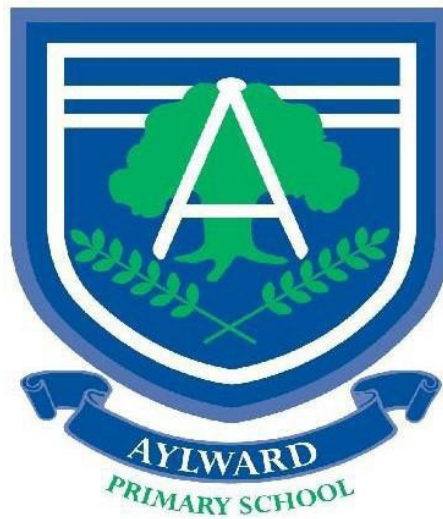




AYLWARD PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

GB Committee Responsible:	Local Governing Body
Reviewed by:	Nicolle Khan
Review Date:	October 2026
Approved by Local Committee:	15th October 2026
Next Review Date:	October 2027

Introduction

This policy sets out how Aylward Primary School supports pupils with medical conditions so that they can access education safely, participate fully in school life and achieve their potential.

In accordance with Section 100 of the Children and Families Act 2014, the governing body ensures that appropriate arrangements are in place. The school has regard to the DfE statutory guidance Supporting pupils at school with medical conditions (December 2015).

We work in partnership with pupils, parents, carers and healthcare professionals to identify needs and plan appropriate support, including individual healthcare plans where required. Our early years provision also follows the EYFS statutory framework for group and school-based providers, effective from September 2026.

Key Points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- The Governing body will ensure that arrangements are in place in school to support pupils at school with medical conditions.
- School leaders will work with pupils, parents, carers and relevant health and social care professionals to understand medical needs, agree support and review arrangements regularly.

Management Responsibility

Miss N. Khan, Assistant Head for Inclusion, coordinates support for pupils with medical needs at Aylward Primary School. She liaises with pupils, families, healthcare professionals, the local authority and other relevant agencies to plan and review support.

Her role includes coordinating individual healthcare plans where required, ensuring relevant staff understand pupils' needs and arranging appropriate training. The governing body retains overall responsibility for ensuring that effective arrangements are in place.

Staff training and support

The Assistant Headteacher for Inclusion will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. Specific training needs are identified following advice provided by the school nurse and relevant medical professionals and information outlined in specific medical plans.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). We recognise that for some children who have additional medical conditions a first-aid certificate does not constitute appropriate training. Where necessary, staff are given appropriate training to meet the needs of these children.

Statutory Responsibilities of the Governing Body

The statutory responsibilities of the Governing Body will be discharged through the link Governor Mr C. Hardy to ensure that:

- Arrangements are in place to support pupils with medical conditions, making sure that these pupils can access and enjoy the same opportunities at school as any other child. To ensure that the focus is on the needs of each individual child and how his/her medical condition impacts on his/her school life;
- The arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase his/ her confidence and promote self-care;
- The school develops a policy and procedures for supporting pupils with medical conditions and regularly reviews this;
- Policies, plans, procedures and systems are properly and effectively implemented by Miss N. Khan who has overall responsibility for the implementation;
- Sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions;
- 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;

Procedure to be followed when notification is received that a pupil has a medical Condition

The procedures to be followed whenever a school is notified that a pupil has a medical condition are set out at Appendix 1.

Individual healthcare plans

Aylward Primary School will ensure that individual healthcare plans are reviewed at least annually. They will be reviewed earlier if evidence is presented that the child's needs have changed.

The individual healthcare plans would be developed with the child's best interests in mind. We will ensure that we assess and manage risks to the child's education, health and social wellbeing and minimises disruption.

The following would be considered when deciding what information should be recorded on individual healthcare plans:

- 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 environmental issues, e.g. crowded corridors, travel time between lessons;
- 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 (see Appendix 2);
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;

- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Headteacher 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 assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- 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 could be used to inform development of their individual healthcare plan.

The child's role in managing their own medical needs

Our policy covers arrangements for children who are competent to manage their own health needs and medicines. After discussion with parents, children who are competent would be encouraged to take responsibility for managing their own medicines and procedures and it would be reflected within their individual healthcare plan.

Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff would help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines.

The following procedures would 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 medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered;
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- Schools 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 schools inside an insulin pen or a pump, rather than in its original container;

- All medicines should be stored safely. Children should 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 be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips;
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps;
- Schools should 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 should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held;
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.

Record keeping

Written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents would be informed if their child has been unwell at school.

Emergency procedures

This policy sets out what should happen in an emergency situation. As part of general risk management processes, arrangements should be in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits and sporting activities

Arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not

prevent them from doing so.

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Arrangements are in place for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Reasonable adjustments would be considered to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

Unacceptable practice

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable. 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 pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- 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. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

Liability and indemnity

Aylward Primary School is a member of the Department for Education's Risk Protection Arrangement (RPA). RPA is a scheme provided specifically for academies.

Complaints

Parents with complaints should discuss these directly with Mrs L. Kelly (Headteacher). Where the matter is not resolved, parents should follow the usual complaints procedure

available on the school website.

Further sources of information

Other safeguarding legislation

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 confers a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups 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 is responsible. Section 3A provides for a CCG 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 is responsible. Section 2A provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They must not discriminate against, harass or victimise disabled children and young people
- They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Other relevant legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

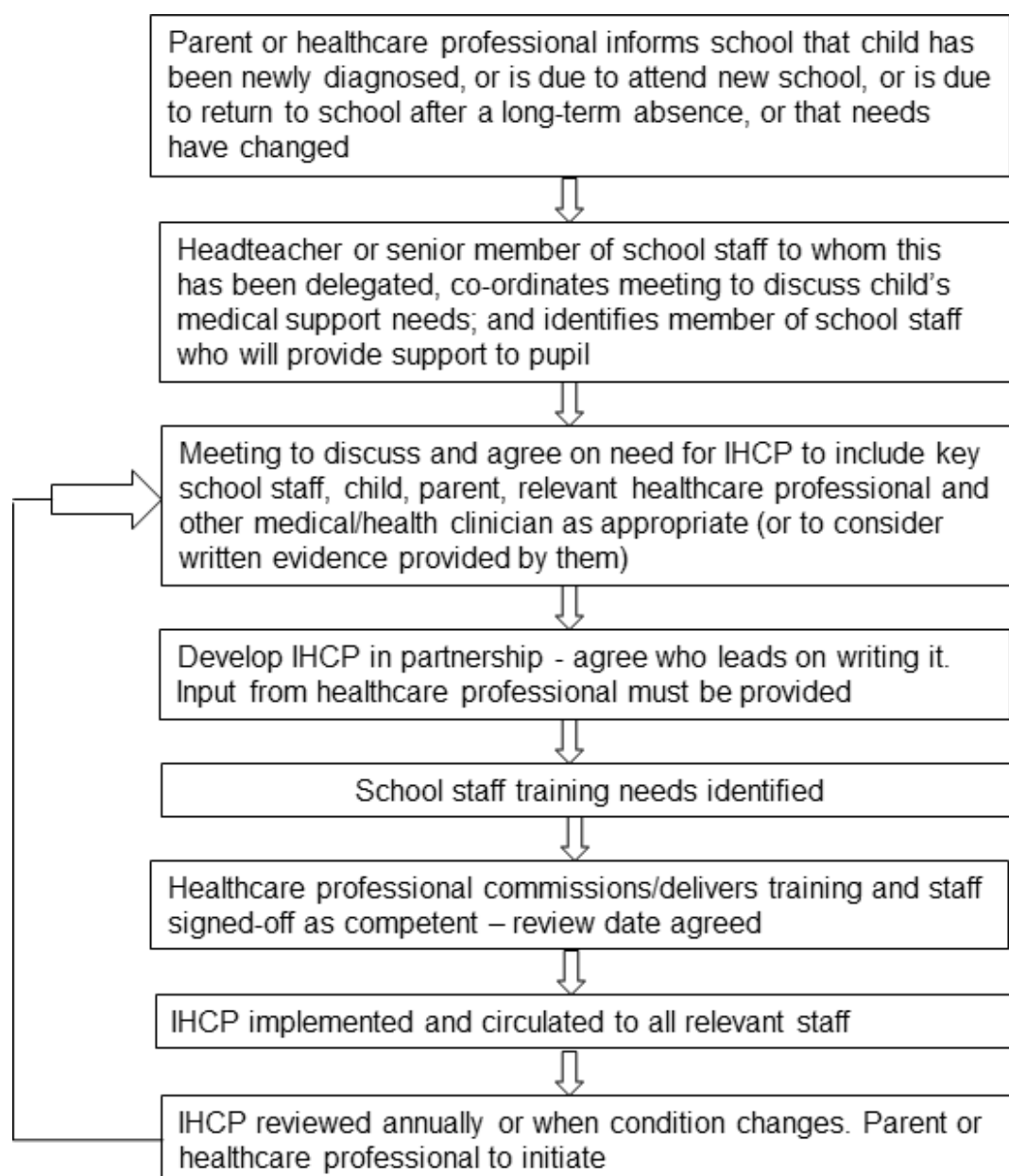
The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs and Disability Code of Practice 14

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or such part-time education as is in a child's best interests because of their health needs.

Appendix 1



Managing Absence

Continuing provision for Pupils with Medical Needs

When Aylward School becomes aware that a pupil will be absent from school for more than 15 school days because of their medical need, the School Office will liaise with Miss N. Khan and will notify the Early Intervention Team or Harrow Tuition Service. This will assist the Local Authority with continuity of educational provision.

Miss Khan will be responsible for liaising with the LA education provider and will ensure that information is given regarding the pupil's ability, progress and work programmes. Wherever possible, work and materials will be provided for the pupil in accordance with their peers.

In cases of long-term recurrent absence the Inclusion Leader will participate in the development of the Individual Health Care Plan for the pupil. This will be written in conjunction with the parent and the pupil.

Monitoring and Recording Absence

All pupils who are unable to attend school for more than 15 school days due to medical needs will be regularly monitored and reviewed by the designated member of staff together with LA representatives. Ongoing medical advice will be taken into account at all times.

Absence will be recorded on the register as medical (e.g. code I) **only when** appropriate medical advice has been received. When a pupil commences education with an alternative education provider the absence will be recorded as educated off site (e.g. code B). This is in accordance with the LA attendance policy.

Pupils absent for medical reasons will not be removed from the school roll unless advice is received from the School Medical Officer stating they will not be fit to return to school before ceasing to be of compulsory school age. Parents will be fully consulted and their consent sought if their child is to be removed from the school roll in these circumstances.

Pupils with Long-Term or Recurring Absence

Some pupils will be away from school long-term or with recurrent bouts of illness. In these cases the designated member of staff will liaise with the LA to ensure that alternative education provision is put in place as soon as possible. The school will have responsibility for ensuring that the education provider has all information regarding work programmes and curriculum plans. It is acknowledged that continuity of education is important for these pupils. For pupils whose learning progress is being severely affected by long term absence the Inclusion Leader will be advised and consideration will be given as to whether the child should be placed on the SEN Profile.

Pupils with an Education Health Care Plan

These pupils may be able to access alternative educational provision through the LA sometimes with specialist teaching services. The Inclusion Leader will notify the Assessment and Review Service that a pupil with an Education Health Care Plan is going to be absent from school through medical need.

The school will retain responsibility for co-ordinating the Annual Review meetings and for inviting the appropriate people to such reviews.

Reintegration

For pupils who have been absent from school it may be necessary to have a staged reintegration plan. The Inclusion Leader will co-ordinate the initial meeting to instigate a plan, together with the LA, parent and pupil and any health professionals who may need to be involved.

The reintegration will be monitored and reviewed regularly with all parties to ensure success.

Contact between School/Pupil

Aylward Primary School is committed to ensuring that even if a pupil is absent for medical reasons they should retain contact with the school.

After consultation with the pupil, and taking into account their wishes in relation to the level of contact, the Inclusion Leader will put a plan into place to ensure contact is maintained.

Aylward Primary School has the following modes of contact available:

- Newsletters to be sent home
- Inclusion in trips and social events
- Contact with peers and members of staff via letter/ Sharepoint
- School Website
- Sharepoint

Please also refer to the following policies:

Child Protection Policy and Procedures (Safeguarding)

Educational Visits

SEN Policy

Health and Safety Policy (Including Risk Assessments and First Aid)

Complaints Procedure

Reviewed: September 2026

Next Review: October 2027

Reviewer: Assistant Head for Inclusion