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SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY

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1. Introduction and Aims:

This policy sets out how Kingdom Christian School will support children with medical needs, in line with statutory legislation and guidance.

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. In September 2014, a new duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both

physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.
The Headteacher will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

Some pupils with medical conditions may be disabled as defined in the Equality Act 2010. The Act defines disability as when a person has a 'physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day to day activities.' Some specified medical conditions are all considered as disabilities, regardless of their effect.

Kingdom Christian School aims to adhere to the requirements of the Equality Act by implementing this policy.

2. Legislation and statutory guidance:

This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100: https://www.legislation.gov.uk/ukpga/2014/6/contents
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England,
- DfE DEC 2015: https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supportingpupils-at-school-with-medical-conditions.pdf
- 0-25 SEND Code of Practice, DfE 2015: https://assets.publishing.service.gov.uk/media/5a7dcb85ed915d2ac884d995/SEND_Code_o f_Practice_January_2015.pdf
- Mental Health and behaviour in schools: departmental advice for school staff, DfEJune2018 https://assets.publishing.service.gov.uk/media/625ee6148fa8f54a8bb65ba9/Mental_h ealth_and_behaviour_in_schools.pdf
- Equalities Act 2010: https://www.legislation.gov.uk/ukpga/2010/15/contents
- Keeping Children Safe in Education DfE, 2026
- Allergy Safety in Schools 2026: https://assets.publishing.service.gov.uk/media/6a4b8f49045e1108aaa5ebbc/allergy_safety_in_schools_statutory_guidance_June_2026.pdf

This policy should be read in conjunction with other policies, including: Special Educational Needs and Disabilities (SEND) Policy; Safeguarding Policy; Attendance Policy and Complaints Policy.

3. Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governors. The governors have conferred the following functions of the implementation of this policy to the staff below, however, the governors remain legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Headteachers. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training. This will be discussed during the induction of all teaching and therapy staff.

Senior Staff will be responsible for preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of Individual Healthcare Plans (IHPs).

The Special Educational Needs Coordinator (SENCo) in conjunction with key staff including the office manager will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the Individual Healthcare Plan for each pupil and making sure relevant staff are aware of these plans.

In line with regulatory changes introduced in 2026, we will ensure that all our healthcare plans are signed by a medical professional and are kept safely in the office.

All members of staff are expected to show a commitment and awareness of children's relevant medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

4. Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change.

Much of the information about a pupil's medical condition is contained in an EHCP. For children being admitted to our school for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to our school midterm, we will make every effort to ensure that timely arrangements are put in place.

Parents/carers are asked to update the school about relevant new diagnoses or changes in a condition or its treatment. In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self care.

We will:

- Ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, where practical, and not prevent them in doing so.
- Make arrangements for the inclusion of pupils in such activities with any adjustments as required unless there is advice from parents and/or evidence from a clinician such as a GP stating that this is not possible.
- Make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Kingdom Christian School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/ carers.

5. Individual Health Care Plans (IHPs)

Where a child's medical needs are more complex, an Individual Healthcare Plan (IHP) is developed to ensure that Kingdom Christian School effectively supports pupils with medical conditions, and that there is clarity about what needs to be done, when and by whom, to support the child.

Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

IHPs (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

The medical folder in the office cupboard contains the following information as per the DFe guidance:

- 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 any environmental issues for consideration;
- 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;
- The level of support needed - who will provide this support, their training needs, expectations of their role and cover. Some children will be able to take responsibility for their own health needs - If a child is self-managing medication, this should be stated;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carer 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 assessment;

- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and -
- 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 should be used;

Communication related to supporting the pupil's care will be documented and added on a case by case basis as needs arise.

6. Roles and responsibilities

❖ Headteacher

The headteacher has overall responsibility for the development of IHPs. Other healthcare professionals, including GPs and paediatricians should notify the school when a child has been identified as having a medical condition that will require support at school.

❖ Governors

The governors should:

- ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on- going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. in line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so;
- ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who

provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

- **Parents/carers and pupils**

Parents/carers have prime responsibility for their son/daughter's health and should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.

Parents/carers are key partners and should be involved in the development and review of their child's IHP, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times; and let the school know of any changes to the prescription or support needed.

Pupils 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. This also helps pupils 'take control' of their conditions.

- **Specialist Local Health Teams**

Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).

7. Staff training and support

A record will be kept by the school of staff training for administration of medicines / medical procedures.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so. The training need will be identified by the healthcare professional during the development or review of the IHP.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the IHP. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give medicines or undertake healthcare procedures without appropriate training (updated to reflect any IHPs) except in extreme situations where life safety is an issue.
A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

All staff will receive induction training and regular whole school awareness training will be held so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.

The Headteacher will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

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 will be asked for their views. They should provide specific advice and should be able to provide clinic letters and advice, but should usually not be the sole adviser.

Training approach of the school

School staff are trained according to the following levels:

Level 1 – All staff are aware of the medical conditions policy, emergency procedures and are encouraged to undergo further training
KCS ensures that all staff, including temporary staff, are aware of this policy and their role in implementing the policy as part of induction. The school encourages all staff to undertake awareness raising opportunities as part of its comprehensive programme of Continuing Professional Development (CPD), including First Aid training, as well as accredited online training modules.

Level 2 – The school has a sufficient number of trained first aiders
The school carries out risk assessments as appropriate and has sufficient numbers of trained first aiders. The First Aider list is shared with all staff and placed in key locations around the school. The first aiders (including paediatric first aiders as appropriate) are trained in the management of common medical emergencies and Basic Life Support, including Cardiopulmonary Resuscitation.

The nearest DEFIBRILATOR is on Park Street outside The Miners Arms pub

Level 3 – The school supports staff who take on specific responsibilities for supporting pupils with medical conditions

KCS will ensure that relevant staff receive appropriate, condition-specific training from suitably qualified healthcare professionals. Staff must be assessed as competent before undertaking medical procedures or administering medication. Training records will be maintained, with refresher training provided when required or when a pupil's medical needs change. The school will ensure that suitable trained staff are available to provide cover during school hours and activities.

8. The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the IHP.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in the school office or a medical fridge to ensure that the safeguarding of other children is not compromised.

KCS does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff can help to administer medicines and manage procedures for them. A child can deteriorate quickly and should not be left unsupervised.

9. Managing medicines on school premises and record keeping

Parents must inform the school if their child requires a controlled drug to be taken during school hours. Parents must deliver the controlled medicine to the school office. All controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container and only named staff will have access.

At Kingdom Christian School the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parents written consent;
- With parental written consent we can administer non-prescription medicines except aspirin or containing aspirin. We can administer hay fever tablets.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken.
- Controlled drugs should be easily accessible in an emergency.

- The school holds a spare, up to date EpiPen and inhaler and we will only use these in an emergency when the school is aware via a HCP that the child requires this medication but the pupil's own one is not available or has run out; or when told to do so by the emergency services.

Parents are informed that:

- We will only accept prescribed medicines, with written consent from parent/carer that 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 be in-date and labelled, but will generally be available to schools inside an insulin pen or a pump, rather that its original container;
- Pupils should carry their own EpiPen and/or inhalers unless parents/carers have informed school of the reason why the pupil cannot do so.
- We keep inhalers in an unlocked box in the office. Spare medication, to be used in an emergency at school, can be held in the school office
- All medicines will be stored safely in the school office which is a staffed area; Children should know where their medicines are at all times and be able to access them immediately. Auto injectors and spare inhalers are available; Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available and not locked away.

School trips

During school trips including sporting locations, the first aid trained member of staff will carry an emergency medical kit; and before departing check students have any necessary medication.

Record keeping

A record will be kept of all controlled drugs held in the school.

Written records are kept of all medicines administered to children. We will keep a record of all medicines administered to individual pupils, stating what, how and how much was taken, when and by whom. Any side effects of the medication to be administered at school should be noted.

10. Emergency Procedures

The headteacher and trip coordinator will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place as part of the general risk management process.

If a pupil needs to be taken to hospital, staff should stay with the pupil until the parent arrives or accompany a pupil taken to hospital by ambulance.

Staff will ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

11. Day trips, residential visits, and sporting activities

Medical issues would not prevent a pupil from joining a trip or residential visit if parents wish for them to attend. If a pupil with a specific illness is taken away, parents must provide in writing all the information necessary for staff to act should the pupil become ill on the visit. If there are concerns about a pupil being able to access the trip because of their needs or lack of physical ability, the matter will be referred to the SENCo and Headteachers. The nature, rigour and type of trip will be taken into consideration along with any previous history of the pupil going on trips. Their decision in this matter is final.

Where pupils with medical conditions are taken away, we will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This may involve consultation with parents/carers/the individual and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

12. Children with medical needs who cannot attend school

Where a pupil is absent from school for medical reasons, the school will provide education tasks and resources for use at home when the pupil is well enough to engage in education.

Where a pupil is admitted to hospital, the school will liaise with the teaching service to inform them of the curriculum areas the pupil should be covering during their absence. Where possible, school will plan the educational programme of the pupil with the service provider, taking account (as appropriate) of the medical condition, treatment, effects of medication, therapeutic programmes provided and the duration of absence from school.

Where practical, the school will host review meetings as the pupil remains on the school roll and is therefore the school's responsibility.

Where pupils have recurrent admissions or have a planned admission to hospital, the school will aim to provide a pack of work for the pupil to take into hospital with them. The school will work with providers of education, doctors, educational psychologists, Personal Advisers, indeed all relevant professionals, the parents/carers and the pupil themselves to plan a gradual and sensitively orchestrated reintegration into school.

The school will ensure that the pupils and staff in the school who have maintained contact with the pupil who has been absent will play a significant role in helping the pupil to settle back into school.

The school will accept part-time attendance where pupils are medically unable to cope with a full day, until the pupil is able to attend for full school days.

The school will make arrangements for pupils with mobility problems to return to school, taking account of health and safety issues, organizing risk assessment and seeking advice on lifting and handling procedures where necessary.

Throughout the absence, the school will maintain contact with both parents/carers and the pupil. This will include invitations to events and productions at the school as well as regular communication via letters, newsletters or e-mail.

The headteacher, usually through the liaison member of staff, will ensure that all relevant staff are aware of a pupil's absence and of their responsibility towards maintaining continuity of education for the child.

The headteacher will report to the governors on the educational provision which has been made for pupils absent for medical reasons.

13. Attendance

The Attendance Champion and Headteachers monitor the attendance of all pupils closely including those with medical needs. Pupils whose attendance is affected by a medical need will have strategies put in place to help ensure they make expected progress. Consideration will also be given to reintegrating the student back to school after periods of absence.

14. Unacceptable practice

Although staff at KCS should use their discretion and judge each case on its merit with reference to the pupil's IHP, it is not generally acceptable practice to:

- prevent pupils 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;
- administer prescribed medication to anyone other than the named child on the prescription;
- ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);

- send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP;
- if the child becomes ill, to 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 pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from participating or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

15. Lost medication

If a pupil loses their medication (lost or stolen) during school, they must report this to the school office immediately. This is to help ensure a suitable replacement is supplied as soon as possible and due to the risk of harm to other pupils who may have found the medication. The school will take suitable action.

16. Equipment and hygiene

The school will ensure it has suitable equipment at its site to help pupils and staff. This includes the following (this list is not exhaustive):

- First Aid Kits
- Medical bay
- Sharps bins (to dispose of needles etc.)
- Medication fridge

The school will ensure that the site is kept clean and the medical bay suitable for use.

17. Complaints

Should parents be dissatisfied with the support provided to their child 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 procedures. See our Complaints Policy for more information.

Version control table

Version	Date	Changes	Approval
1	2026	Re-branded to KCS	SO