



Supporting Pupils with Medical Conditions Policy

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1. Aims

This policy sets out how Malet Lambert will support pupils with medical conditions so that they can access and enjoy the same opportunities at school as other pupils, including lessons, examinations, educational visits, physical education, sport and enrichment.

- Pupils, staff and parents/carers understand how the school supports pupils with medical conditions
- Appropriate arrangements are in place, including suitably trained and competent staff and contingency cover
- Relevant staff receive the information they need while health information is handled confidentially and lawfully
- Individual Healthcare Plans (IHPs) are developed and reviewed where they are appropriate and proportionate
- Pupils are supported to manage their own health needs where they are competent to do so

The named senior leader responsible for implementation is Miss Keri Pearson, Deputy Head – Pastoral & Behaviour and Designated Safeguarding Lead.

2. Legislation and statutory responsibilities

This policy has been prepared having regard to the statutory framework applying in England, including:

- Section 100 of the Children and Families Act 2014 and the Department for Education (DfE) statutory guidance Supporting pupils at school with medical conditions
- Sections 100A and 100B of the Children and Families Act 2014, inserted by section 34 of the Children's Wellbeing and Schools Act 2026, and the DfE statutory guidance Allergy safety in schools
- The Equality Act 2010, including the duty to make reasonable adjustments for disabled pupils and not to discriminate
- The SEND Code of Practice: 0 to 25 years, where a pupil also has special educational needs or an Education, Health and Care (EHC) plan
- Applicable statutory guidance on school attendance and education for children with health needs who cannot attend school
- UK GDPR and the Data Protection Act 2018 in relation to health information, which is special category personal data

For an academy, the Trust is the proprietor and holds the statutory responsibility. Local governance and operational responsibilities are exercised in accordance with the Trust's Scheme of Delegation. References in this policy to the governing body/LGB should be read in that context.

The school maintains a separate Allergy Safety Policy. It forms part of the arrangements under section 100 and must be read alongside this policy.

3. Roles and responsibilities

3.1 Trust / Local Governing Body

The Trust, as proprietor, will ensure arrangements are in place to support pupils with medical conditions. In accordance with the Scheme of Delegation, the Local Governing Body will oversee effective implementation at school level. The responsible body will ensure that sufficient staff receive suitable training and are competent before taking responsibility for medical support.

3.2 Headteacher / Delegated Senior Leader

- Make all staff aware of this policy and their role in implementing it
- Ensure sufficient trained staff are available to implement this policy and all IHPs, including contingency and emergency situations
- Ensure staff who need to know are aware of a pupil's condition and required support

- Take overall responsibility for the development and review of IHPs, with this function delegated as stated above
- Ensure staff are appropriately indemnified/covered and know the scope of that cover
- Contact the school nursing service where a pupil may require medical support but has not been brought to its attention
- Maintain systems for obtaining, updating and securely sharing information about medical needs
- Ensure medical incidents and near misses are reviewed where they indicate a need to change arrangements

3.3 Staff

Supporting pupils with medical conditions is a whole-school responsibility. Any member of staff may be asked to provide support, including administering medicines, but staff will not be required to undertake a medical procedure or administer medication unless appropriately agreed and, where necessary, trained and assessed as competent.

Teachers will take account of the needs of pupils with medical conditions. All staff will know how to obtain help and how to respond when a pupil with a medical condition needs assistance.

3.4 Parents/carers

Parents/carers will:

- Provide sufficient, accurate and up-to-date information about their child's medical needs
- Participate in the development and review of their child's IHP and provide relevant healthcare plans/action plans
- Provide medicines and equipment as agreed, ensure these remain in date, and carry out actions agreed in the IHP
- Provide current emergency contact details

3.5 Pupils

Pupils will be involved as fully as possible in decisions about their medical support, taking account of age, maturity and understanding. Their views will be heard and they will be encouraged to develop appropriate self-management skills.

3.6 Healthcare professionals

School nurses and other relevant healthcare professionals may notify the school of pupils requiring support, advise on IHPs, identify training needs and, where appropriate, confirm staff proficiency for clinical procedures.

4. Equal opportunities

The school will not unnecessarily restrict a pupil because of a medical condition. It will consider reasonable adjustments and individual risk controls so pupils can participate fully and safely in school life, including educational visits, sport and enrichment. Parents/carers, pupils and relevant healthcare professionals will be consulted where appropriate.

Where a medical condition has a substantial and long-term adverse effect on normal day-to-day activities, it may amount to a disability under the Equality Act 2010. The school will meet its duties in relation to disabled pupils.

5. Being notified that a child has a medical condition

Where a pupil requires an **adjustment because of a medical condition**, parents/carers should provide the school with sufficient information about the pupil's medical needs. Where the condition, need or appropriate adjustment is unclear, or there is a difference of opinion, the school will request relevant supporting evidence and/or seek advice from an appropriate healthcare professional, in consultation with parents/carers. The school will consider each case individually.

When the school is notified that a pupil has a medical condition, it will decide promptly whether an IHP or other arrangements are required. The school will make every reasonable effort to put arrangements in place within two weeks, or by the start of the relevant term for a new pupil, where sufficient information is available.

For transition between schools or phases, information and plans will be transferred securely and in sufficient time to minimise interruption to support.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for IHPs, delegated to Miss Keri Pearson. IHPs will be reviewed at least annually and earlier where the pupil's needs, treatment, action plan or circumstances change, following a significant incident, or where the plan is no longer effective.

Not every pupil with a medical condition requires an IHP. The school, parents/carers and relevant healthcare professional will decide, based on evidence, whether a plan is appropriate. If consensus cannot be reached, the headteacher will make the final school decision, having regard to the pupil's best interests and relevant evidence.

An IHP should include, as relevant:

- The medical condition, triggers, signs, symptoms and treatment
- Medication and other treatment: dose, timing, side effects, storage, equipment and testing

- Access to food, drink, toilet breaks, rest, dietary requirements and environmental adjustments
- Educational, social and emotional support, including management of absence, catching up, examinations and wellbeing
- The level of support required, including emergency and contingency arrangements
- Self-management arrangements and any monitoring needed
- Who will provide support, their training/competency requirements and cover arrangements
- Who needs to know about the condition and support, balancing safety with confidentiality
- Written permissions required for administration or self-administration of medicines
- Arrangements for visits, sport and activities outside the normal timetable, including risk assessment
- Emergency action: what constitutes an emergency, what to do, who to contact and when to call 999
- Any Allergy Action Plan, Asthma Action Plan or other healthcare-professional plan that should be attached or referenced

Where a pupil has an EHC plan, the IHP will be linked to or form part of it as appropriate. Where a pupil has SEN without an EHC plan, relevant SEN provision will be reflected in the IHP.

7. Managing medicines

Prescription and non-prescription medicines will be administered at school only where it would be detrimental to the pupil's health or attendance not to do so and the school has the necessary written consent, except where a medicine has lawfully been prescribed without parental knowledge.

- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor
- Before giving pain relief or other medication, staff will check the maximum dose and when any previous dose was taken. Parents/carers will be informed in accordance with school procedures
- Prescribed medicines will normally be accepted only when in date, correctly labelled, in the original container as dispensed by a pharmacist and accompanied by administration, dosage and storage instructions. Insulin may be accepted in an in-date insulin pen or pump
- Medicines will be stored safely. Pupils will know where their medicines are and must be able to access emergency medicines and devices immediately. Inhalers, glucose testing equipment and adrenaline auto-injectors must not be locked away when immediate access is required

- Medicines no longer required will be returned to parents/carers for safe disposal, except where separate arrangements apply to school-held emergency devices

7.1 Controlled drugs

A competent pupil may possess a prescribed controlled drug where this has been agreed, but must not pass it to another person. Other controlled drugs will be securely stored with access restricted to authorised staff while remaining accessible in an emergency. Records will be kept of doses administered and, where applicable, stock held.

7.2 Self-management

Competent pupils will be encouraged, wherever appropriate, to manage and carry their own medicines and devices. Decisions will be individual, discussed with the pupil and parents/carers, based on risk and competence, and recorded in the IHP where relevant. The school will not apply a blanket rule requiring all medicines to be controlled by staff where self-management is safe and appropriate.

Staff will not force a pupil to take medicine or undergo a procedure. If a pupil refuses, staff will follow the IHP/emergency plan, seek appropriate medical help where required and inform parents/carers.

7.3 Unacceptable practice

- Preventing pupils from readily accessing necessary inhalers, medicines or devices
- Assuming pupils with the same condition need the same treatment
- Ignoring the views of the pupil or parents/carers, or medical evidence/opinion without good reason
- Sending pupils home frequently because of their condition, or excluding them from normal activities, unless supported by the IHP and lawful arrangements
- Sending an unwell pupil to the office/medical room unaccompanied or with an unsuitable person
- Penalising pupils where absence is related to a medical condition, including hospital appointments
- Preventing necessary eating, drinking, toilet or other breaks required to manage a condition
- Requiring or pressuring parents/carers to attend school to administer medication or provide medical/toileting support

- Creating unnecessary barriers to participation in visits, sport or other aspects of school life, including routinely requiring a parent/carers to accompany the pupil
- Administering, or asking pupils to administer, medicine in school toilets

8. Allergy safety

Allergy safety is governed by the school's separate Allergy Safety Policy. That policy addresses whole-school allergy awareness, risk reduction, food and non-food allergens, individual identification and IHPs, prescribed and school-held spare adrenaline devices, emergency response, trips, information sharing, and the recording and review of serious incidents and near misses. The Allergy Safety Policy is reviewed at least annually, publicised annually and published on the school website.

9. Emergency procedures

Staff will follow the pupil's IHP/action plan and the school's emergency procedures. Where an emergency is suspected, staff will call 999 without delay and provide first aid/emergency medication within the scope of their training and the applicable plan. IHPs will clearly identify foreseeable emergencies and required action.

If a pupil is taken to hospital, a member of staff will remain with the pupil until a parent/carers arrives or will accompany the pupil in the ambulance where necessary and practicable. The school will ensure appropriate supervision of other pupils.

10. Training and competence

Staff who undertake medical support will receive suitable and sufficient training. Training needs will be identified through IHP development/review and advice from relevant healthcare professionals. Training will be kept up to date and competency confirmed where a clinical procedure requires it.

All staff will receive awareness information about this policy and emergency arrangements as part of induction and refresher arrangements. Allergy awareness and emergency response training will be provided in accordance with the separate Allergy Safety Policy.

11. Record keeping and information governance

The school will keep accurate written/electronic records of medicines administered and other records required by individual plans. Records may be held on the school MIS (currently Arbor) and/or approved secure systems. Parents/carers will be informed when required by the relevant procedure or where their child has been unwell.

IHPs and essential emergency information will be readily accessible to staff who need them. Health information will be shared only where necessary and

proportionate for education, safety, safeguarding or legal purposes. Records will be retained securely in accordance with the Trust's Records Retention Schedule, privacy notices and applicable data protection law.

12. Attendance and education during ill health

Medical absence will be managed in accordance with the school's Attendance Policy and current statutory guidance. The school will work with the pupil, family, healthcare professionals and, where appropriate, the local authority to support continuity of education. Where a pupil cannot attend school because of health needs, the school will have regard to statutory guidance on education for children with health needs who cannot attend school.

13. Liability and indemnity

The Trust will ensure appropriate indemnity/cover is in place for staff carrying out agreed medical support and that staff understand the scope of that cover. The Trust participates in the Department for Education Risk Protection Arrangement (RPA),

14. Complaints and concerns

Concerns should normally be raised with the school in the first instance so that they can be resolved promptly. If unresolved, parents/carers may use the school's published Complaints Policy. Nothing in this section removes any separate statutory right or route available in relation to disability discrimination, SEND, safeguarding or other legal matters.

15. Monitoring, incidents and review

The school will monitor implementation and will review significant medical incidents and near misses where they may identify weaknesses in policy, training, communication, equipment or individual plans. Lessons learned will be recorded and acted upon.

16. Links to other policies

This policy links to the following policies:

- Allergy Safety Policy
- Accessibility Plan
- Attendance Policy
- Complaints Policy
- Data Protection / Records Retention arrangements
- Educational Visits Policy
- Equality Information and Objectives

- First Aid Policy
- Health and Safety Policy
- Safeguarding / Child Protection Policy
- SEND Information Report and SEND Policy

Appendix 1: Being notified a child has a medical condition

1. School receives notification of a medical condition or changed need
2. Named senior leader gathers information from the pupil, parents/carers and relevant healthcare professionals
3. School decides whether an IHP is required and identifies interim safety arrangements where needed
4. IHP is developed collaboratively, including emergency action, permissions, training, equipment, access and contingency arrangements
5. Relevant staff are briefed; required training/competency is completed before support is undertaken
6. Plan is implemented and made accessible to staff who need it
7. Plan is reviewed at least annually and sooner when needs or treatment change, following a significant incident, or when an updated healthcare/action plan is received