



The Downland Federation

Supporting Pupils with Medical Conditions (including Pupils with Medical Conditions Who Cannot Attend School) Policy

Date of last review: December 20205

Date of next review: December 2026

Version: 6

Monitoring and Evaluation: Termly Monitoring of IHC Plans. Evaluating in ECM with relevant member of SLT, SENCo and HOYs.

**The Downland Federation is committed to the safeguarding
and welfare of its students and young people**

Status: Statutory

Consultation: Staff and Governors

Links to Other Policies

This policy should be read in conjunction with the following:

- Safeguarding policy (covering the Keeping Children Safe in Education guidance)
- SEND policy and the SEND Code of Practice 0 to 25 years
- Health and Safety policy
- Administration of Medicines policy (if separate)
- Equality, Diversity & Inclusion policy
- Trips and Visits policy
- Privacy / Data Protection policy (for handling sensitive medical information under the Data Protection Act 2018 & UK GDPR)
- Behaviour policy (to ensure medical needs and emergencies are managed without discrimination or inadvertent disadvantage)

1. Policy Statement

1.1 This Trust is committed to ensuring that students with medical conditions receive appropriate care and support so that they can access education, participate fully in school life and achieve their full potential.

1.2 The Trust recognises its duties under the Health and Safety at Work etc Act 1974 to ensure that pupils are suitably supervised and in a safe environment; the Children Act 1989 in safeguarding children; the Equality Act 2010 (including the Public Sector Equality Duty) to make reasonable adjustments for pupils with medical conditions and disabilities; and the Human Rights Act 1998 in ensuring fair and humane treatment.

1.3 This policy has due regard to the DfE statutory guidance "Supporting Pupils at School with Medical Conditions", the SEND Code of Practice 0 to 25 years, the Keeping Children Safe in Education statutory guidance and the Working Together to Safeguard Children guidance.

1.4 The Trust recognises that many children with medical conditions may also have special educational needs or disabilities (SEND) and will work in partnership with students, parents/carers, and health care professionals to ensure that the individual needs of children are met.

1.5 This policy applies to all students at the secondary and primary schools within this Trust.

2. Aims

2.1 To ensure that children with medical conditions are supported so that they can:

- Attend school regularly and safely;
- Be fully included in all aspects of school life, including trips, extra-curricular and off-site activities;
- Achieve their academic potential, socially, emotionally and physically;
- Have access to the same opportunities as their peers.

2.2 To ensure that staff will have sufficient knowledge, confidence and competence to provide the required support to students with medical conditions.

2.3 To ensure that parents/carers are aware of how the school will provide effective support for their child's medical needs

2.4 To ensure that students feel safe, included and able to contribute to decisions about their care.

2.5 To ensure that the Trust meets its statutory obligations in supporting students with medical conditions.

3. Definitions

3.1 A 'medical condition' for the purpose of this policy is any condition requiring social, emotional, medical or educational support, and may include chronic or short-term illnesses, physical and mental health conditions.

3.2 'Healthcare professional' means a qualified medical practitioner, nurse, other practitioner or allied health professional who is able to give or prescribe medication or treatment.

4. Identification, Assessment and Review Process

4.1 The schools will work in partnership with parents/carers, students and health care professionals to identify when a student has a medical condition (or may develop one) that requires support.

4.2 On admission or when a condition is diagnosed (or changed), parents/carers should inform the school's nominated person for medical conditions (see Section 5) and provide complete healthcare information.

4.3 The school will assess the student's needs and determine whether an Individual Healthcare Plan (IHCP) is needed (see Section 6).

4.4 The IHCP will be reviewed at least annually (or more frequently if required) to reflect changes in the student's medical condition, treatment, medication, or educational needs.

4.5 The school will monitor and evaluate how the IHCP is working, in conjunction with parents/carers, students and healthcare professionals.

5. Roles and Responsibilities

5.1 The Trustees and Local Governing Boards will:

- Ensure this policy is developed and implemented;
- Ensure appropriate arrangements are in place for supporting students with medical conditions;
- Monitor the policy's effectiveness.

5.2 The Head at each school will:

- Ensure staff are aware of this policy and their roles;
- Ensure that all staff who need to know are aware of a student's condition;
- Ensure staff receive appropriate training;
- Ensure that staff work collaboratively with parents/carers, healthcare professionals and external agencies;
- Ensure that IHCPs are developed and implemented;
- Ensure confidentiality and data protection in line with the Data Protection Act 2018 and UK GDPR.

5.3 The SENDCO of each school is the designated lead for medical conditions, and will:

- Ensure up-to-date records of students with medical conditions are kept;
- Ensure IHCPs are in place and accessible to relevant staff;
- Coordinate training and review of IHCPs, ensuring IHCPs are reviewed at least annually and more frequently if the medical conditions significantly change.

5.4 Teaching and support staff will:

- Understand this policy and know which students they are supporting;

- Undertake training when appropriate;
- Contribute to the development and review of IHCPs when appropriate;
- Ensure that pupils have access to their medication and are supervised appropriately;
- Respond to medical emergencies according to training and procedures.

5.5 Parents/carers will:

- Provide up-to-date information about their child's medical condition;
- Sign relevant consent forms (such as consent forms for prescription medicines)
- Cooperate in the development of an IHCP;
- Ensure that medicines are supplied to the school in advance, that spare medication is available if needed, and expiry dates are checked.

5.6 Students (where appropriate) will:

- Be fully involved in discussions about their healthcare and will be encouraged to participate in decisions about their care;
- Know how to access their medication and help manage their condition in a safe way;
- Treat other students with medical conditions respectfully and with understanding.

5.7 Healthcare professionals and other external agencies will:

- Provide advice and guidance to the school;
- Support staff training;
- Contribute to the development and review of IHCPs;
- Communicate changes in a student's condition, treatment or medication.

6. Individual Healthcare Plans (IHCPs)

6.1 An IHCP will be developed for a student with medical conditions that are long-term, recurring or require ongoing support, and/or where involvement in school activities may give rise to additional risk. This reflects the DfE guidance.

6.2 The Individual Health Care Plans (IHCP) will be created by HOYS/SENDCO/Student managers. They will be shared with parents and staff. Once an IHCP has been agreed by parents and staff it is to be shared with the relevant member of SLT, SENDCO, Reception staff, Senior First Aiders and teaching staff, including all PE staff, and in The Downs: HOY, Student Manager, SEN administrator, The SENCO and or SEN administrator will keep a central list of IHCPs and this will be updated every time a new IHCP is created. Student's IHCPs are stored on Arbor in the students' linked documents pages.

At the Primary schools, the IHCP will be shared with relevant staff to include class teacher, SENDCO and the Head of School/Director of Primaries

6.3 The IHCP will include (but not be limited to):

- The medical condition, its triggers, signs and symptoms;
- The student's resulting needs (educational, social, emotional, physical);
- The specific support required (including medication, therapy, equipment, access to facilities);
- Clarification of who will provide the support, including training and cover arrangements;
- Clarification of where the support will be provided (e.g., classroom, off-site, toilet access);
- Clarification of when the support will be provided;
- Arrangements for medication administration and storage;
- Emergency procedures – what to do and who to contact;
- Arrangements for review and who is responsible.

6.4 Where the child also has SEND, the IHCP will be linked to the students' support plan or Education, Health and Care Plan (EHCP).

6.5 All staff who work with the student will be made aware of the IHCP, its content and their role.

6.6 The IHCPs will be reviewed at least annually by the creator and parents, although they will be updated more regularly if there are significant changes to the student's medical condition. They will be monitored by the relevant member of SLT in ECM meetings with the HOY, SENDCO and Student Manager at TDS. SENDCO, class teacher and parent will do so for the Primaries.

6.7 Students with long-term medical conditions that prevent them from coming into school may be given access to live lessons via platforms such as Teams or through the use of devices such as the AV1. They may also be given access to learning through platforms such as Ed Class. When planning this provision, it is important to consider the workload implications for teaching staff and the potential impact the delivery of the provision may have on the learning of other students. The provision of live lessons for students displaying emotionally based school avoidance will only occur as part of a clearly defined plan to reintegrate the student into school-based learning.

7. Staff Training and Competence

7.1 Training needs will be assessed by the designated lead for medical conditions. Specialist training, for example in administering adrenaline or insulin, will be delivered by appropriate healthcare professionals.

7.2 All staff new to the school will receive induction training on this policy and the general process for supporting pupils with medical conditions.

7.3 Only staff who have been trained and assessed as competent will administer medication or carry out procedures. The school will keep records of first aid training.

7.4 Staff required to administer medication or carry out procedures will receive refresher training (at least annually or when there is a change in the student's condition or treatment).

7.5 Staff will also be made aware of how this provision links with safeguarding (Keeping Children Safe in Education) and SEND responsibilities.

8. Medication Management

8.1 Medication should be delivered to the school office (or another agreed safe place) by the parent/carer or pupil (if appropriate), in the original container, clearly labelled with the student's name, dosage and expiry date.

8.2 The school will only accept prescribed medication (see DfE template) for administration during school hours unless it is essential to the child's health that it is available during school hours. Over-the-counter medication will only be accepted where there is a signed consent from the parent/carer and approval from the designated lead for medical conditions.

8.3 A consent form (based on the DfE template "Consent for the administration of prescription medicines in school" – Appendix A) must be completed and signed by the parent/carer before medication is administered.

8.4 Staff will store medication safely in a locked cupboard or designated safe location, with access only by trained designated staff. Refrigerated medication will be stored in a sealed box in the fridge with temperature monitoring where required.

8.5 Records will be kept of each dose administered, refused, or missed – including date, time, staff signature and any side-effects or incidents.

8.6 Students may carry their own medication (e.g., inhaler, epipen) if it is appropriate and they have been deemed competent by staff and parents/carers; otherwise it will be held securely in school.

8.7 Schools will regularly check medication expiry dates and ensure replacement supplies are maintained by the parent/carer.

8.8 At the end of each academic year or when the student leaves the school, parents/carers will collect any remaining medication; otherwise it will be safely disposed of according to school procedures.

9. Emergency Procedures

9.1 Each school will ensure that clear and accessible emergency procedures are in place for students with medical conditions, and that all staff know exactly what to do in an emergency.

9.2 The IHCP will specify the emergency protocol, including who to call, where to go, what equipment or medication is needed and how to alert first-aid staff.

9.3 Students' IHCPs will be accessible to first aiders so that they can be accessed in an emergency.

9.4 Staff will call 999 without delay if a student's condition appears life-threatening or they are at risk of serious harm; parents/carers will be contacted as soon as possible.

9.5 The school will keep a record of every rescue treatment given, and monitor any incidents to inform future actions and training.

10. School Trips, Sports and Off-site Activities

10.1 Students with medical conditions will be included in off-site activities and residential visits, whenever it is safe and practical to do so. Staff will make reasonable adjustments to enable participation.

10.2 The trip leader or organising staff will consult the designated lead, parents/carers, student and healthcare professionals (if needed) to assess risk and make arrangements. An updated IHCP (or relevant individual risk assessment) may be required for the trip for more serious medical conditions.

10.3 Staff accompanying the activity will be made aware of the student's condition, any medication required, storage and emergency procedures. A first-aid kit and the relevant medication must be accessible.

10.4 Where necessary, one or more staff trained in the student's medical condition will be present on the trip. The transport provider will be made aware of any medication requirements.

10.5 Trip risk assessments will include medical needs, and the Trust's Health and Safety policy will apply in full.

11. Reasonable Adjustments and Inclusion

11.1 The Trust will comply with the Equality Act 2010 and will not treat any student less favourably because of their medical condition or associated disability.

11.2 Reasonable adjustments will include, but are not limited to:

- Providing additional time or support for students whose condition affects learning or attendance;
- Allowing students to attend medical appointments during school hours;
- Ensuring physical access to school buildings and facilities;
- Providing rest areas or access to medication as needed;
- Ensuring students are not excluded from activities (including P E., trips, clubs) purely because of a medical condition, unless their participation is impractical or unsafe, in which case appropriate alternative arrangements will be made.

11.3 The Trust will review its facilities and practices periodically to ensure they remain inclusive and accessible.

12. Data Protection and Confidentiality

13.1 Medical information about students is sensitive personal data. The federation will comply with the Data Protection Act 2018 and UK GDPR when storing, processing or sharing medical information.

13.2 Information will only be shared on a "need to know" basis, with the parent's/carer's and pupil's consent, unless there is a safeguarding or serious harm issue that overrides this (the 'serious harm test').

13.3 Staff will ensure confidentiality in discussions about medical conditions, and records will be stored securely.

13.4 When a student transfers to another school, the designated lead will ensure that relevant medical and healthcare information is passed on securely to the next setting.

13. Monitoring, Evaluation and Review of Policy

14.1 The Trustees and Local Governing Board will review this policy at least every 2 years (or sooner if required by changes in legislation or local circumstances).

14.2 The designated lead will monitor the implementation of the policy, review IHCPs and report to the Headteacher.

14.3 The Trust will collect and use information about students with medical conditions to evaluate how effective the policy is and to identify improvements.

14. Appendices

Appendix A – Model consent form for administration of prescription medicines (based on DfE Template B)

Appendix B – Roles overview table

Appendix C – Sample Individual Healthcare Plan (IHCP) template

Appendix D - model letter

Appendix E - relevant statutes

Appendix A – Consent form for administration of prescription medicines

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Date for review to be initiated by
Name of school/setting
Name of child
Date of birth
Group/class/form
Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

Name/type of medicine (as described on the container)
Expiry date
Dosage and method
Timing
Special precautions/other instructions
Are there any side effects that the school/setting needs to know about?
Self-administration – y/n
Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

Name
Daytime telephone no.
Relationship to child
Address
I understand that I must deliver the medicine personally to [agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the

school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

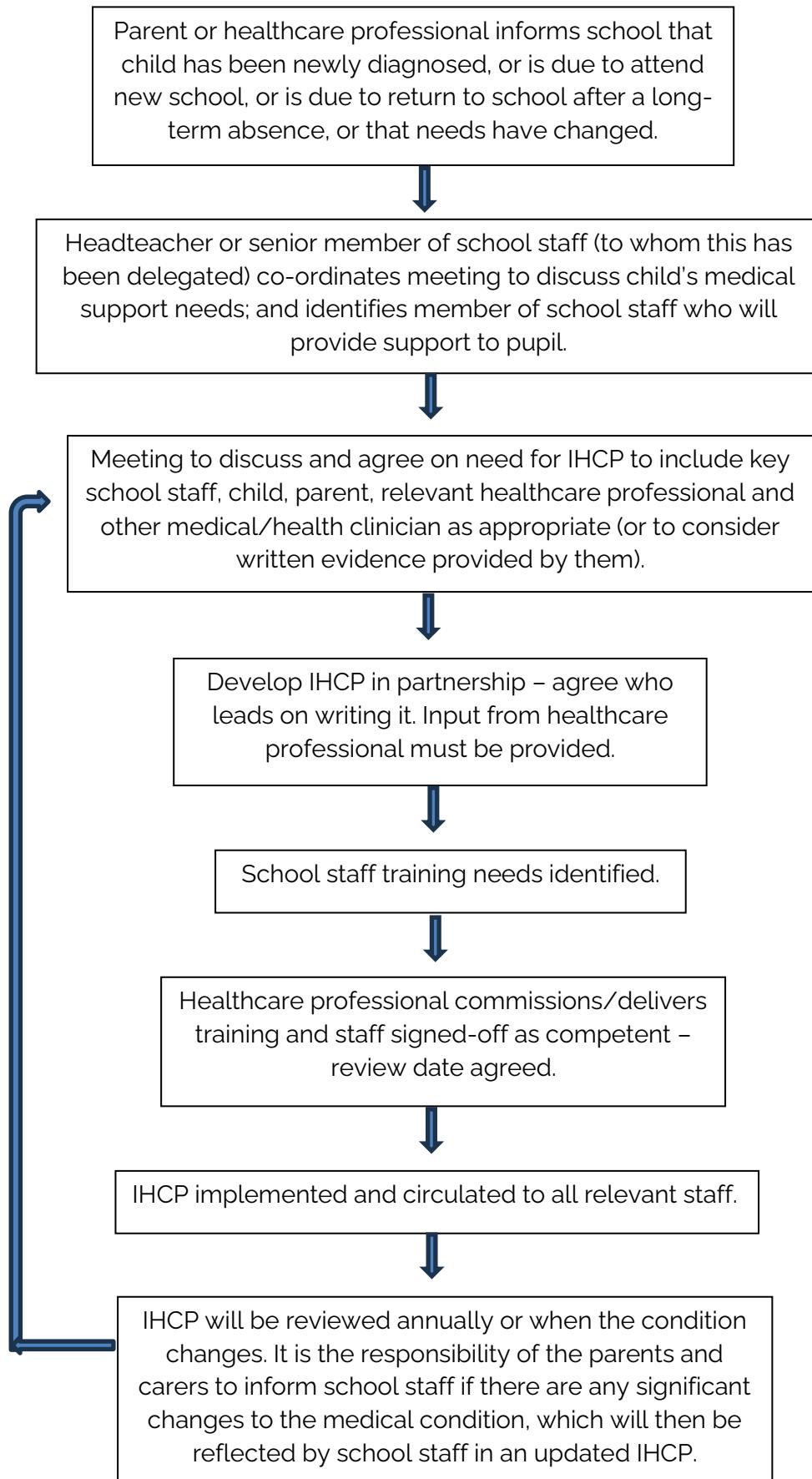
Date

Parents/carers must complete and sign this form before any medication is administered by school staff.

Appendix B – Roles Overview

Role	Key responsibilities
Trustees and Local Governing Board	Oversight, policy approval, monitoring
Headteacher	Implementation, liaison, ensuring staff training
Designated Medical Lead	Coordination of IHCPs, records, training
Staff	Supporting pupils as per IHCPs, emergency response
Parents/Carers	Informing school, providing medication, cooperating in plan development
Students	Participating in plan, accessing support responsibly
Healthcare Professionals	Advising on condition, training, contributing to plans

Appendix C: The Summit Education Trust Individual Health Care Plan



Student Name and Address	Year Group and DOB	Medical diagnosis or condition	Photo (below)

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 to be taken, side effects, contraindications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	
Recommended strategies for teaching staff to use to support student	
Family contact information: Name, address, phone number, relationship to child: All information must be included.	
Arrangements for school trips / visits	
Describe what constitutes an emergency and action taken if this occurs. Include who is responsible in case of an emergency.	
Staff training needed / undertaken (if needed)	
Date plan created	People with whom plan has been shared (should always include relevant senior leaders, tutor, classroom teachers, SENCO, PE teachers, student, student's parents)
Review date:	
Signed:	(Parent / Carer)
Signed:	(HOY / SENCo)
Signed:	(Student)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

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Phone no.

Who is responsible for providing support in school

What information should be recorded on ARBOR?

Have you passed this information to: Deputy Headteacher, SENCO, SEN Administrator and Reception?

Appendix D: Model letter inviting parents to contribute to IHCP development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, students, and the relevant healthcare professional who can advise on your child's case. 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, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on 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 needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting 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, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or student support] would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours faithfully

Appendix E: Statutes Relevant to the Policy

- Section 2 of the Health and Safety at Work Act 1974, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.
- Under the Misuse of Drugs Act 1971 and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.
- The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.
- Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation.
- The Special Educational Needs and Disability Code of Practice¹⁴ Section 19 of the Education Act 1996 (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or such part-time education as is in a child's best interests because of their health needs.