

Supporting Pupils with Medical Conditions Policy.

Approved by	Standards Committee
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Contents

1. Aims.....	3
2. Legislation and statutory responsibilities and links to other policies	3
3. Roles and responsibilities	3
3.1 The Board of Trustees	4
3.2 CEO	4
3.3 Local Governing Boards (LGBs)	4
3.4 The headteacher/principal	4
3.5 Staff	5
3.6 Parents/carers	5
3.7 Young people	5
3.8 School nurses and other healthcare professionals	5
4. Equal opportunities	5
5. Being notified that a child has a medical condition	6
6. Individual healthcare plans.....	6
7. Managing medicines	7
7.1 Controlled drugs	8
7.2 Young people managing their own needs	8
7.3 Unacceptable practice	8
8. Emergency procedures	9
9. Training.....	9
10. Record keeping	10
11. Liability and indemnity	10
12. Complaints	10
13. Monitoring arrangements	10
Appendix 1: Being notified a child has a medical condition	11

This policy sets out our approach to supporting pupils with medical conditions across Learning Community Trust (LCT).

The named person for implementing this policy at LCT is the Director of SEND and in each Academy is the named SENCO.

The Director of SEND has Trust-wide strategic oversight. In each Academy, responsibility sits with the SENCO or a designated lead

1. Aims

This policy aims to ensure that:

- Young people, staff and parents/carers understand how our Trust will support young people with medical conditions.
- Young people with medical conditions are properly supported to allow them to access the same education as other young people, including school trips and sporting activities.
- young people with medical conditions feel safe, supported and fully included in all aspects of Academy life.

This policy sets out a consistent Trust-wide approach, with individual academies responsible for implementation in line with their local context.

2. Legislation and statutory responsibilities and links to other policies

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on the Board of Trustees to make arrangements for supporting young people at their Academy with medical conditions.

It is also based on the Department for Education's (DfE) statutory guidance: [Supporting pupils at school with medical conditions](#).

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

This policy links to the following policies:

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

The Trust will also take account of any updates to national guidance and expectations relating to supporting pupils with medical conditions.

3. Roles and responsibilities

3.1 The Board of Trustees

The Board of Trustees has ultimate responsibility to make sure there are arrangements to support young people with medical conditions across the Trust. Although the Trust delegates certain duties to different levels as outlined below, the Board is still accountable for making sure the Trust is compliant with the requirements in the above legislation and guidance. The Board will seek assurance on the effectiveness and consistency of arrangements across the Trust.

3.2 CEO

The CEO will:

- Oversee and support the Headteacher/Principal and local governing Boards of each Academy in carrying out their duties
- Highlight any issues found across the Trust to the Board of Trustees
- Identify and escalate patterns, risks or issues across the Trust to Trustees

3.3 Local Governing Boards (LGBs)

The LGB of each Academy will:

- Help to decide what information should be recorded on individual healthcare plans (IHPs)
- Monitor that there is a sufficient number of trained staff available in their Academy
- Monitor that records of young people's medical needs and medicines that have been administered are kept up to date
- Provide assurance to the Trust Board regarding the effectiveness of implementation within their Academy.
- Support and challenge the headteacher to make sure that all young people with medical conditions are supported to ensure their fullest participation in all aspects of school life.

3.4 The headteacher/principal

The headteacher/principal of each Academy will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that provision for pupils with medical conditions is fully integrated into safeguarding, inclusion and wider school systems.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all IHPs, including in contingency and emergency situations
- Assess training needs and commission necessary training in line with Trust procedures
- Co-ordinate and attend meetings to discuss and agree on the need for IHPs
- Take overall responsibility for the development of IHPs
- Contact the school nursing service in the case of any young person who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Make sure systems are in place for obtaining information about a young person's medical needs and that this information is kept up to date
- Make sure cover arrangements are made in the case of staff absence, and that supply teachers are briefed

3.5 Staff

All staff share a collective responsibility to support pupils with medical conditions. Supporting young people with medical conditions during school hours is not the sole responsibility of one person. Any member of staff at the Academy may be asked to provide support to young people 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 young people 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 young people with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a young person with a medical condition needs help.

3.6 Parents/carers

Parents/carers will:

- Provide the Academy 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

3.7 Young people

Young people with medical conditions will often be best placed to provide information about how their condition affects them.

Where appropriate, young people 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.

3.8 School nurses and other healthcare professionals

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

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

4. Equal opportunities

Our Trust is clear about the need to actively support young people with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. We promote a culture of inclusion where pupils with medical conditions can participate confidently and without unnecessary restriction.

The Trust and the individual Academy will consider what reasonable adjustments need to be made to enable all young people 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 young people with medical conditions are included. In doing so, young people, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the Academy is notified that a young person has a medical condition, the process outlined below will be followed to decide whether the young person requires an IHP. This process will be followed by all academies in the Trust.

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

See Appendix 1.

6. Individual healthcare plans

The Headteacher/Principal has overall responsibility for the development of IHPs for young people with medical conditions. With appropriate agreement and job description, this may be delegated to the SENCO or DSL at the discretion of the headteacher/principal.

Plans will be reviewed at least annually, and more frequently where a pupil's needs change

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

- What needs to be done
- When
- By whom

Not all young people 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 Academy, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the young person's specific needs. The young person will be involved wherever appropriate.

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

The level of detail in the plan will depend on the complexity of the young person's condition and how much support is needed. The local governing Board and headteacher/principal (or person with delegated responsibility) will consider the following when deciding what information to record on IHPs:

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

- The young person'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 young person'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 young person 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 young person's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the Academy needs to be aware of the young person'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 young person during school hours
- Separate arrangements or procedures required for school trips or other Academy activities outside of the normal school timetable that will ensure the young person can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or young person, the designated individuals to be entrusted with information about the young person's condition
- What to do in an emergency, including who to contact, and contingency arrangements

The Academy retains overall responsibility for ensuring that IHPs are implemented effectively in practice.

7. Managing medicines

All administration of medicines will be carried out in a safe and appropriate manner, in line with safeguarding procedures.

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

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

The only exception is in circumstances where a prescription has been issued without parental knowledge, which will be managed on a case-by-case basis.

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

Anyone giving a young person 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.

Academies will only accept prescribed medicines that are:

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

Academies 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. Young people 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 young people and not locked away.

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

7.1 Controlled drugs

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

A young person 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 young person to use. All other controlled drugs will be kept in a secure cupboard in the school office and only named staff will 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.

Where an Academy has a nursing base on site, the headteacher/principal will negotiate with the nursing team to agree the strategy for medicines management. Where nurses take responsibility for medicines management, health protocols will be followed for the storage, administration and disposal of medication.

7.2 Young people managing their own needs

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

Young people will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a young person 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

Staff should use their discretion and judge each case individually with reference to the young person's IHP, but it is generally not acceptable to:

- Prevent young people from easily accessing their inhalers and medication, or administering their medication when and where necessary
- Assume that every young person with the same condition requires the same treatment
- Ignore the views of the young person or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)

- Send young people 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 young person becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent young people 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 the Academy to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the Academy is failing to support their child's medical needs
- Prevent young people from participating, or create unnecessary barriers to young people participating, in any aspect of Academy life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask young people to administer, medicine in Academy toilets

8. Emergency procedures

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

If a young person needs to be taken to hospital, staff will stay with the young person until the parent/carer arrives, or accompany the young person to hospital by ambulance. Please refer to the individual procedure for each Academy around how to manage onsite emergencies, within the Critical Incident Plan.

The safety of a young person on an Academy site and all decisions around young people's safety, including emergency management, remains the responsibility of the headteacher/principal, delegated to their SLT as appropriate. This includes those academies that have health colleagues working with them. All staff will know how to access relevant emergency information quickly, including individual healthcare plans.

9. Training

Staff who are responsible for supporting young people 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 young people with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher/principal/delegated leader. 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 young person
- 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 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.

The Trust maintains oversight of training provision to ensure consistency and sufficiency across all academies.

10. Record keeping

The headteacher/principal will be responsible for ensuring that written records are kept of all medicine administered to young people for as long as the young person is at the Academy.

In an Academy where health colleagues have clinical responsibility to administer medication, records will be stored in line with health agreements and for as long as these young people are at the Academy. Parents/carers will be informed if their child has been unwell at school and this will be documented.

IHPs will be kept in a readily accessible place which all staff are aware of.
Records will be maintained and stored in accordance with data protection requirements.

11. Liability and indemnity

The Board of Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the Trust's level of risk. The Trust will ensure staff are clear about indemnity arrangements when supporting pupils with medical conditions
The details of the insurance policy are local to each of our academies.

12. Complaints

Parents/carers with a complaint about the Academy's actions in regard to their child's medical condition should discuss these directly with the Academy in the first instance. If the Academy cannot resolve the matter, they will direct parents/carers to the Trust's complaints procedure [LCT Complaints PolicyProcedure V1.pdf](#) via the complaint portal [Complaints form – Learning Community Trust – Portal](#)

13. Monitoring arrangements

This policy will be reviewed and approved by Standards Committee annually.
At Academy level, implementation will be monitored through safeguarding processes, staff training, record keeping and feedback from pupils and parents.
At Trust level, oversight will include review of training compliance, incidents, patterns of need, and assurances from local governing bodies to ensure consistency and effectiveness across all academies.

Appendix 1: Being notified a child has a medical condition

