Supporting pupils with medical conditions policy

Approved by:	Paula Tucker	Date: 1/9/26
Review by:	15/9/27	

Contents

1. Aims
2. Legislation and statutory responsibilities
3. Roles and responsibilities
4. Equal opportunities
5. Being notified that a child has a medical condition
6. Individual healthcare plans
7. Managing medicines
8. Emergency procedures
9. Training
10. Record keeping
11. Liability and indemnity
12. Complaints Procedure
13. Monitoring arrangements
14. Links to other policies

Appendix A: Being notified a child has a medical condition

Necessary interim support and risk controls must be put in place without waiting for formal diagnosis or completion of an IHP. Where allergy is identified, the separate Allergy Safety Policy and an individual Allergy Action Plan will also apply.

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to access the same education as other pupils, including school trips and sporting activities. The proprietor will ensure that the school implements this policy by:
- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, 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)

2. Legislation and statutory responsibilities

As an independent school, ReFocus is not directly subject to the duty in section 100 of the Children and Families Act 2014. The school nevertheless adopts the principles of the Department for Education guidance Supporting pupils at school with medical conditions as good practice.Section 100 of the Children and Families Act 2014,

This policy supports compliance with the Education (Independent School Standards) Regulations 2014, particularly the standards concerning welfare, health and safety, first aid and risk assessment. It also reflects the Equality Act 2010, relevant health and safety law, the school's duty of care, Keeping Children Safe in Education 2026, Working together to improve school attendance 2026 and the DfE's Allergy safety in schools guidance. The allergy guidance is not currently statutory for independent schools but is adopted by ReFocus as the expected standard of good practice.supporting pupils with medical conditions at school.

3. Roles and responsibilities

3.1 The headteacher

The proprietor is ultimately accountable for ensuring that suitable arrangements are in place. The Headteacher has operational responsibility for implementing this policy and will ensure that sufficient staff have received suitable training and are competent before supporting pupils with medical conditions.

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 pupils in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.2 Staff

Supporting pupils 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 pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

While pupils will be encouraged to self-administer where possible, trained staff will administer medication when required, in line with individual healthcare plans and parental consent

The school will maintain sufficient appropriately trained and competent staff, including contingency cover, in accordance with its first-aid needs assessment, risk assessments and pupils' individual healthcare plans.

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.

3.3 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

3.4 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.

3.5 Nurses and other healthcare professionals

Healthcare professionals, such as GPs and paediatricians, will liaise with the school providing guidance for pupils identified as having a medical condition. They may also provide advice on developing IHPs.

Where a pupil is at risk of anaphylaxis, has epilepsy or requires another emergency medicine or procedure, the school will obtain appropriate healthcare advice, complete an individual risk assessment and IHP or condition-specific action plan, and ensure relevant staff are trained and competent. Allergy arrangements will follow the separate Allergy Safety Policy.

4. Equal opportunities

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 consider what reasonable adjustments need to be made to enable these 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/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 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 put arrangements in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school. Necessary support and proportionate interim risk controls will not be delayed while the school awaits a formal diagnosis, healthcare advice or a completed plan. Arrangements will also be reviewed following transition, hospital treatment, a significant absence or any material change in need.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. 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/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 a relevant healthcare professional, 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 education, health and care (EHC) plan. If a pupil has special educational needs (SEND) but does not have an EHC plan, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the pupil's condition and the support required. The Headteacher, or a suitably trained member of the senior leadership team delegated by the Headteacher, will consider the following when deciding what information to record in an IHP:

- 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/carers and the 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/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including immediate treatment, who to contact, ambulance handover and contingency arrangements
- The plan's preparation and review dates; parent/carer and emergency contacts; relevant healthcare contacts; consent and information-sharing arrangements; and, where relevant, an Allergy Action Plan, asthma plan, attendance or reintegration arrangements, transport and off-site provision
- Plans and emergency information will be shared only with those who need the information to keep the pupil safe, while remaining immediately available to staff responding to an emergency.

7. Managing medicines

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

- When it would be detrimental to the pupil's health or attendance not to do so, and where the school has the required written consent
- Where a young person lawfully receives confidential treatment, the school will respect confidentiality and assess competence and consent in accordance with applicable law and professional advice. Information will be shared where necessary to protect the pupil or another person from significant harm.

Before administering any medicine, staff will check the pupil, medicine, dose, route, time, expiry date and when any previous dose was taken, and will make a contemporaneous record. Parents/carers will normally be informed, subject to any lawful confidentiality arrangements concerning a competent young person.

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.

Medicines will be received, stored, refrigerated where required, checked for expiry and kept securely in accordance with the manufacturer's instructions and the pupil's plan. Emergency medicines and devices, including inhalers, glucose treatments and adrenaline auto-injectors, will be immediately accessible to authorised staff and, where assessed as appropriate, to the pupil. Arrangements will cover off-site activities and out-of-hours provision. Sharps will be placed in an approved sharps container.

Unwanted or expired medicines will normally be returned to parents/carers for disposal through a pharmacy. The school will record returns and will not dispose of medicines in general waste or wastewater.

7.1 Controlled drugs

Controlled drugs will be managed in line with the Misuse of Drugs Regulations 2001 (as amended) and Department for Education/Department of Health guidance.

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 accessible to authorised staff when required. Receipt, administration, return and disposal will be recorded, including the date, time, dose, running balance and signatures. Stock discrepancies or errors will be reported immediately, investigated and recorded.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures following an individual assessment of competence, maturity and risk. The arrangements will be agreed with the pupil and parents/carers, where appropriate, and recorded in the IHP.

A pupil may carry their own medicine or device where this is safe and consistent with their assessment and IHP. Staff will not force a pupil to take medicine or undergo a procedure. They will follow the refusal and escalation arrangements in the IHP, seek urgent medical help where required and inform parents/carers, subject to lawful confidentiality arrangements.

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 generally 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/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 pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils because absence is related to a medical condition. The school will make reasonable adjustments, support reintegration, work with the family and relevant local authority or commissioner, and request medical evidence only where genuinely necessary. Any temporary part-time timetable will be exceptional, agreed, time-limited and regularly reviewed
- Prevent pupils 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 pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's emergency procedures and the pupil's IHP or condition-specific action plan. Emergency treatment must not be delayed while waiting for an ambulance or parent/carer. Staff will call 999 when required, provide the precise school location, follow call-handler instructions and never send an unwell pupil to seek help alone.

If a pupil is taken to hospital, an appropriate member of staff will remain with or accompany the pupil until a parent/carer arrives. The ambulance team will receive relevant emergency information, the IHP or action plan and available medication. The Headteacher will ensure suitable supervision of other pupils and record and review the incident.

9. Training

Staff responsible for supporting pupils with medical needs will receive suitable and sufficient training and must be assessed as competent before undertaking a medical procedure. Training records will be maintained. Refresher training will follow healthcare advice, the IHP and assessed competence, and will take place sooner following a change in need, incident, near miss or concern about competence.

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 headteacher. 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 pupils
- 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

All staff will receive induction and periodic awareness training on this policy, emergency arrangements and recognition of common medical emergencies, including asthma, seizures, diabetes and anaphylaxis. Staff must know how to summon help and where emergency medication is kept. Supply and temporary staff will receive the information necessary for their role.

10. Record keeping

The proprietor will ensure that accurate records are kept of medicines received, administered, refused, returned or disposed of, and of medication errors, serious incidents and near misses. Records will include the pupil, medicine, dose, route, date, time and administering or witnessing staff. Records will be retained securely in accordance with the school's retention schedule, data-protection requirements and applicable limitation periods. Safeguarding records will be maintained separately.

IHPs will be stored securely and shared on a need-to-know basis. Relevant emergency information will remain immediately accessible to staff who may need to respond.

11. Liability and indemnity

The proprietor will ensure that appropriate insurance and indemnity arrangements are maintained and that the policy expressly covers staff administering medicines and healthcare procedures, including educational visits, transport and other off-site activities where applicable.

The Headteacher will retain current evidence of cover, including any conditions, limitations and training requirements, and will make relevant staff aware of them.

The adequacy and scope of cover will be checked at each renewal and whenever the school accepts a new or materially changed healthcare procedure.

12. Complaints

Parents/carers with a complaint about the school's support for a medical condition should raise it with the Headteacher in the first instance and may then use the school's complaints procedure. Immediate medical or safeguarding concerns will be acted on without waiting for the complaints process. Nothing in that process affects statutory rights relating to disability discrimination or SEND.

13. Monitoring arrangements

This policy will be reviewed at least annually and sooner following relevant legal or guidance changes, a significant incident or near miss, or a material change in pupils' needs.

14. Links to other policies

This policy links to the following policies:

- Accessibility Plan
- Complaints
- First Aid Policy
- Safeguarding and Child Protection Policy
- Allergy Safety Policy
- SEND Policy
- Health and Safety Policy
- Educational Visits Policy
- Data Protection and Records Retention Policies
- Attendance Policy and attendance procedures

Appendix A: Being notified a child has a medical condition