrangements should be in place in time for their arrival. This is dependent on the information being made available by the parents/carers in a timely way, prior to the student being placed on the school roll.
- 3.3 In other cases, such as a new diagnosis or children moving to the school mid-term, every effort should be made to ensure that arrangements are put in place within two school weeks.
- 3.4 Where appropriate, an Individual or General Healthcare Plan will be drawn up.

### **4. Individual Healthcare Plans (IHCP)**

- 4.1 Individual Healthcare Plans help to allow the HUET schools to effectively support students with medical conditions. They provide clarity regarding what needs to be done, when and by whom.
- 4.2 An Individual Healthcare Plan may be written for students with a medical condition that is long term and complex.
- 4.3 Plans will be drawn up in partnership between the school, parents/carers and sometimes with a relevant healthcare professional who can best advise on the particular needs of the child. Students will also be involved, wherever appropriate.
- 4.4 It should include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency arising.
- 4.5 Where a child with an IHP is also on the SEND register, there will be summary of their needs on the IHP.
- 4.6 Individual/General Healthcare Plans will be reviewed at least annually, or earlier if it is clear that the child's needs have changed.
- 4.7 Plans will be developed with the child's best interests in mind and ensure that the school has assessed and managed risks to the child's education, health and social well-being and minimise disruption.
- 4.8 Individual/General Healthcare Plans will be stored securely where they are accessible to those trained staff who have day-to-day practical responsibility for supporting students with medical needs

### **5. Administering Medicines**

- 5.1 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- 5.2 Written consent from parents must be received before administering any medicine to a child at school.
- 5.3 Medicines will only be accepted for administration if they are:
- Prescribed
  - 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 be in date but will generally be available inside an insulin pen or pump, rather than in its original container.
- 5.4 Medicines should be stored safely in a locked cupboard unless in the case of non-restricted medicines, where parental consent is granted for students to self-administer- see 5.6.
- 5.5 Written records will be kept of all medicines administered to children.
- 5.6 Students who are competent to manage their own health needs and medicines, will be allowed to carry their own medicines and relevant devices following receipt of written consent from parents/carers.

## **6. Action in Emergencies**

- 6.1 A copy of this procedure is displayed in the medical room of the schools.
- Dial 999 and request an ambulance.
  - Speak slowly and clearly and be ready to offer the following information when asked:
    1. The school's telephone number
    2. Your name
    3. Your location – the school's address
    4. Provide the exact location of the patient on the school site
    5. Provide the name, date of birth and address of the person requiring assistance and brief details of their presentation and/or symptoms
    6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient.
      - Ask office staff to contact caretakers, as appropriate, to open relevant gates for entry.
      - Contact parents to inform them of the situation.
      - A member of staff will stay with the student until the parent/carer arrives. If a parent/carer does not arrive before the student is transported to hospital, a member of staff should accompany the child in the ambulance.

## **7. Activities beyond the Curriculum**

- 7.1 Reasonable adjustments will be made to enable students with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum.
- 7.2 When carrying out risk assessments, parents/carers, students and healthcare professionals may be consulted, where appropriate.

## **8. Unacceptable Practice**

- 8.1 The school will take all reasonable steps to support each individual case in the most appropriate manner. The following are not acceptable practice:
- Preventing children from accessing their inhalers and medication or administering their medication when and where necessary.
  - Assuming that every child with the same condition requires the same treatment.
  - Ignoring the views of the child or their parents; or ignoring medical evidence or opinion (although this may be challenged).
  - Sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plan.
  - If the child becomes seriously ill, sending them to the Pastoral Office or medical room unaccompanied or with someone unsuitable.
  - Penalising children for their attendance record if their absences are related to their diagnosed and evidenced medical condition e.g. hospital appointments.
  - Preventing students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
  - Creating unnecessary barriers to children participating in any aspect of school life, including school trips.

## **9. Complaints**

- 9.1 An individual wishing to make a complaint regarding the school's actions in supporting a child with medical conditions should, in the first instance, discuss this with the named person with responsibility for supporting students with medical conditions in school.
- 9.2 If the issue is not resolved, then a formal complaint may be made, following the complaints procedure set out in the school's complaints policy.

## **10. Other Relevant Policies**

- 10.1 This policy should be read in conjunction with the following policies:
- Safeguarding (Including Child Protection) Policy
  - HUET Equalities Policy
  - SEN and Inclusion Policy
  - Attendance Policy
  - HUET Complaints Policy