



**St Ralph
Sherwin**
Catholic Multi Academy Trust

Supporting Children with Medical Needs Policy

**Version 1
October 2025**



One of three Catholic
Multi Academy Trusts in
the Diocese of Nottingham



Document Provenance

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1	16/10/25	This is a new Trust wide policy for all CMAT schools aligning with national guidance and best practice in regard to supporting children with medical needs.



Saint Ralph Sherwin Catholic Multi Academy Trust Vision

Academies within The Saint Ralph Sherwin Catholic Multi Academy Trust ensure that each child is treated individually and with respect. We lead by the example of our namesake, Saint Ralph Sherwin, a martyr who risked all for his faith, seeking to do the Lord's will "today rather than tomorrow". All academies within the Saint Ralph Sherwin Catholic Multi Academy Trust share the same collective vision:

Vision

We are a Catholic family of schools, working as one. We aim to ensure:

- The best possible education for every child.
- To provide Catholic formation which inspires all of us to live a life of service modelled on the Gospels.
- To continue to build sustainable and caring communities in which the most vulnerable can flourish.
- To recognise that every member of our community has a vital role to play.

Our Mission

'Growing in faith, serving with love, transforming our world; together in Christ'.

Our Core Virtues

All schools within the St Ralph Sherwin Catholic Multi Academy Trust, and members of our Central Team are guided by three core virtues which underpin everything that we do:

- Trust
- Togetherness
- Kindness

Please follow the link below for further information regarding the St Ralph Sherwin Catholic Multi Academy Trust.

[Our Mission, Vision and Virtues - St Ralph Sherwin Catholic Multi Academy Trust](#)

1. Policy statement

At St Ralph Sherwin Catholic Multi Academy Trust we ensure children with medical conditions, in terms of both physical and mental health, will be appropriately supported in school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential. Children with medical conditions will be encouraged and supported to access and enjoy the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines, or care whilst at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. The Trust recognises that each child's needs are individual.

We also recognise that needs may change over time, and that this may result in extended absence from school. The trust will make every effort to minimise the impact upon a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The schools will strive to give pupils and their parents confidence in the school's approach.

The trust recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education, Health, and Care (EHC) Plan – also introduced by the Children and Families Act 2014. We will collaborate with other schools, health professionals, other support services, and the Local Authority.

2. Objectives

2.1. The objectives of this policy are to:

- To ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential.
- To ensure effective management of short term and frequent absences connected with a pupil's medical condition and ensure appropriate support is in place to limit the impact on the child's educational attainment and emotional and general wellbeing.
- To ensure effective reintegration back into school so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.



3. Legislation and Regulation

- 3.1. This policy is written in accordance with requirements /legislation set out in
- Children and Families Act 2014 (Section 100)
 - Special Educational Needs and Disability (SEND) Code of Practice July 2014
 - Based upon the Department for Education's Statutory guidance: Supporting pupils at school with medical conditions. December 2015
 - Equality Act 2010
- 3.2. This Policy should be read in conjunction with the following policies and documents:
- ☐ Adminstrating Medicine
 - ☐ SEND Policy
 - ☐ First aid Policy
 - ☐ Accessibility Policy

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

- 4.1. The school, in consultation with all relevant stakeholders including parents, will:
- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. (These may vary from child to child, according to the existing IHP)
 - Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
 - Put arrangements into place in time for a start of the new school term.
 - In other cases, such as a new diagnosis or children moving to a new school mid-term, make every effort to ensure that appropriate arrangements are in place within two weeks.
 - Provide support to pupils where it is judged by professionals that there is likely to be a medical condition.
 - Ensure that any staff training needs are identified and met.

5. Individual Healthcare Plan

- 5.1. A recognised Individual healthcare plan (see model in Appendix 1) will be developed where required and will capture the key information and actions that are required to support the child effectively. They will be drawn up in partnership between the school, parents, 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. A plan will identify the steps we need to take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Where a child has SEN but does not have an Education, Health and Care plan, their special educational needs will be mentioned in their recognised individual healthcare plan.
- 5.2. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will collaborate with the local authority and education provider to ensure that the recognised individual healthcare plan identifies the support the child will need to reintegrate effectively.

The following considerations will be taken into account in producing 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.
- the level of support needed, 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 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.

6. Staff Training and Support

- 6.1. Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have been trained beforehand. Staff who provide specific support to pupils with medical conditions will be included in meetings where this is discussed. All staff training in relation to medical conditions will be recorded / signed off in terms of competency.
- 6.2. The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have, and this will be supported by the Governing Body. Some training may be arranged by the school, and other types may make use of the skills and knowledge provided by the school nursing service, or specialist nursing services, among others. In some cases, a specific health care professional will be required to provide appropriate training. Training may involve on-site or off-site provision. Parents / carers and appropriate healthcare professionals will be asked to supply specific advice in relation to possible training requirements.
- 6.3. Staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident to deliver the support. It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions. The Supporting Pupils at School with Medical Conditions Policy / Procedure will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it, and it will be included in the induction arrangements for new staff to the school.



7. Emergency Procedures

- 7.1. A child's IHP will clearly define what constitutes an 'emergency' and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.
- 7.2. If a child is taken to hospital, staff will stay with the child until the parents / carers arrive, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

8. Day Trips, Residential visits, and Sporting Activities

- 8.1. Wherever possible arrangements will be put in place to ensure that all children with medical conditions can access all school activities unless it is not safe or advisable for them to do so in which case medical advice may be sought.
- 8.2. Additional risk assessments may be put in place for these events if needed, please refer to the educational visits policy
- 8.3. Parents will be consulted where necessary in addition to the normal IHP requirements for the school day

9. Supporting Pupils who cannot attend school

- 9.1. The school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school
- 9.2. Where possible the school will look to provide IT solutions to allow students to access and complete work from home.
- 9.3. Decisions will be made in conjunction with parents' wishes and with the guidance of outside agencies where relevant. Meetings will be held on a regular basis to implement and review provision.
- 9.4. Children will be reintegrated back into school when appropriate, and may include an adapted curriculum, a modified timetable, support for the pastoral team or support from the SEND team. If the school cannot make suitable arrangements, the local authority will become responsible for arranging suitable education for affected pupils.
- 9.5. Education for a child would be deemed unsuitable if the child were deemed to be missing education for an extended period
- 9.6. Education from the school would be unsuitable if the child were unable to attend school due to medical reasons for a sustainable period of time. The school would make a referral to the local authority Hospital Home Educational Team.
- 9.7. In cases where the local authority makes arrangements, the school will:



- Work constructively with the local authority, providers, relevant agencies, and families to ensure the best outcomes for the student.
- Share information with the local authority and relevant health services required
- Help make sure that the provision offered to the student is as effective as possible that the child can be reintegrated back into the school successfully.

9.8. When reintegration is anticipated, work with the local authority to:

- Plan for consistent provision during and after the period of education outside of school, allowing the student to access the same curriculum and materials that they would have used in school as far as possible.
- Enable the student to stay in touch with school life, for example through newsletters, emails, invitations to school events or internet links to lessons from their school.
- Create an individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made.

10. Responsibilities

10.1. Staff within Saint Ralph Sherwin Catholic Multi Academy Trust have a responsibility to uphold this policy and take time to read and understand this policy.

10.2. Headteachers, will ensure that the school's policy is developed and effectively implemented with partners.

10.3. Each school will identify a named person with overall responsibility for policy implementation

10.4. Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

10.5. Parents 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 are key partners and should be involved in the development and review of their child's individual healthcare plan, if one is required, 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, notify school of any changes, and ensure that they or another nominated adult are contactable at all times.

11. Unacceptable Practice

Although school staff will use their discretion and judge each case on its merits with reference to the child's IHP, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their inhalers and medication
- 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 or prevent them from staying for normal school activities including lunch, unless this is specified in their IHP.
- 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 in order to manage their medical condition effectively (as identified in their IHP)
- Require parents/careers 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.
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g. by requiring parents to accompany the child.

12. Monitoring, Compliance and Review

- 12.1. The Trust Board has overall responsibility for monitoring and reviewing the impact of this policy and making recommendations for updates and revisions as needed, or when there are changes in regulations and legislation that the Trust must respond to.

Appendix 1 – Creation of IHCP

