Supporting Students with Medical Conditions Policy

Status	Statutory
Review Frequency	Annual
Last Reviewed	Autumn 2026
Next Review Due	Autumn 2027
Responsible for review	Deputy Headteacher (SENCO)
Approval by	Education Sub-committee

In developing and reviewing this policy, the school has had regard to the following legislation and guidance, together with other relevant considerations:

Legislation	• Health and Safety at Work etc Act 1974 • Children and Families Act 2014 • Education Act 2002 • Education Act 1996 • Children Act 1989 • National Health Service Act 2006 • Equality Act 2010 • Misuse of Drugs Act 1971

	• Medicines Act 1968 • School Premises (England) Regulations 2012 • Special Educational Needs and Disability Regulations 2014 • Human Medicines Regulations 2012
Official Guidance	• Supporting pupils with medical conditions at school • SEND Code of Practice • First aid in schools, early years and colleges • Using emergency adrenaline auto-injectors in schools

Contents:

1. Legal framework
2. The role of the management committee
3. Safeguarding
4. The role of the headteacher
5. The role of parents/carers
6. The role of students
7. The role of school staff
8. The role of the school nurse
9. The role of clinical commissioning groups (CCGs)
10. The role of other healthcare professionals
11. The role of providers of health services
12. The role of the LA
13. The role of Ofsted
14. Notification procedure
15. Staff training and support
16. Self-management
17. Individual healthcare plans (IHPs)
18. Managing medicines
19. Adrenaline auto-injectors (AAIs)
20. Emergency procedures
21. Day trips, residential visits and sporting activities
22. Unacceptable practice
23. Liability and indemnity
24. Complaints
25. Home-to-school transport

26. Links With Other Policies

APPENDIX

Individual Healthcare Plan Implementation Procedure

Individual Healthcare Plan

Letter Inviting Parents/Carers to Contribute to Individual Healthcare Plan Development

The Management Committee of Malden Oaks School and Tuition Service (Malden Oaks) has a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Malden Oaks believes it is important that parents/carers of students with medical conditions feel confident that the school provides effective support for their child's medical condition, and that students feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Students with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression. This policy aims to minimise the risks of students experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect well-being and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some students with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these students, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Report will ensure compliance with legal duties.

To ensure that the needs of our students with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, students and their parents/carers.

This policy should be read alongside the Mental Health Policy.

1. The role of the Management Committee

1.1. The Management Committee:

- Is legally responsible for fulfilling the Local Authority's statutory duties under legislation.
- Ensures that arrangements are in place to support students with medical conditions.
- Ensures that students with medical conditions can access and enjoy the same opportunities as any other student at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that students with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each student and what support is required to support their individual needs.
- Instils confidence in parents/carers and students in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that students' health is not put at unnecessary risk. As a result, the committee holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.
- Ensures that appropriate insurance is in place to cover staff providing support to students with medical conditions.

2. Safeguarding

3.1 Students with medical conditions are now specifically identified in KCSIE 2026 as a vulnerable group requiring additional safeguarding consideration.

- Students with medical conditions may be more vulnerable to safeguarding risks
- Staff should be alert to potential indicators of abuse or neglect
- This policy is linked to our child protection policy and procedures

3. The role of the Headteacher

3.1. The Headteacher:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts Your Healthcare CIC where a student with a medical condition requires support that has not yet been identified.
- Ensures arrangements to meet the medical needs of a student are put into place not later than 2 weeks after they join the school or a new diagnosis is received.

Many of these responsibilities will be undertaken on a day-to-day basis by Heads of School, but the Headteacher remains ultimately responsible to the management committee.

4. The role of parents/carers

4.1. Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.

5. The role of students

5.1. Students:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of students with medical conditions.

6. The role of school staff

6.1. School staff:

- May be asked to provide support to students with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of students with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting students with medical conditions.
- Know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

7. The role of the school nurse

7.1. The school nurse:

- At the earliest opportunity, notifies the school when a student has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for students with medical conditions.

8. The role of clinical commissioning groups (CCGs)

8.1. CCGs:

- Ensure commissioning responds to students' needs and that health services can cooperate with schools supporting students with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for students with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for students who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable students.

9. The role of other healthcare professionals

9.1. Other healthcare professionals, including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

10. The role of providers of health services

10.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

11. The role of the LA

11.1. The LA:

- Commissions school nurses for local schools through Your Healthcare CIC.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for students with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that students with medical conditions can attend school full-time.

12. Notification procedure

12.1. When the school is notified that a student has a medical condition that requires support in school, the school nurse informs the Head of School that the student is attending. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the student, with a view to discussing the necessity of an IHP (outlined in detail in section 17).

12.2. The school does not wait for a formal diagnosis before providing support to students. Where a student's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).

13. Staff training and support

13.1. Any staff member providing support to a student with medical conditions receives suitable training.

13.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.

13.3. Training needs are assessed by the school nurse through the development and review of IHPs, on a regular basis for all school staff, and when a new staff member arrives.

13.4. Through training, staff have the requisite competence and confidence to support students with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

13.5. A first aid certificate does not, on its own, constitute appropriate training for supporting students with medical conditions.

13.6. Whole-school awareness training is carried out on a regular basis for all staff, and included in the induction of new staff members.

13.7. The school nurse identifies suitable training opportunities that ensure all medical conditions affecting students in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

13.8. Training is commissioned by the Head of School and provided by the following bodies:

- Commercial training provider
- The school nurse
- Consultant

13.9. Parents/carers of students with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as trainers.

14. Self-management

14.1. Following discussion with parents/carers, students who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.

14.2. Where possible, students are allowed to carry their own medicines and relevant devices.

14.3. Where it is not possible for students to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily. In most cases, this will be at the reception.

14.4. If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the student's IHP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

14.5. If a child with a controlled drug passes it to another child for use, this is a serious matter and appropriate action will be taken to prevent a recurrence.

14.6. Each provision will make available medical accommodation for examining and treating pupils as needed, but none of the sites has a specific room for this. All sites have washing facilities and toilet access.

15. Individual healthcare plans (IHPs)

15.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a student, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the head teacher makes the final decision.

15.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the student is also involved in the process.

15.3. IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The student's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the student's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Alternative arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the student's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the student.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or student, the designated individual to be entrusted with information about the student's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

15.4. Where a student has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

15.5. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

15.6. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner. IHPs must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

15.7. Where a student has an EHC plan, the IHP is linked to it or becomes part of it.

15.8. Where a child has SEND but does not have an EHC plan, their SEND should be mentioned in their IHP.

15.9. Where a child is returning from a period of hospital education or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

15.10. To ease communication, Provision Administrators will:

- Put the IHP on SIMS as a linked document

- Put details of the condition on SIMS in the medical section 7

- Put on SIMS in quick notes: "Medical condition - IHP in linked docs"

- Keep the team updated on who has medical conditions and IHPs

- The IHP will be linked to the student's risk assessment.

16. Managing medicines

16.1. In accordance with the school's Medicine Policy, medicines are only administered at school when it would be detrimental to a student's health or school attendance not to do so.

16.2. Students under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the student without the parent/carer's knowledge. In such cases, the school encourages the student to involve their parents/carers, while respecting their right to confidentiality. The only other exception would be the administration of an adrenaline auto-injector (AAI) to a student showing symptoms of anaphylaxis.

16.3. Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the student's health not to do so
- When instructed by a medical professional

16.4. No student under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

16.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

16.6. Parents/carers are informed any time medication is administered that is not agreed in an IHP.

16.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

16.8. All medicines are stored safely. Students know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, students are informed of who holds the key to the relevant storage facility.

16.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

16.10. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.

16.11. Staff may administer a controlled drug to a student for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

16.12. Records are kept of all medicines administered to individual students – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

17. Adrenaline auto-injectors (AAIs)

17.1. Where a student has been prescribed an AAI, this will be written into their IHP.

17.2. Students who have prescribed AAI devices are able to keep their device in their possession.

17.3. All staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

17.4. In the event of anaphylaxis, the student will self-administer their AAI where possible. Where this is not possible, any trained staff member will administer the AAI.

17.5. If no trained staff members are immediately available to administer an AAI, any staff member may administer the AAI. Instructions are printed onto the AAI.

17.6. Emergency services will be called as soon as anaphylaxis is suspected (after administering an AAI if only one staff member is present).

17.7. If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the student needs restraining.

17.8. The school will keep spare AAIs at all sites for use in the event of an emergency, which will be checked to ensure that it remains in date and will be replaced when the expiry date approaches.

17.9. The spare AAIs will be stored at reception and will be protected from direct sunlight and extreme temperatures.

17.10. Where a student's prescribed AAI cannot be administered correctly and without delay, the spare will be used.

17.11. Where a student who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

17.12. Where a student appears to be having a severe allergic reaction, the emergency services will be contacted regardless of whether an AAI has been used or not.

17.13. In the event that an AAI is used, the student's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the student's or the school's device.

17.14. Where any AAIs are used, the following information will be recorded

- Where and when the reaction took place
- How much medication was given and by whom

17.15. For children aged 12 and older, a dose of 300 or 500 micrograms of adrenaline will be used.

17.16. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use or handed to paramedics.

17.17. In the event of a school trip, students at risk of anaphylaxis will have two of their own AAIs with them.

18. Emergency procedures

18.1. Medical emergencies are dealt with under the school's emergency procedures.

18.2. Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

18.3. Students are informed in general terms of what to do in an emergency, such as telling a teacher.

18.4. If a student needs to be taken to hospital, a member of staff remains with the student until their parents/carers arrive.

18.5. When transporting students with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

19. Day trips, residential visits and sporting activities

19.1. Students with medical conditions are supported to participate in school trips, sporting activities and residential visits.

19.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable students with medical conditions to participate. In addition to a risk assessment, advice is sought from students, parents/carers and relevant medical professionals.

19.3. The school will arrange for adjustments to be made for all students to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

19.4. Medical information taken on trips will use lockable devices such as a laptop or school phones where possible or be kept securely by a member of staff

20. Unacceptable practice

20.1. The school will never:

- Assume that students with the same condition require the same treatment.
- Prevent students from easily accessing their inhalers or medication.
- Ignore medical evidence or opinion.
- Send students home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Penalise students for their attendance record
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to students participating in school life, including school trips.
- Refuse to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

21. Liability and indemnity

21.1. The Management Committee ensures that appropriate insurance is in place to cover staff providing support to students with medical conditions.

22. Complaints

22.1. Parents/carers or students wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance.

22.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the **Complaints Policy**.

22.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

22.4. Parents/carers and students are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

22.5. Data Protection complaints - Parents/carers and students have the right to complain if they believe we haven't correctly followed data protection legislation in handling medical information. If you wish to make a data protection complaint, please contact our DPO - see Data Protection Policy. We will acknowledge your complaint within 30 days, investigate without undue delay, keep you informed of progress and let you know the outcome as soon as possible.

23. Home-to-school transport

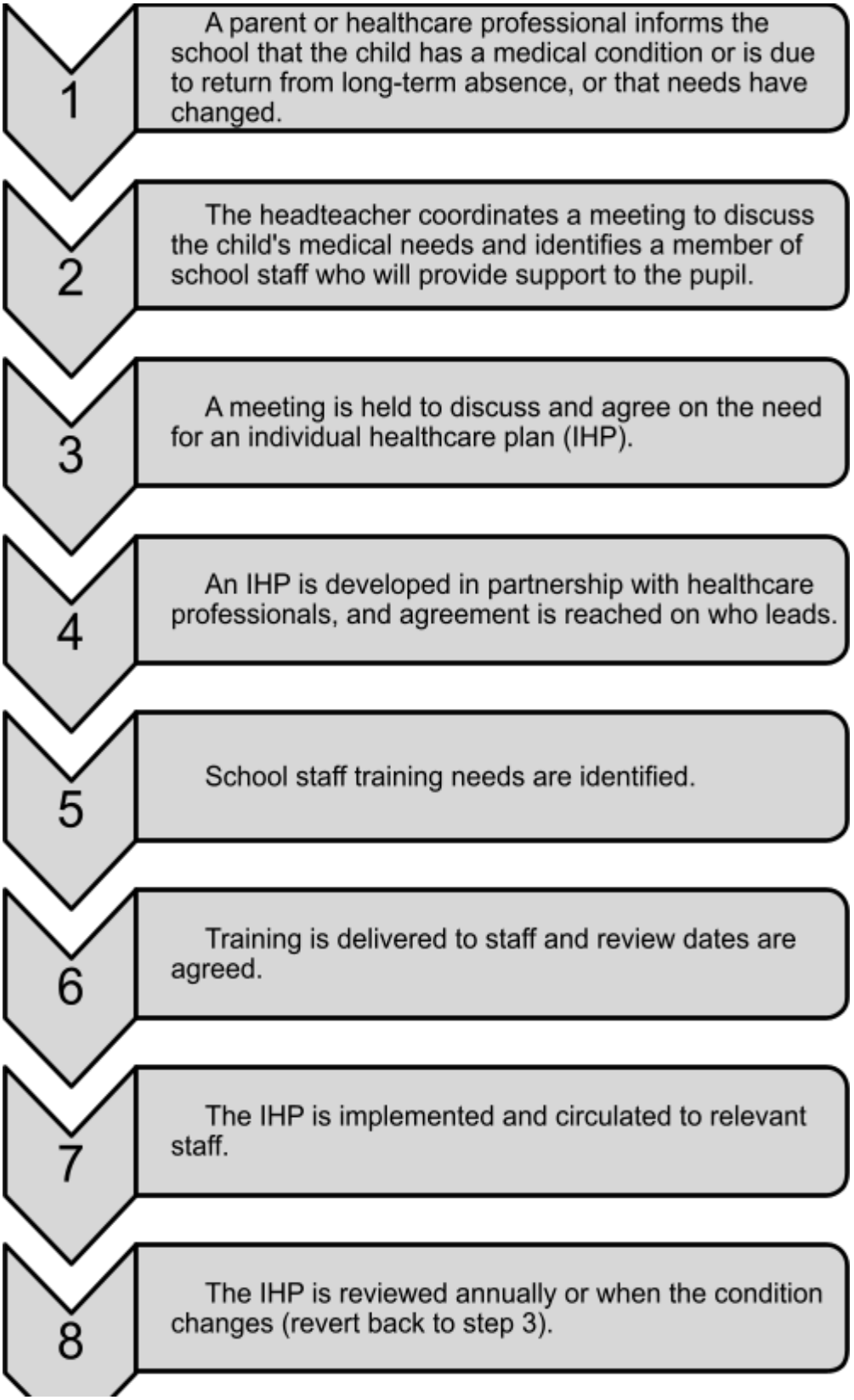
23.1. Arranging home-to-school transport for students with medical conditions is the responsibility of the LA.

23.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for students with life-threatening conditions.

24. Links with Other Policies

- SEN Report
- First Aid Policy
- Equality Policy
- Medicine Policy
- Mental Health Policy

Individual Healthcare Plan Implementation Procedure



Individual Healthcare Plan

Child's name:	
Date of birth:	
Child's address:	
Medical diagnosis or condition:	
Date:	
Review date:	

Family contact information

Name:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to child:	
Phone number (work):	
(home):	
(mobile):	

Clinic/hospital contact

Name:	
Phone number:	

Student GP

Name:	
Phone number:	
Who is responsible for providing support in school?	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements:

Specific support for the student's educational, social and emotional needs:

Arrangements for school visits/trips:

Other information:

Describe what constitutes an emergency, and the action to take if this occurs:

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear [PARENT/CARER NAME(S)],

Re: Developing an individual healthcare plan for your child

Thank you for informing us of your child's medical condition. For your information, I enclose a copy of the school's policy for supporting students at school with medical conditions.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out the support that each student needs, and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, students, and the relevant healthcare professional(s) who can advise on your child's needs. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when, and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, not all children will require one. We will need to make judgments about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support required.

A meeting to start the process of developing your child's individual healthcare plan has been scheduled for [DATE/TIME/LOCATION]. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend, or whether it will need to be rescheduled. The meeting will include either the SENCO or Head of School, a relevant healthcare professional, and the school nurse. Please let us know if you would like us to invite another medical practitioner, healthcare professional, or specialist. If you would like the meeting to consider any other evidence, please provide this as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it to the school office, together with any relevant evidence, for consideration at the meeting.

Yours sincerely,

Samantha Axbey

Headteacher