Walton on the Naze Primary School

Supporting Pupils with Medical Conditions Policy

Walton School Vision

Choose your Dream and chase it...

Work hard
Aim high
Love learning
Think of others
Open your mind
Never give up

Policy Approved by	Curriculum Committee
Date Policy Approved	5th March 2026
Frequency of review:	2 years
Date of next review:	Spring 2028

Content

---

1. Aims

At Walton on the Naze Primary School, we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

The named person with responsibility for implementing this policy is Mrs S Bliss - Headteacher

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the statutory guidance on supporting pupils with medical conditions at school and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

3. Roles and responsibilities

3.1 The governing body

The governing body has ultimate responsibility for making arrangements to support pupils with medical conditions.

The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to Mrs S Bliss or Mrs K Firkins, SENCO.

3.2 The headteacher/named person in charge of implementing the policy.

The Headteacher/SENCO will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP, and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

EYFS settings: 5.1 Obtaining information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine, and a system for keeping this information up to date (see section 10 of this policy).
We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school 01255 675657 or an email to Mrs T Martin or Mrs K Firkins – admin@walton.essex.sch.uk if their child's medical needs change during the school year.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

The day-to-day responsibility has been delegated to the SENCO and/or SEN Admin and Attendance Officer.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body and the Headteacher, will consider the following when deciding what information to record on IHPs:

- 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, additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil'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 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

7. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so, **and**
- Where we have parents/carers' written consent

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

IHPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

7.3 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that 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 pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion
- 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 IHPs
- Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- Penalise pupils 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

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

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher/SENCO. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily-accessible place that all staff are aware of.

EYFS settings: 10.1 Recording information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine (see section 5 of this policy), and a system for keeping this information up to date.

We will:

- Enter each pupil's medicine need in the school's system
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Aspen – Certificate of Public Liability via Essex County Council

12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

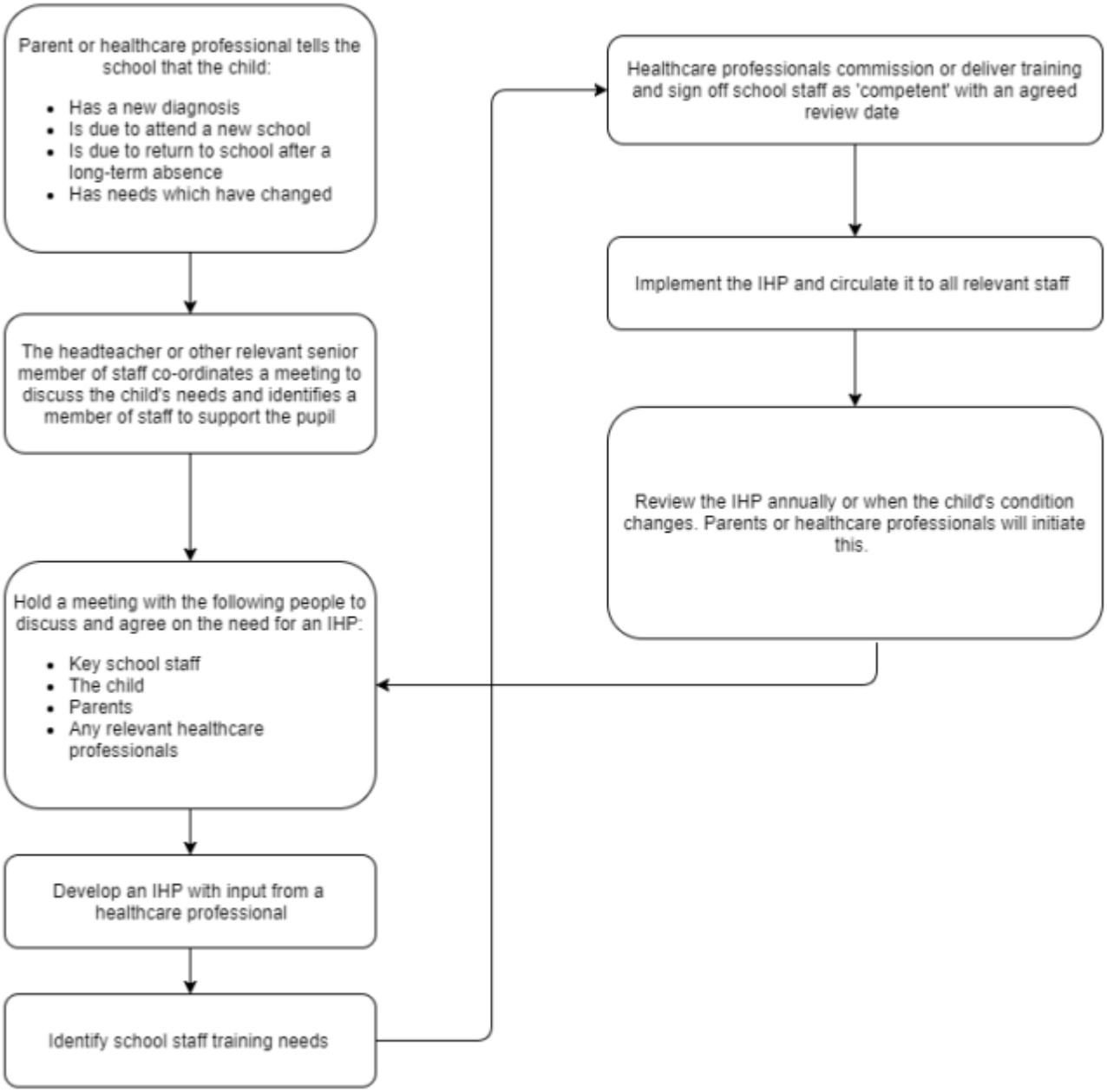
This policy will be monitored by Mrs S Bliss.
It will be reviewed and approved by the governing board every year.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Staff Training Record

Name of Staff	
Name of Pupil	
Type of Training Received	
Date of Training Completed	
Training Provided by	
Profession and Title	
Suggested Review Date	

I confirm that the above staff member has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature _____

Date: _____

I can confirm that I have received the training as detailed above.

Staff Name _____

Staff Signature _____

Date _____

Appendix 3: Procedures for children who are sick or infectious

- Pupils who have an infectious disease shouldn't attend school/nursery
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhea or stomach pains – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the UK Health Security Agency's exclusion table will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)

Supporting children with Medical Needs in School

May 2024

Guidelines for supporting children with medical conditions in educational settings

Essex County Council

Contents

Background and context

This guidance is based on the principles contained within the Department for Education (DfE) statutory document that says that schools must make sure that:

- a pupil with a medical condition will still get their education. They can still go on school trips and do physical education.
- they have made plans about how they are going to support a pupil with a medical condition.
- they speak to health and social care professionals, pupils and parents. This makes sure that everyone understands the medical condition and how to support the pupil.

The Royal College of Nursing (RCN 2018) document also provides key information about meeting health needs in educational and other community settings.

The Children and Families Act 2014 places a statutory duty on governing bodies of maintained school, academies and pupil referral units to Section 100 to "make arrangements for supporting pupils at the school with medical conditions". Each educational setting has responsibility to ensure that all appropriate policies and documents are completed and available in line with their statutory duties, and to ensure that they can effectively meet the needs of children and young people with health and medical needs who attend their setting.

These policies will include, but are not limited to the following:

- Safeguarding Policy
- Supporting pupils with Medical Needs, including administration of medication, record keeping and disposal of sharps
- Health and Safety Policy, including risk assessments and moving and handling plans

Roles and responsibilities

Parent/carer responsibility

Parents should ensure that the setting is provided with sufficient, relevant, and up to date information about their child's medical needs, including details of any health professionals who are involved in their child. Parents are key partners and should be involved in the development and regular review of their child's individual healthcare plan and maintain effective communication with the education setting to identify any changes in the child or young person's condition. Parents should make sure they or another nominated adult are contactable at all times.

Child and Young Person (CYP) involvement

All children and young people with medical and health needs should be included in meetings and have the opportunity to express their own thoughts and feelings. They should be encouraged to provide their consent for each identified health or care procedure and intervention when appropriate to do so.

Educational settings

Educational settings are legally responsible under section 100 of the Children and Families Act (2014) to make arrangements for support to pupils with medical conditions. Each setting should identify a named person with responsibility for effective policy implementation.

Settings must ensure there are sufficient staff who are appropriately trained to meet the needs of the children and young people in the setting and ensure that it is not the responsibility of just one member of staff to carry out medical procedures. Policies should identify collaborative working arrangements between school staff, parents, CYP, health care professionals and local authorities. Settings must undertake risk assessments for the setting, visits, holidays and any other activity e.g. sporting event.

Healthcare plans for children and young people should capture how to support the individual and they should be reviewed at least annually, or at any time when needs change. Settings must ensure written records of treatment and care are maintained and that parents are informed if the CYP is unwell at school.

Any staff member who is involved in caring for the CYP must have access to the healthcare plan and have received sufficient training to deliver the care required. All school staff should undertake basic awareness training with annual updates, this is likely to include asthma, allergy and first aid awareness.

Settings should have a policy for supporting pupils with medical conditions. It must be reviewed regularly, and parents and staff should be able to access it easily.

Some children with medical needs may have Special Educational Needs and/or Disabilities (SEND) too. The Equality Act 2010 says the school must make reasonable adjustments. This is to make sure that disabled children/young people are not at a disadvantage compared with their peers. Adjustments must be planned and put in place in advance. For example, every effort should be made to make sure that pupils can access school trips, visits, or sporting activities.

Healthcare professionals

Healthcare professionals should work together and cooperate with the school to provide evidence and advice that goes into the Individual Health Care Plan which is held by the education setting. They will ensure that settings are notified and updated about a child's medical needs and ensure the setting has access to all relevant information required to safely care for that child or young person (as detailed on the Individual Health Care Plan). They should also monitor the accuracy and impact of the Health Care Plan and assist to update it at least annually (or more frequently if needs change).

Local Authority and Clinical Commissioning Group (CCG)

The local authority and CCG must make joint commissioning arrangements for children with medical needs and have a duty to promote cooperation between the relevant partners. This will include commissioning of school nurses, providing support, advice and

guidance for educational settings or providing alternative arrangements for children and young people who are not able to attend the education setting for medical reasons.

Risk assessment

It is the responsibility of the individual education setting to undertake a risk assessment with the support of parents, the child or young person and any appropriate health professionals. The risk assessment process should clearly identify:

- Any risks around the healthcare needs and the impact of these on the child or young person and others
- Control measures to manage the risks
- Any training needs, including who will need to be trained, to what level and by whom
- Measures in place to maintain the privacy and dignity of the child or young person
- All environments the child may access whilst under the care of the setting, including trips, visits, sports activities, and transport arrangements

Healthcare Plan

A Healthcare Plan is a document that has information from:

- health professionals
- school nurses
- parents
- the pupil
- other relevant professionals

Healthcare plans are developed in partnership between the school, parents, child or young person and the relevant healthcare professional who can advise on the child's case. It should have key information and actions that are needed to support the child in school. Parents are asked to inform settings of any changes in advice from healthcare professionals and should make this information known to the setting.

The healthcare plan should say what the school will do to help the pupil manage their condition. It helps overcome any barriers to get the most from their education.

The plan must be reviewed at least once a year or earlier if the pupil's needs have changed. It should keep the pupil's best interests in mind. Some conditions are not expected to change, so in some instances, plans will not routinely be updated on an annual basis, but setting must check with families that the plan is still the most up to date recommendations from health providers.

The school must say how they will assess and manage risks to the child's education, health, and social wellbeing.

The Healthcare Plan should include:

- the medical condition, triggers, signs, symptoms and treatments
- the pupil's needs and the impact on the child, including:
    - details of any medication needed, storage and disposals of medication, dose and method of administration
    - clinical procedures that need to be carried out, by whom, when and how
    - any tests that need to be undertaken and action to be taken depending on the results e.g. diabetes care
    - what training is required and how this will be provided
    - description of what constitutes an emergency and what action should be taken
    - written permission from parents that the medication can be administered either by a member of staff or self-administered by the pupil
    - facilities
    - equipment
    - plans that need to be put in place for testing/exams (if appropriate), school trips and other activities outside the school timetable
    - access to food and drink where this is used to manage their condition,
    - dietary requirements
    - environmental issues, e.g. crowded corridors, travel time between lessons;
    - support for the pupil's educational, social and emotional needs

A Healthcare Plan is different to an Education, Health and Care (EHC) Plan.

- An EHC plan defines outcomes and provision in school for pupils with SEND
- A Healthcare Plan defines how to support a pupil's medical needs whilst in school.

Where the child or young person has a special educational need identified in an EHC plan, the healthcare plan should be linked to it.

Individual Pupil Resourcing Agreement (IPRA)

Essex County Council are keen to ensure that mainstream schools can provide an appropriate offer for children with additional needs. Essex has a mechanism to provide timely additional resourced to sources without having to carry out a statutory assessment. This is known as an Individual Pupil Resourcing Agreement (IPRA).

An IPRA can be considered if a pupil has no significant special educational needs but requires additional resourcing to support medical needs. Schools are expected to use the notional SEN fund in the first instance to support the pupils needs. If a child or young person has a severe or complex medical need and requires specialist support, the school or setting may wish to make a referral to the Physical and Neurological Impairment (PNI) Service for advice (see Infolink for details and online referral form).

To request an IPRA, relevant evidence signed by a medical professional alongside an up-to-date Healthcare plan, interventions and current support arrangements in place using the notional SEN budget alongside details of what the money will be utilised for, the expected outcomes as a result of the additional resource and how the school will measure these outcomes.

Requests for IPRAs go to the quadrant resourcing panels where the application and evidence is viewed and a decision by education colleagues is made collectively.

If the application is successful, funding can be awarded for up to one year. This can be reviewed on an annual basis for continuation. It is possible to have medical IPRA on a long-term basis if medical needs of pupil warrant it.

Guidance, policies and templates for schools

- Individual Pupil Resourcing Agreement (IPRA) – information on process and application form for schools and settings
- Supporting pupils at school with medical conditions – Department for Education guidance
- Supporting pupils with medical conditions: Templates – includes a downloadable editable template for an Individual Health Care Plan. This is provided by the Department for Education
- Over the counter medicines in schools guidance – NHS guidance on the use of OTC medicines, salbutamol inhalers and adrenaline auto-injectors in schools
- Education Access – Children missing their education due to health needs – ECC policy and information regarding children of compulsory school age, who, because of health reasons/pregnancy, would otherwise not receive suitable education.

- Royal College of Nursing – information on meeting health needs in educational and other community settings
- Health Conditions in Schools Alliance – example policy and editable Individual Health Care Plan templates. This includes example plans for a range of medical needs.
- NASEN Children with Medical Needs Mini-Guide – what schools and settings need to know

Medical conditions – useful links for schools

- Anaphalaxis – information from Anaphalaxis Campaign for schools, including resource packs. Free online training modules for school staff, parents and younger children is also available through AllergyWise
- Anaphalaxis – Department for Education guidance on use of adrenaline auto-injectors in school
- Asthma guidance – Department for Education guidance on the use of asthma inhalers at school
- Asthma online training – Supporting Children's Health offers a free 45minute online training module
- Asthma UK – links, resources, advice for children and young people with Asthma
- Bowel and Bladder UK and ERIC – example intimate care policies and plans, resources and advice for educational settings
- C:P Teens and Scope have information for children with Cerebral Palsy
- Diabetes example health care plan for a child with type 1 diabetes
- Epilepsy Action and Learn Epilepsy have a number of useful resources including online training videos available. Staff training and e-learning is also available
- Essex County Council's Physical and Sensory Impairment Specialist Teaching Service – information about the team and how to make a referral
- Muscular Dystrophy UK- this website has (free) online training modules for professionals working with children and young people with MD as well as a downloadable Fact Sheets for educational professionals and parents/carers
- School Nursing Service – information on service for settings
- Specialist Equipment – information on specialist equipment and what is available
- Supporting schools with pupils with medical needs – information and health care templates for a list of common conditions
- Well at School – website linking medical conditions with advice for schools and associated websites

This information is issued by:
Essex County Council

Contact us:
senstrategy@essex.gov.uk
www.essex.gov.uk

The information contained in this document can be translated, and/or made available in alternative formats, on request.

Published September 2021, updated in May 2024.