



Supporting Pupils with Medical Conditions Policy 2025-2026

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1.0 Aims

This policy aims to ensure that:

- Pupils, staff, and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Phil Arnold Principal/Headteacher

2.0 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 Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

3.0 Roles and Responsibilities

3.1 The Trust Board

The Trust board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Trust board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.1.1 The Local Governing Body

The LGB has responsibility for adopting the policy for its academy and ensuring that it is implemented, sufficient resources are directed towards its delivery and monitoring its effectiveness on a regular basis.

3.2 The Principal/Headteacher

The Principal/Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure 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
- Take overall responsibility for the development of IHPs

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one 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

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- 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

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.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

4.0 Equalities

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 comply fully with the Equality Act 2010 and will make reasonable adjustments to enable all 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 and any relevant healthcare professionals will be consulted.

5.0 Being Notified that a Child has a Medical Condition

When the school is notified that a pupil has a medical condition, the process outlined below 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.

See Appendix 1.

6.0 Individual Healthcare Plans

The Principal/Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. Where responsibilities have been delegated these are set out clearly at the appendix 4 to this policy.

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 when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Principal/Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents, and a relevant healthcare professional, such as the school nurse, specialist, or paediatrician, 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 statement of special educational needs (SEN) or education, health, and care (EHC) plan. If a pupil has SEN but does not have a statement or 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. We 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 or 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 and the Principal/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/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

7.0 Managing Medicines

Prescription and non-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' written consent

The only exception to this is where the medicine has been prescribed to the pupil by a doctor without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Medications that have NOT been prescribed by a GP should NOT be given.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

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 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 Need

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

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable Practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is not acceptable 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
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- 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 manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8.0 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 arrives or accompany the pupil to hospital by ambulance.

9.0 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 Office Manager. 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 understand the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Be kept up to date

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 they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10.0 Record Keeping

The Principal/Headteacher will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place

11.0 Liability and Indemnity

The Trust board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12.0 Complaints

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

13.0 Monitoring Arrangements

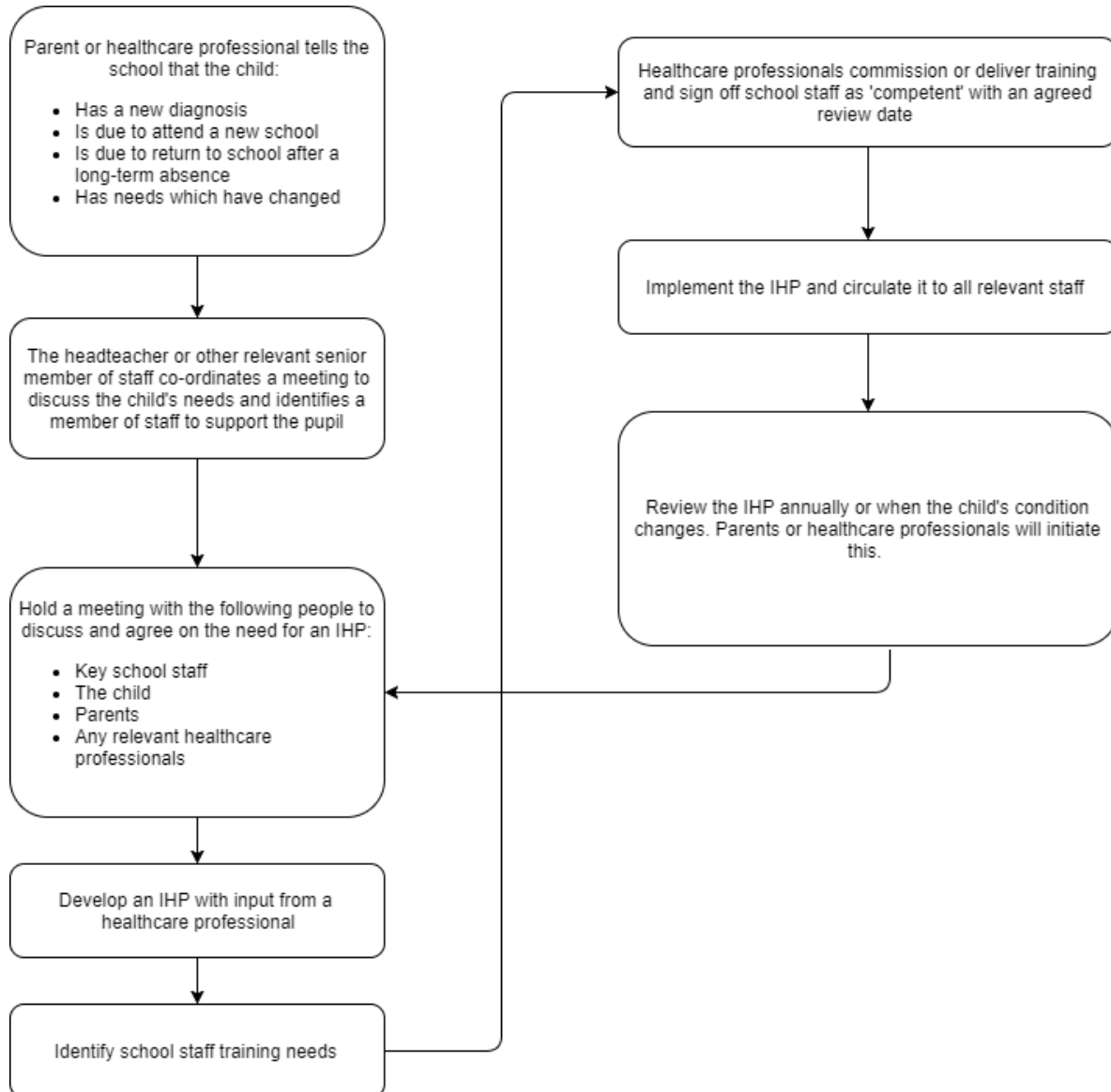
This policy will be reviewed and approved by the local governing body every 2 years.

14.0 Links to Other Policies

This policy links to the following policies:

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

Appendix 1 - Being notified a child has a medical condition



Appendix 2 - Supporting pupils with medical conditions policy Covid-19 addendum

Effective infection protection and control

There are important actions that children and young people, their parents and those who work with them can take during the coronavirus (COVID-19) outbreak, to help prevent the spread of the virus.

At Thomas Hall School we are taking a number of actions to prevent the spread of coronavirus (COVID-19). These include:

- minimising contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend childcare settings, schools, or colleges
- cleaning hands more often than usual - wash hands thoroughly for 20 seconds with running water and soap and dry them thoroughly or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered
- ensuring good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- cleaning frequently touched surfaces often using standard products, such as detergents and bleach
- minimising contact and mixing by altering, as much as possible, the environment (such as classroom layout) and timetables (such as staggered break times)

Personal protective equipment (PPE) including face coverings and face masks

The majority of staff at Thomas Hall will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:

- children, young people, and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way
- if a child becomes unwell with symptoms of coronavirus (COVID-19) while in their setting and needs direct personal care until they can return home. A fluid-resistant surgical face mask should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn
- if a child needs to access first aid, a risk assessment based approach will determine the appropriate level of PPE to be worn.

Complex medical needs

If a child has an IHP due to a complex medical need, a risk assessment must be completed before they return to school. School leaders must be satisfied that they can meet the needs of the returning pupil safely.

Shielded and clinically vulnerable children and young people

For the vast majority of children and young people, coronavirus (COVID-19) is a mild illness. Children and young people (0 to 18 years of age) who have been classed as clinically extremely vulnerable due to pre-existing medical conditions have been advised to shield, see the list below

Clinically extremely vulnerable groups

Expert doctors in England have identified specific medical conditions that, based on what we know about the virus so far, place some people at greatest risk of severe illness from coronavirus. Disease severity, history or treatment levels will also affect who is in this group. Clinically extremely vulnerable people may include:

1. Solid organ transplant recipients.
2. People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma, and severe chronic obstructive pulmonary disease (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.
7. Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

We do not expect these children to be attending school or college, and they should continue to be supported at home as much as possible. Clinically vulnerable (but not clinically extremely vulnerable) people are those considered to be at a higher risk of severe illness from coronavirus (COVID-19). A small minority of children will fall into this category, and parents should follow medical advice if their child is in this category.

Shielded and clinically vulnerable adults

Clinically extremely vulnerable individuals are advised not to work outside the home. We are strongly advising people, including education staff, who are clinically extremely vulnerable (those with serious underlying health conditions which put them at very high risk of severe illness from coronavirus (COVID-19) and have been advised by their clinician or through a letter) to rigorously follow shielding measures in order to keep themselves safe. Staff in this position are advised not to attend work. Read [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#) for more advice.

Clinically vulnerable individuals who are at higher risk of severe illness (for example, people with some pre-existing conditions as set out in the Staying at home and away from others (social distancing) guidance) have been advised to take extra care in observing social distancing and should work from home where possible.

Education and childcare settings should endeavour to support this, for example by asking staff to support remote education, carry out lesson planning or other roles which can be done from home. If clinically vulnerable (but not clinically extremely vulnerable) individuals cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk.

Living with a shielded or clinically vulnerable person

If a child, young person, or a member of staff lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend their education or childcare setting.

If a child, young person or staff member lives in a household with someone who is extremely clinically vulnerable, as set out in the COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable guidance, it is advised they only attend an education or childcare setting if stringent social distancing can be adhered to and, in the case of children, they are able to understand and follow those instructions. This may not be possible for very young children and older children without the capacity to adhere to the instructions on social distancing. If stringent social distancing cannot be adhered to, we do not expect those individuals to attend. They should be supported to learn or work at home.

Appendix 3 - Staff Names and delegated responsibilities for implementation of the policy and practice

Name	Delegated responsibility
Phil Arnold	Headteacher
Helen Towler Williams	Medical Lead
Catherine Huthnance	First Aid Lead
Catherine Huthnance	Full Paediatric First Aid (13.2.26)
Andy Kendall	Full Paediatric First Aid (13.2.26)
Anne Tatchell	Full Paediatric First Aid (13.2.26)
Catherine Roach	Full Paediatric First Aid (13.2.26)
Hebe Poole	Full Paediatric First Aid (13.2.26)
Jody Stevenson	Full Paediatric First Aid (13.2.26)
Jason Tarr	Full Paediatric First Aid (13.2.26)
Joe Whibley	Full Paediatric First Aid (13.2.26)
Julia Wood	Full Paediatric First Aid (13.2.26)
Many Hayter	Full Paediatric First Aid (13.2.26)
Magdaline Palmer	Full Paediatric First Aid (13.2.26)
Nathan Littley	Full Paediatric First Aid (13.2.26)
Polly Nicholl	Full Paediatric First Aid (13.2.26)
Stephen Scott	Full Paediatric First Aid (13.2.26)
Sarah Yarwood	Full Paediatric First Aid (13.2.26)
Joe Medland	Full Paediatric First Aid (2.9.24)
Michelle Spiess	Full Paediatric First Aid (2.9.24)
Sophie Cameron-Mitchell	Full Paediatric First Aid (2.9.24)
Shana Day	Full Paediatric First Aid (2.9.24)
Sophie Greaves	Full Paediatric First Aid (2.9.24)
Hannah Cockburn	Full Paediatric First Aid (2.9.24)
Katy Lewis	Full Paediatric First Aid (2.9.24)

Above certificates are valid for 3 years

Appendix 4 - Individual Health Plan (IHP) - template

1. Pupil Details

Name		Add photograph
DOB		
NHS number		
Address		
Allergies		
IHP review date		

2. Outline of Key Medical Issues

Add a brief summary of the key medical issues, including any emergency actions required. Please refer to section 9.

3. Family Contact Details

Name	
Relationship	
Home number	
Mobile number	
Work number	
Email	
Emergency number	

Name	
Relationship	
Home number	
Mobile number	
Work number	
Email	
Emergency number	

Who does your child live with?	
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4. Other Professional's Information

Roles	Name	Contact Details
Key worker		
Consultant paediatrician + Hospital		
GP		
Class teacher		
Head Teacher		
SEN-Coordinator		
Relevant Teaching staff		
Relevant Care staff		
Healthcare Practitioner		

5. Medical History

Medical history	Treatment

6. Medications

Medical condition	Medication	Dose	Time	How to be administered

7. Behaviour and Concentration

What affect does the treatment of the medical condition have on behaviour or concentration?	
What relevant side effects does the medications have?	

8. Everyday Monitoring (if applicable)

What monitoring is required	
When does it need to be done	
What equipment is required	
How is it done	
What is the target figure	

9. Medical Emergency Situations

What is considered an emergency situation?	
What are the signs and symptoms?	
What are the triggers?	
What action needs to be taken?	
Any follow up actions required	
Does the school environment affect dealing with an emergency?	

10. Impact on the Child's Learning

How can the child's medical condition effect learning?	
Does the child require any further learning assessment of their learning?	

11. Physical Activity

Are there any physical restrictions caused by the medical condition?	
Is any extra care needed for physical activity – If so, what?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

12. Residential and Day Trips Away from School

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care/tests to take place?	
Who will look after medicine and equipment?	
Who outside the school needs to be informed about the pupil?	
Who will take overall responsibility for the child on the trip?	

13. School Environment

Can the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

14. Other general health needs

Other issues that should be noted (e.g dietary, BMI)	
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15. Immunisations

Which immunisations has the child received?	
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16. Staff Training

What training is required?	
Which staff members need to be trained?	
Date of which training has been completed	
What date do staff need a refresher?	

17. Any further, relevant information, please write here: -

18. Signatures

	Name	Signatures	Date
Parent / legal guardian			
Healthcare Practitioner			
Head Teacher			
Healthcare Professional			

Appendix 5 - Consent forms template

REACH SOUTH ACADEMY

PARENT / LEGAL GUARDIAN CONSENT FORM TO ADMINISTER MEDICATIONS & FIRST AID

Name of child:	
Date of birth:	
Child's GP:	
Nominated contact (Parent/legal guardian):	
Phone number:	

I consent to my child being administered the prescribed medicine given to The **XXX** academy by academy staff, in accordance with the information provided by my child's GP and myself. I understand that it is in the school's policy not to force children to take their medicine if they refuse to do so. In the event of this occurring, the nominated contact will be notified.

I understand that the governing body and staff at **XXX** academy cannot accept responsibility for any adverse reaction my child may experience, as a consequence of being administered the prescribed medication at my request.

I also give consent for first aid to be given to my child at any time, as well as treating minor ailments with home remedies that are mentioned in the Academy's supporting pupils with medical needs policy. If this occurs then I want to be informed either by phone, first aid information sheet or email.

Name:	
Signed	
Date:	
Relationship to child:	

Policy History

Policy Date	Summary of change	Contact	Implementation Date	Review Date
September 2020	New policy implemented	Safeguarding	September 2020	September 2021
Septemnber 2025	Policy updated	NA	NA	September 2026