



Policy Directive and Procedures

SUPPORTING LEARNERS WITH MEDICAL NEEDS (BOTH PHYSICAL AND MENTAL) IN EDUCATION

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Summary of Changes¹ from Previous Versions

Version no/Date	Change	Comment	Section/ Page
2.0	Version Update	<ul style="list-style-type: none"> - Updated title from, Medicines in Schools and Supporting Learners with Medical Needs, to Supporting Learners with Medical Needs (Both Physical and Mental) in Education. - Associated documents updated. - Education Strategy Alignment added. - Wording has been added to note EOTAS provision and link to EOTAS Policy. 	<p>Title Page</p> <p>Section 1.6</p> <p>Section 1.7</p> <p>Section 4.0</p>
	<i>Table started 2025</i>		

¹ Material changes only. Minor changes (such as to punctuation, grammar, etc.) will not be listed

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1.0 Introduction

1.1 Policy Statement

Learners with medical conditions should be properly supported at their education setting so that they have full access to education, including offsite trips and physical education. This Policy sets out suitable provision to promote learners' proper and adequate health, welfare and development and makes arrangements for supporting learners with medical conditions at their education setting. It has been developed in consultation with Health and Social Services, specifically Child Health and Family Partnership Services (which includes School Nurses); Community Paediatrician and General Practitioners.

Definition

Generally, learners in education settings who may require arrangements to be made because of their medical needs belong to one or more of three groups:

- Learners with long term medical (chronic) conditions, who may or may not require medication during the day e.g. asthma, ADHD, anxiety
- Learners with (acute) conditions that may, without warning, require swift emergency treatment or medication e.g. epilepsy, anaphylaxis, diabetes, asthma
- Learners who are completing a course of prescribed treatment

1.2 Policy Objectives

- To support the active and meaningful participation of learners with medical needs within education
- To manage risk associated with supporting learners with medical needs and the administration of medicines in education settings
- To establish best practice on the development of Individual Healthcare Plans (IHP) and protocols for the administration of medicines

1.3 Policy Application

All States-maintained education settings in Guernsey and Alderney including voluntary schools

The Guernsey Institute (in respect of learners under the age of 18 years)

Guernsey Music Service

All education-led activities taking place off-site

It is provided as advice and guidance to Early Years Settings.

Throughout this policy directive, Headteacher refers also to Heads of Service, Secondary School Principals and the TGI College Principal, and school or setting refers to any education establishment.

1.4 Accountabilities

Headteachers are accountable for:

- Ensuring that arrangements are in place in education settings to properly support learners with medical conditions, in terms of both physical and mental health, so that they can play a full and active role in the setting, remain healthy and achieve their academic potential
- Consulting with Health and Social Care professionals, learners and parents/carers to ensure that the needs of children and young people with medical conditions are effectively supported
- Ensuring that Individual Healthcare Plans are developed as required and reviewed at least annually.
- Issuing Data Collection Forms in line with The Education Office Policy and updating the setting's management information systems (e.g. learner SIMS record) with medical information in accordance with the mandatory requirements of The Education Office Schools' Management Information System Policy
- Checking alignment with any updated Data and Information Management policy as well as guidance on the retention of records
- Ensuring that staff receive appropriate training in line with this Policy and which is recorded by the school/setting.
- In line with their safeguarding duties, ensuring that learners' health is not put at unnecessary risk from, for example infectious disease. Headteachers therefore do not have to accept a child into the setting at times where it would be detrimental to the health of that child or others

1.5 Responsibilities

Supporting a learner with a medical condition in education is not the sole responsibility of one person. A setting's ability to provide effective support will depend on working co-operatively with other agencies. Partnership working between education staff, healthcare professionals (and where appropriate, social service professionals), parents/carers and learners will be critical. This policy therefore identifies collaborative working arrangements between all those involved to ensure that the needs of learners with medical conditions are met effectively. Some of the most important roles and responsibilities follow, but Headteachers may wish to cover additional roles and responsibilities in their published procedures.

Should a learner be deemed medically unfit for education by an appropriate medical professional The Education Office may make additional educational provisions for the learner. Educational provisions for the learner might include short term support from a peripatetic tutor. Where this is provided an Individual Health Care Plan should be in place devised and delivered jointly with Health and Education, with clear pathways towards

improved wellness and return to school. Further information is available in the [EOTAS Policy](#)

1.5.1 The Education Office

The Education Office will:

- Develop a clear policy for supporting learners with medical conditions that is reviewed regularly and is readily accessible to parents/carers and education setting staff
- Ensure that the Policy clearly describes the obligations to learners with medical needs and identifies the responsibilities of those involved in the arrangements made to support learners with medical conditions attending education settings
- Set out the data capture and reporting requirements on medical conditions and events

1.5.2 Headteachers/Principals

Headteachers/Principals will:

- Adhere to the policy set out by The Education Office
- Ensure that plans, procedures and systems are described in the setting's published procedures document, are understood by all staff, and are properly and effectively implemented, with a named lead staff member for oversight of policy implementation
- Focus on the needs of each individual learner and how their medical condition impacts on their education life
- Support the development and implementation of Individual Healthcare Plan
- Ensure staff from the setting who are providing support are able to access information and other teaching support materials as needed
- Ensure that the arrangements made give parents/carers and learners confidence in the setting's ability to provide effective support within the setting, and should demonstrate an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care
- Ensure that written records are kept of all medicines administered to learners
- Ensure that where a learner is deemed medically unfit for education by an appropriate medical professional, an individual healthcare plan, including the treatment, timescale and transition pathway is completed in conjunction with health professionals, learners and their parents/carers prior to a referral being made to The Education Office for short term peripatetic tutor support (see EOTAS Policy).

1.5.3 Lead Staff Members

Lead Staff Members will:

- Ensure that sufficient staff are properly trained and achieve the necessary level of competency to provide the support that learners need in all Individual Healthcare Plans, in consultation and collaboration with relevant health professionals, such as School Nurses. This should include in contingency and emergency situations. A record of the training must be kept.
- Ensure that all relevant staff are made aware of the medical need, including School Nurses and brief casual supply teachers where necessary
- Ensure risk assessments have been considered and completed for education visits and other setting activities outside the normal timetable
- Monitor Individual Healthcare Plans
- Ensure confidentiality of learner records with medical needs

1.5.4 Any Member of Education Setting Staff

- Can be asked to provide support to learners with medical conditions, including the administering of medicines, although **they cannot be required to do** so unless included within their job description and must only do so where appropriate training has been provided
- Should know what to do and respond accordingly when they become aware of a learner with a medical condition who needs help
- Can be asked to be the key member of staff maintaining active involvement with the learner and their education

1.5.5 School Nurses

- Are responsible for notifying the Headteacher when a child has been identified as having a medical condition which will require support in the education setting. Wherever possible, they should do this before the child starts at the setting.
- Would not usually have an extensive role in ensuring that settings are taking appropriate steps to support learners with medical conditions, but may support staff on implementing a learner's Individual Healthcare Plan and provide advice and liaison (e.g. annual staff training on anaphylaxis)
- Can liaise with lead clinicians locally on appropriate support for the learner and associated staff training needs – for example local specialist nursing teams offering training to education staff
- Have a duty to promote co-operation between relevant partners with a view to improving the well-being of learners so far as relating to their physical and mental health, and their education, training and recreation
- The Community Children's Nursing Team (CCN) will also be a valuable potential resource for an education setting seeking advice and support in relation to learners with a medical condition

1.5.6 Other Healthcare Professionals, including Psychiatrists and Paediatricians

- Should notify the School Nurse when a learner has been identified as having a medical condition that will require support at their education setting. They may provide advice on developing Individual Healthcare Plans. Specialist health teams may be able to provide support in the education setting for learners with particular conditions (e.g. asthma, diabetes)
- Should complete the Medical Certification when a learner has been identified as being medically unfit for education

1.5.7 Learners

Learners 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

Other learners should be sensitive to the needs of those with medical conditions

1.5.8 Parents and Carers

- Have prime responsibility for their child's health
- Should provide the education setting with sufficient and up-to-date information about their child's medical needs in conjunction with the child's psychiatrist or paediatrician
- Parents/carers are key partners and should be involved in the development and review of their child's Individual Healthcare Plan and may be involved in its drafting
- Should carry out any action they have agreed to as part of the Individual Healthcare Plan's implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times
- Where Education Other than at School (EOTAS) is provided, parents/carers should ensure an adult is present during tuition sessions

1.5.9 Health and Social Care (HSC)

- Should provide support, advice and guidance through the School Nurses, including suitable training for education staff, to ensure that the support specified within Individual Health Care Plans can be delivered effectively
- Where additional advice or medical supervision of health care plans is required, this will be provided through the Community Paediatrician and/or Psychiatrist according to expertise. The Community Paediatrician and/or Psychiatrist will set the framework for this

- Should work with education settings to support learners with medical conditions to attend full time

1.5.10 Providers of Individual Health Services (e.g. including Child and Adolescent Mental Health Services (CAMHS), Occupational Therapy, Physiotherapy, Speech and Language Therapy, Specialist health clinics)

- Should co-operate with education settings that are supporting learners with medical conditions, including appropriate communication, liaison with School Nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in outreach and training
- Should outline the learner's health care pathway including types and amount of medical input/therapies
- Health Services can provide valuable support, information, advice and guidance to education settings and their staff to support children with medical conditions.

1.5.11 Medical Specialist Group (MSG)

- Provides Paediatric advice and supervision, depending on the Paediatricians' expertise, to support health care plans and to be responsive to children's needs. Paediatricians will co-operate with education settings to support children with medical conditions
- Should outline the learner's health care pathway including types and amount of medical input/therapies

1.5.12 Ofsted Inspectors

The Guernsey and Alderney inspection handbooks for schools and further education place a clear emphasis on supporting those with medical needs, considering the way the education setting is working with the other agencies to ensure that the child receives the support they need. For pupils with additional learning needs, this will include ensuring that appropriate reasonable adjustments are made in accordance with the States of Guernsey Additional Learning Needs Code of Practice.

Inspectors are briefed to consider the needs of learners with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Headteachers are expected to have procedures dealing with medical needs compliant with this policy and to be able to demonstrate that this is implemented effectively.

1.5.13 Other Agencies

SHARE (Sexual Health and Relationship Educators), the Health Promotion Unit, Health Information Exchange and specialist voluntary or third sector agencies, can provide advice and information on health issues to The Education Office, education settings, parents/carers and learners.

Where learners would not receive a suitable education in a mainstream school/setting because of their health needs, the School Attendance Service will support the setting to ensure that a learner is attending if they are able to do so. They may also be involved in multi-agency or other planning group meetings.

1.6 Associated documents

- [Attendance Policy for Schools](#)
- [Pregnancy and School Age Parents](#)
- [Managing School Suspensions](#)
- [Off-site Visits Policy and Procedures](#)
- [Data Protection and Information Management](#)
- [ALN Code of Practice 2024](#)
- [Schools' Information Management System \(SIMS\) Policy](#)
- [The Children \(Guernsey and Alderney\) Law, 2008](#)
- [Inspection Procedures](#) and [Inspection Handbooks](#)
- [EOTAS Policy](#)

1.7 Education Strategy alignment

This Policy links to the following Education Strategy commitments:

Meeting the Needs of our Community

- Engaging and working with partners through appropriate channels so that educational development is informed by a range of views and is clearly communicated to a broad range of stakeholders
- Operating in a spirit of openness and transparency so that all stakeholders understand the processes in place across the Bailiwick to maintain the highest quality of Education
- Working in partnership to embed and promote learner-centred practice across the sector so that our learners, their families, staff and settings receive a consistently high quality of support

Equity, Safety & Inclusivity

- Embedding whole-setting cultures and practices which promote inclusivity, challenge inequity, support well-being and remove barriers to personal ambition
- Ensuring that protective measures are in place to safeguard and keep learners safe are of the highest standard in all settings

2.0 Background

Parents/carers of children with medical needs are often concerned that their child's health will deteriorate when they attend their education setting. This is because learners with long-term and complex medical conditions may require on-going support, medicines, and care while attending an education setting to help them manage their condition and keep them well. Others may require interventions in particular emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents/carers feel confident that their child's medical condition will be supported effectively while in education and that they will be safe. In making decisions about the support they provide it is crucial that headteachers/principals consider advice from healthcare professionals and listen to and value the views of parents/carers and learners.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition, and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems can affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. While a learner may be absent from their setting, they should be engaging with some form of education suitable to their needs. During their absence, the education key worker should have maintained contact with the learner and their family. A return to school or other education setting should be properly supported so that children and young people with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term absences, including those for medical appointments (which can be lengthy), also need to be effectively managed².

Some children with medical conditions may be disabled or may have additional learning needs (ALN) and/or a Determination of Needs. For children with ALN, this guidance should be read in conjunction with the Additional Learning Needs Code of Practice (Guernsey and Alderney) 2024 available on the education pages of [Gov.gg](https://www.gov.gg).

3.0 Notification of a Learner with a Medical Need

When an education setting is informed that a learner has a medical need, whether by parents/carers or a medical practitioner, then it must consider and plan how it will meet those needs. Any medical needs highlighted would need to be confirmed with the appropriate medical practitioner.

² Refer to the Attendance Policy

It would be good practice for any arrangements needed to be agreed using a Team around the Family (TAF) approach, in collaboration with health practitioners, the family and learner (where appropriate). This may result in an Individual Healthcare Plan or Medication Protocol being drawn up.

For learners starting at a new school or setting, arrangements should be in place for the start of the relevant academic term. In other cases, such as a new diagnosis or a learner moving to a new setting mid-term, every effort should be made to ensure that arrangements are put in place within two weeks. Any interim arrangement should maintain the safety and well-being of the learner.

Where there is clear evidence of a need, education settings do not have to wait for a formal diagnosis of a medical condition before providing support. In cases where a learner's medical condition is unclear, or where there is a difference of opinion, judgements will need to be made about what support to provide based on the available information. This would normally involve some form of medical information and consultation with parents/carers.

4.0 Individual Healthcare Plans

Individual Healthcare Plans help to ensure that education settings effectively support learners with significant medical conditions that can meaningfully act as a barrier to education. They provide clarity about what needs to be done in education, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The education setting, healthcare professional and parent should agree, based on evidence, when an Individual Healthcare Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. Where a learner is seen as medically too unwell for education, it is expected that an Individual Healthcare Plan would be in place. A flow chart for identifying and agreeing the support a child needs and developing their Individual Healthcare Plan is provided in [Appendix 1](#).

The format of Individual Healthcare Plans may vary to enable education settings to choose whichever is the most effective for the specific needs of each learner. They should be easily accessible to all who need to refer to them, whilst preserving confidentiality. Plans should not be a burden on a setting, but should capture the key information and actions that are required to support the child effectively. The level of detail within Plans 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. Where a child has a Determination, their needs should be mentioned in an Individual Healthcare Plan as appropriate.

Individual Healthcare Plans should aim to capture the steps which an education setting should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the Headteacher/Principal. Plans should be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the education setting assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child is returning to the setting following a period of hospital education or alternative provision (including on-line learning sessions/platforms, and/or an adapted education package via the school, and/or Individual tuition sessions), settings should work with Education Inclusion Services to ensure that the Individual Health Care Plan identifies the support that the child will need to reintegrate effectively and completion of a Treatment, Timescales and Transition Plan is required.

When deciding what information should be recorded on Individual Health Care Plans, the Headteacher should consider the following:

- The medical condition, its triggers, signs, symptoms and treatments
- The learner'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 learner's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, counselling sessions, use of rest periods or additional support in catching up with lessons
- 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 education setting needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the learner during the education day.

- Separate arrangements or procedures required for education trips or other activities outside of the normal 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. This may be important where The Education Office has to become involved because of the impact on the employee providing the support in light of their employed role (LSAs providing personal care in mainstream schools)
- 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

5.0 Managing Medicines on Education Premises

The Headteacher should ensure that there are clear procedures to be followed for managing and administering medicines in accordance with the following details:

- Medicines should only be administered on site (or offsite during education activities) when it would be detrimental to a child's health or attendance not to do so. It is good practice to have the dosage and administration witnessed by another responsible adult
- No child under 16 should be given prescription or non-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/carers. In such cases, every effort should be made to encourage the learner to involve their parents/carers while respecting their right to confidentiality
- 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 with parents/carers, as well as maximum dosages and when the previous dose was taken
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school/setting hours
- Education settings should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administering, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to settings inside an insulin pen or a pump, rather than in its original container
- All medicines should be stored safely. Children of school age 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 adrenalin pens

should be always readily available to children and not locked away. This is particularly important to consider when on education trips or in the case of an emergency evacuation or invacuation of the education site

- 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. Monitoring arrangements may be necessary. Education Settings should otherwise keep controlled drugs that have been prescribed for a learner securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency
- A member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction (training needs for staff would be identified in the Individual Healthcare Plan). Staff administering medicines should do so in accordance with the prescriber's instructions
- Education settings should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Before administering any medication, the label on the medicine container should be checked against the medicine record. Any discrepancy should be queried with the parent before administering a medicine. Any side effects of the medication to be administered at school/setting should be noted
- 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

6.0 The Child's Role in Managing their own Medical Needs

Headteachers/Principals should ensure that the education setting's procedures cover arrangements for children who are competent to manage their own health needs and medicines.

After discussion with parents/carers, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within Individual Healthcare Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. 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, then relevant staff should 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/carers should be informed so that alternative options can be considered.

7.0 Day Trips, Residential Visits and Sporting Activities

Headteachers should ensure that their arrangements are clear and unambiguous about the need to actively support learners with medical conditions to participate in education 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 children to participate according to their own abilities and with any reasonable adjustments. Headteachers should make arrangements for the inclusion of learners in such activities unless evidence from a relevant clinician state that this is not possible. Further information can be found within the [Off-Site Visits Procedures](#) under the section titled 'Informed Parental Consent'.

Headteachers should consider what reasonable adjustments they might make 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 learners with medical conditions are included. This will require consultation with parents/carers and learners and advice from the School Nurse or other healthcare professionals who are responsible for ensuring that learners can participate.

Where learners have life threatening conditions, specific planning and risk assessment should be undertaken as part of the IHP, and as appropriate shared with any home to school/setting transport providers should be carried on vehicles.

8.0 Record Keeping

Records offer protection to staff and learners and provide evidence that agreed procedures have been followed. The [Schools' Information Management System \(SIMS\) Policy](#) (or equivalent for other settings) sets out the mandatory requirement to maintain the school roll with learner data which includes:

- Dietary Needs (where advised)
- Medical Practice (search for existing)
- Medical Conditions (if any e.g. Asthma (table can be amended to suit))
- Medical Notes (if any e.g. inhaler required and held at school)

- Medical Events (if any e.g. Asthma Attack)

Headteachers must therefore ensure that:

- Medical conditions (including dietary needs and allergies) are recorded as specified with a parent/carer and health professional and IHPs are identified as appropriate
- Records are kept of all medicines held on site for learners under the medical notes field
- Notifications from parents/carers of inoculations are also recorded together with those inoculations administered in school by the School Nurse such as meningitis and tetanus
- An incident requiring medical attention or the administering of medicines to learners are detailed in the medical event field

Parents/carers should be informed if their children have been unwell at school/setting. Parents/carers must be reminded to update the school/setting with relevant information as often as necessary.

9.0 Emergency Procedures

Headteachers should ensure that their procedures set out what should happen in an emergency situation. As part of general risk management processes, all settings should have arrangements in place for dealing with emergencies. In case of an emergency the Critical Incidents Management and Support Policy and any associated procedures should be followed.

Where a learner 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 learners in the setting should know what to do, such as informing a teacher immediately if they think help is needed.

If a learner needs to be taken to hospital, staff should stay with the learner until the parent arrives, or accompany a learner taken to hospital by ambulance. Staff should not take learners to hospital in their own car other than in exceptional circumstances, e.g. an ambulance is not able to get to the emergency.

10.0 Staff Training and Support

Headteachers/Principals should ensure that staff will be supported in carrying out their role to support learners with medical conditions. This should have been identified during the development or review of Individual Healthcare Plans. **Staff who provide support to learners with medical conditions should be included in meetings where this is discussed.**

Some staff may already have some knowledge of the specific support needed by a learner with a medical condition and so extensive training may not be required. The relevant healthcare professional should normally lead on identifying and agreeing with the setting, the type and level of training required in light of knowledge already in place and how this can be obtained. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support learners with medical conditions, and to fulfil the requirements as set out in Individual Healthcare Plans. 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 prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting learners with medical conditions. Healthcare professionals, including the School Nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in administering medication.

The setting's procedures should additionally set out arrangements for whole school/setting awareness training so that all staff are aware of the procedures for supporting learners with medical conditions and their role in implementing Policy. This should be included in induction arrangements for new staff. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting learners in the school/setting are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a learner will often be key in providing relevant information to staff about how their child's needs can be met and parents/carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

11.0 Unacceptable Practice

Headteachers should ensure that education setting procedures are explicit about what practice is not acceptable. Although staff should use their discretion and judge each case on its merits, it is not generally acceptable practice to:

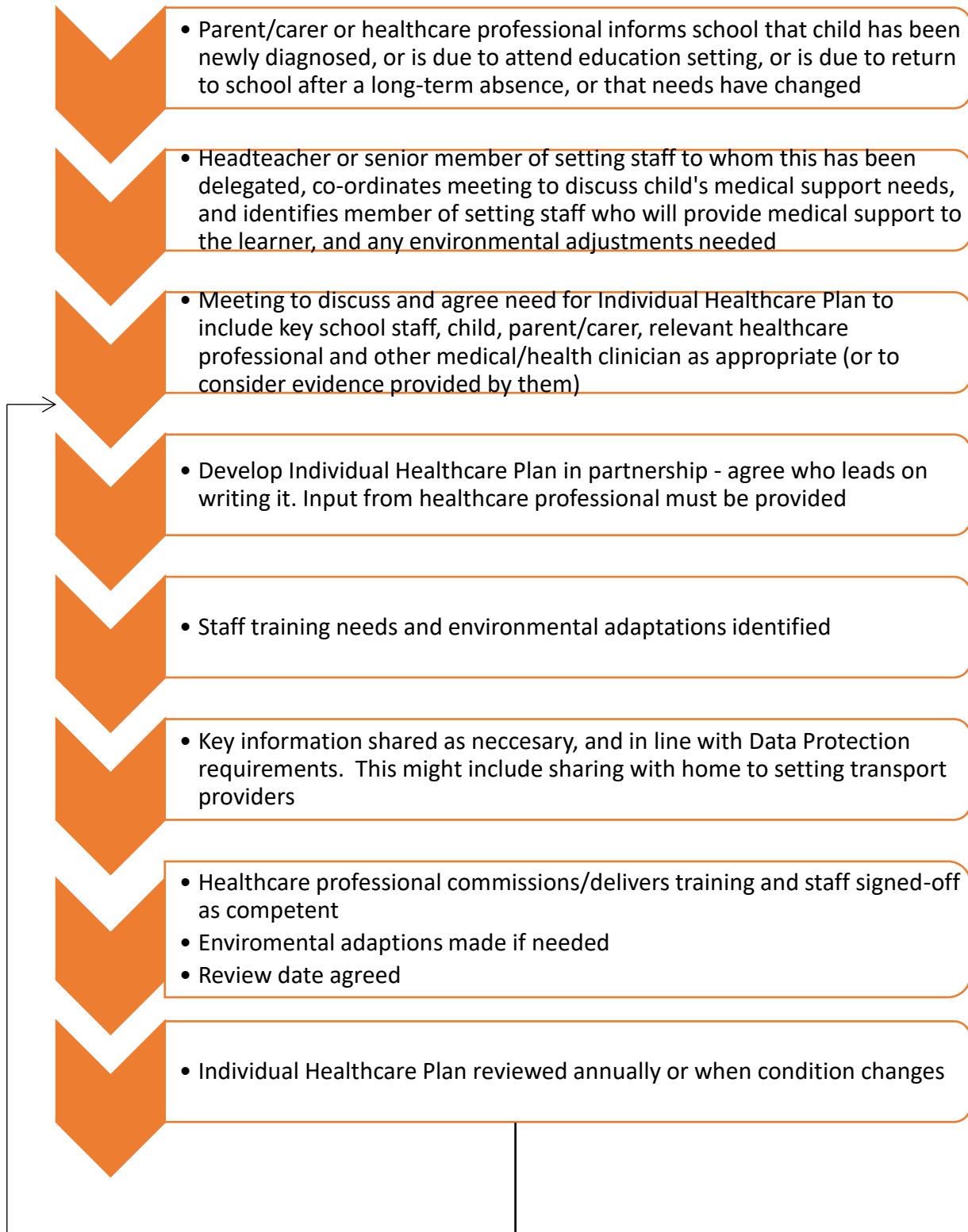
- Prevent learners from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every learner with the same condition requires the same treatment
- Ignore the views of the learner or their parents/carers; or ignore medical evidence or opinion (although this may be challenged)
- Send learners with medical conditions home frequently or prevent them from staying for normal activities including lunch, unless this is specified in their Individual Healthcare Plans

- If the learner becomes ill, send them to the setting office or medical room unaccompanied
- Penalise learners for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Prevent learners from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend the education setting to administer medication or provide medical support to their child, including with toileting issues. No parent should have to provide hands on medical support because the setting is failing to support their child's medical needs
- Prevent learners from participating or create unnecessary barriers to learners participating in any aspect of the setting's offer, including education trips/visits, e.g. requiring parents/carers to accompany their child

12.0 Complaints

Headteachers/Principals should ensure that the setting's procedures set out how complaints may be made and will be handled concerning the support provided to learners with medical conditions. The Education Office Policy on [Compliments, Comments and Complaints](#) details the complaints process. In the first instance should parents/carers or learners be dissatisfied with the support provided they should discuss their concerns directly with the setting for example with the relevant member of staff appropriate to the matter concerned (for example teacher, form tutor, Head of Year or Headteacher). If this does not resolve the issue, a formal complaint can be raised. This where possible should be sent in writing to the education setting if the complaint relates to the education setting, or if the complaint concerns The Education Office this should be sent to educationsportandculture@gov.gg. If the complaint is still not resolved this can be escalated for further review.

Appendix 1: Model process for Developing Individual Healthcare Plans (IHP)



Appendix 2: Planning Support for a Learner with Medical Needs

- Some medical conditions that require support within the education setting will affect the quality of life of the learner and may be life-limiting
- Some medical needs may require specific plans for emergency intervention
- In some cases, flexibility will be required and may involve programmes of study that rely on part-time attendance at the education setting³
- Consideration must be given to how learners will reintegrate into the education setting after periods of absence
- Where learners have life threatening conditions, specific transport healthcare plans should be carried on vehicles

Checklist

The medical condition, its triggers, signs, symptoms and treatments
The learner's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons
Specific support for the learner'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, (some learners will be able to take responsibility for their own health needs), including in emergencies. If a learner is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring
Who will provide this support? Which healthcare professional will identify, their training needs, expectations of their role and confirmation of proficiency to provide support for the learner?
Who in the education setting needs to be aware of the learner's condition and the support required?
Written permission from parents/carers and the Headteacher at the setting for medication to be administered by a member of staff, or self-administered by individual learners during the academic day
Separate arrangements or procedures required for education trips or other activities outside the normal timetable that will ensure the learner can participate e.g. risk assessments
Where confidentiality issues are raised by the parent/learner, identified designated individuals to be entrusted with information about the learner's condition
What to do in an emergency, including whom to contact, and contingency arrangements

³ All children must receive full-time education, unless this would not be in their best interests because of their health needs, as advised by Consultant Paediatrician or Clinical Psychiatrist.