



## Supporting Pupils with Medical Needs Policy

Applicable to:	All staff in our academies and central support services including individuals employed by the Trust and agency staff.
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## 1. Introduction

[Section 100 Children and Families Act 2014](#) places a statutory duty on governing bodies of maintained schools, academies and pupil referral units to make arrangements at school to support pupils with medical conditions. A child's mental and physical health should be properly supported in school, so that the pupil can play a full and active role in school life, remain healthy and achieve their academic potential.

The Department for Education has issued statutory guidance and departmental advice (best practice) on [Supporting pupils at school with medical conditions](#). The governing body of a maintained school, proprietor of an academy and management committee of a pupil referral unit must have regard to the statutory guidance in this document. This means that they must follow it unless there is a good reason not to.

## 2. 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 allow them to access the same education as other pupils, including school trips and sporting activities.

INMAT will implement 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 cover teachers with appropriate information about the policy and relevant pupils.
- Developing and monitoring individual healthcare plans (IHPs).

The named person with responsibility for implementing this policy is the CEO.

## 3. Legislation and Statutory Responsibilities

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

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

## 4. Roles and responsibilities

### 4.1 INMAT

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

INMAT will review the arrangements for supporting pupils with medical conditions during annual safeguarding audits.

## 4.2 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 pupils in this way.
- Contact the school nursing service in the case of any pupil 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.
- Ensure that cover staff are provided with relevant information about children they are working with and are aware of their responsibilities to the children. All cover staff will be provided with a briefing - Appendix B

## 4.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one 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.

Those staff who take on the responsibility to support pupils 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 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.

## 4.4 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.

## 4.5 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.

## 4.6 School nurses and other healthcare professionals

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil 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 the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## 5. Equal opportunities

INMAT 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.

No child will be denied admission to the school or prevented from taking up a place because arrangements for their medical condition have not yet been made, unless accepting the pupil would be detrimental to the health of that pupil or others.

## 6. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix A will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks of being notified of a new medical condition or by the beginning of the relevant term for students who are new to our school. For students who transition to school mid-term, every effort will be made to ensure that arrangements are put into place within 2 weeks of them starting school.

Where a student is moving to a different school, we will cooperate and support that school in providing information where possible. However, sharing of any information will be strictly in accordance with the Data Protection Act 2018.

## 7. 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, such as the school nurse, specialist or paediatrician, 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 (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 child's condition and how much support is needed. INMAT and the headteacher will consider the following when deciding what information to record on IHPs:

- 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, support for reintegration following an absence, 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 who to contact and contingency arrangements.

## 8. Managing Medicines

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

- When it would be detrimental to the pupil's health or school attendance not to do so.
- Where we have parents/carers' written consent.

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

Anyone giving a pupil 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 with the correct name.
- 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.

All medicines will be stored safely. The school will record what medicine has been brought in for each pupil. Pupils will be informed about where their medicines are at all times and be able to access them immediately dependent on age. Medicines and devices such as asthma inhalers, blood glucose testing

meters and adrenaline pens will always be readily available to pupils.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required or when they are out of date.

## 8.1 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. All controlled drugs are recorded as received in school against the pupil and kept in a secure cupboard in the Medical Room and only named staff 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.

## 8.2 Pupils managing their own needs

Pupils 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.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil 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.

## 8.3 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 for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- 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.

## 9. Emergency Procedures

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

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

## 10. Training

Staff who are responsible for supporting pupils 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 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.

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.

## 11. Record keeping

INMAT will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of. Templates for record keeping can be found on the DfE website.

## 12. Liability and indemnity

INMAT will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

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

## 13. 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 headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints policy.

## 14. Monitoring arrangements

This policy will be reviewed and approved by the board of trustees on an annual basis.

Assurances around the implementation and use of this policy are monitored as part of the annual

safeguarding audits carried out in each school. The outcomes of these audits are shared with the Standards and Performance Committee, Safeguarding trustee and, where appropriate, the Finance, Audit and Risk Committee to provide oversight, assurance and an opportunity for appropriate challenge and review prior to approval of policy revisions.

The school's Supporting Pupils with Medical Conditions policy is published on the academy website and is available in hard copy on request from the school office. Staff and parents will be notified when the policy is updated.

## 15. Links to other policies

This policy is associated with the following policies:

- a. Child Protection and Safeguarding policy
- b. Health and Safety policy
- c. First aid

# Appendix A: Being notified a child has a medical condition

Notifications about medical conditions could come from a student or parent to any member of staff. Upon being notified that a child has a medical condition, Lucy Kelsall, Head of School, must be made aware. Lucy Kelsall, Head of School, will ensure that the following steps are followed:

1. If urgent, let the relevant staff in school know, immediately, of any medical need (for example, diabetes, newly diagnosed epilepsy)
2. Make sure that staff who come into contact with the pupil are aware of any emergency procedures to follow and that any medication or special procedures are in place.
3. Seek a meeting or a phone call with a parent
4. Ensure the 'Supporting a student with a Medical Condition' form is filled in and the requirements within it met

The school will not wait for a formal medical diagnosis before putting effective support in place where there is clear evidence a pupil requires help. Decisions will be taken on the best available evidence in consultation with parents and, where appropriate, healthcare professionals.

<b>Supporting a student with a Medical Condition: initial response</b>	
Date of notification	
Who was the notification from? What is their relationship to the child?	
Who did the notification go to? What is their role? What form did the notification take?	
<b>Urgent Notification</b>	
Is this an urgent notification? An urgent notification is one where the school needs to take immediate actions to keep a student safe in school. A new diagnosis of diabetes, epilepsy, for example	
If this is an urgent notification, what action needs to take place immediately? For example, medication in school, training of staff, notifying staff.	
<b>Notification</b>	

What is the nature of the medical need?	
Who in school needs to know about this need?	
How will we communicate with adults in school about the need?	
Is medicine needed? What arrangements are in place to record the administration of medicine? Where will it be kept? What arrangements will be in place for keeping the medicine in date? What arrangements are in place to record what medicine has been brought into school?	
Does anyone need training?	
How can we support the student to manage the need?	
Are there any practical arrangements that need to be made?	
Are there any in-school systems that need input? Who will do this? Is it done?	
How often do arrangements need to be reviewed?	
Does the family know who is the single point of contact in the school?	
What arrangements are we making for a review of our response to the medical condition, with the student and the family?	
<b>IHPs</b>	
Is an IHP required?	
Who will compile this? Who in the family will they work with?	
What date will the IHP be completed?	
How will the IHP be communicated with staff?	

Who will review the IHP, when and who with?	
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## Appendix B: Briefing Note to Support Cover Staff

### Introduction

Students with medical conditions must be supported to access learning safely and fully. You are not expected to diagnose or treat medical conditions, but you should be aware of key students and what to do if a medical issue arises.

### What You Need to Know Today

**1.** Check the medical needs sheet near the teacher's desk – this is also located in the staff room.

- Any students with relevant medical needs are noted.
- Look out for symbols or notes next to names indicating conditions such as asthma, diabetes, epilepsy, or allergies.

### 2. Location of Medical Information

- Ask your partner year group teacher or Teaching Assistant inside which cupboard is the Medical Information for pupils stored.

### 3. If a Student Becomes Unwell

- Stay calm and do not leave the student alone.
- Send for immediate help – using red card to the school office or nearest member of staff.
- Follow the instructions in the medical information if provided.
- Record the incident and report it to the medical lead – Joanna Allen, safeguarding lead – Lucy Kelsall or SENDCO – Lauren Smith.

### 4. Medication

- Do not administer any medication unless explicitly authorised and trained to do so.
- If a student self-administers medication (e.g., inhaler or insulin), supervise calmly and discreetly.

## 5. Be Aware of Triggers

- Some students may need to sit near a door, avoid physical activity or have access to water/snacks.
- Some students may need to access toilet facilities more regularly than might normally be expected. Students requiring this support will be in the Medical Information.
- Respect privacy and dignity while supporting their needs.

## Further Support

If you have any concerns or questions at any point, please speak to:

- The school's Medical Needs Lead – Joanna Allen and Lauren Smith.
- Designated Safeguarding Lead (DSL) – Lucy Kelsall
- Reception or senior leader on duty – Lucy Kelsall, Head of School

Thank you for your professionalism and support in helping keep all our students safe and included.