Supporting Students with Medical Conditions Policy

Poynton High School

Approved by: Curriculum & Welfare Committee of Governors	**Date:** 14 October 2026
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1. Aims

This policy aims to ensure that:

- Students, staff and parents/carers understand how our school will support students with medical conditions
- Students with medical conditions are properly supported to allow them to access the same education as other students, 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 students' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Developing and monitoring individual healthcare plans (IHPs)

The named staff with responsibility for implementing this policy are Matthew Dean/Catherine Holyland/Sue Warburton

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 students at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting students with medical conditions at school.

3. Roles and responsibilities

3.1 The governing board

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

3.2 The headteacher

The 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
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- Contact the school nursing service in the case of any student 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 students 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 students 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 students 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 students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student 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
- 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 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students 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, GP's, Hospitals and Specialist practitioners, will notify the school when a student has been identified as having a medical condition that will require support in school whenever possible. Information may be made available to school via parents or direct care givers in NHS or other. This will be before the student starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any students identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our school is clear about the need to actively support students 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 students 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 students with medical conditions are included. In doing so, students, 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 student has a medical condition, the process outlined below will be followed to decide whether the student 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 students who are new to our school.

See Appendix 1.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to Health Support Lead, Sue Warburton

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

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

- What needs to be done
- When
- By whom

Not all students 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/or a relevant healthcare professional, such as the specialist nurse, school nurse, GP practice nurse, specialist or pediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP. The First Aid coordinator and SEN Lead will meet each half term to ensure changes are documented.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. In the main an IHP is already established by the NHS care giver, this is then used to inform the content of the school held IHP. The First Aid coordinator and Specialist Nurse from the area will meet with parents and agree specifics to be included. Where this is not the case, Sue Warburton or the headteacher or a Deputy Headteacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments

- The student'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 student'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 student 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 student'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 student'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 student 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 student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parents/carers' written consent
- Where medication is dispersed in a labeled container from a pharmacy if prescription medicine
- When the medication doses can not be managed at home

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

The school will not administer medication to a student without prior written consent from a parent/carer. Medication should normally be prescribed by a doctor or other qualified healthcare professional. The exception is paracetamol, which may be administered where a parent/carer has completed the appropriate consent form.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers 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. Spare insulin can be stored unopened in an appropriate fridge

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them via First Aid room. Devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be held by the student in school on or about their person or in their bag. Any spare equipment should be made available to students at all times.

Medicine should be readily available to students administered by an appropriate first aid staff member trained in the giving of medication. Doses are double checked and signed for.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required or out of date. Medicines not collected within one month will be disposed of safely by the school.

The school recognises its duties to support pupils with medical conditions, including those with allergies and at risk of anaphylaxis. Appropriate arrangements will be implemented in line with statutory guidance, including the use of Individual Healthcare Plans where required, staff training, emergency procedures, and the management of spare emergency medication. Further details are set out within the school's Allergy and Anaphylaxis Policy.

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 or some medications for ADHD.

A student who has been prescribed a controlled drug must have consistent access to the drug however it must be kept in a secure locked cupboard with named staff only having access. Strict record keeping is essential and doses must be checked and cosigned.

Use of a controlled drug in the case of an emergency must be reported to the overall care giver i.e. the Hospital Consultant or Specialist Nurse.

7.2 Students managing their own needs

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

Students will be allowed to carry their relevant devices wherever possible. Staff will not force a student 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/carers 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 student's IHP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents/carers
- 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 student becomes ill, send them to the school office or first aid room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students 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 student, 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 students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask students to administer, medicine in school toilets

8. Emergency procedures

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

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

9. Training

Staff who are responsible for supporting students 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 students 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 Health lead in school. 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 students
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal 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 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 students for as long as these students are at the school. Parents/carers will be informed if their student has been unwell at school.

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

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.

We are a member of the Department for Education's risk protection arrangement (RPA).

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 Deputy Headteacher in the first instance. If the Deputy Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every year.

14. Links to other policies

This policy links to the following policies:

- Allergy and Anaphylaxis Policy
- 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

