Supporting Students with Medical Conditions Policy (and safe and clear administration of medicines)

Responsibility	Full Trust Board (via Student Welfare, Engagement and Community Committee)	
Status	Statutory	
Ratification date	13 10 2026	
Review cycle / date	1	Autumn 2027
Reference	012	

The school has a detailed Risk Register which the trust board uses to monitor and measure the impact of its decisions as well as informing its planning.

To ensure that Risk Management permeates the working of the trust board, this policy is referenced in the Risk Register and the committee responsible for the policy should consider the “likeliness” and “impact” level for the appropriate risks.

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1 Aims

This policy aims to ensure that pupils with medical conditions are properly supported so that they can access the same education as their peers, including school trips, residentials and sporting activities. It also ensures arrangements for continuity of education for pupils unable to attend school due to health needs.

This policy is underpinned by Section 100 of the Children and Families Act 2014 and the Department for Education's statutory guidance on supporting pupils with medical conditions at school. It should be read alongside the Equality Act 2010, Keeping Children Safe in Education (2025), and the Academy Trust Handbook (2025), ensuring alignment between statutory health, safeguarding and governance duties.

The trust board 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 supply 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 David Jones (Deputy Head Teacher).

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.
It is also based on the Department for Education (DfE) statutory guidance on supporting pupils with medical conditions at school.

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

3. Roles and responsibilities

3.1 The Trust Board

The trust board has ultimate responsibility for making arrangements to support students with medical conditions. It will ensure that sufficient staff have received appropriate training and are competent before taking on responsibility for supporting students with medical conditions.

3.2 The Head Teacher

The Head Teacher 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 student'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 students in this way
- Contact the school nursing service in the case of any student 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 student's medical needs and that this information is kept up to date

3.3 Staff

Supporting students 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 students 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 students 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 students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.4 Parents

Parents 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

3.5 Students

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

3.6 School nurses and other healthcare professionals

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

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

4. Equal opportunities

Our school is clear about the need to actively support students 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 students 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 students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

The school recognises its duties under the Equality Act 2010 to ensure that no student with a medical condition is treated less favourably than others.

The Head Teacher and trip leaders will ensure that all off-site visits and activities include consideration of medical needs, with arrangements documented in the visit risk assessment and shared with supervising staff. Where

appropriate, an IHP will set out specific arrangements for participation in trips, residentials, examinations and physical education. Where mobility restrictions may affect participation in trips, PE or wider activities, the Pupil Mobility Risk Assessment (Appendix 2) will be used to agree reasonable adjustments.

5. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

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

The decision not to draw up an IHP will be documented, with reasons recorded by the Head Teacher. Parents and relevant healthcare professionals will be consulted in all cases. A standard notification form (Appendix 1) will be used to ensure consistency and to support record-keeping.

6. Individual healthcare plans

The Head Teacher has overall responsibility for the development of individual healthcare plans (IHPs) for students with medical conditions. This responsibility has been delegated to the Attendance and Welfare Officer.

The school will make every effort to ensure that arrangements are in place within 2 weeks, and always by the beginning of the relevant term for students who are new to our school.

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

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and parents when an IHP would be inappropriate or disproportionate, based on evidence. Where there is no consensus, the Head Teacher will make the final decision.

Plans will be developed in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or incorporated within, any education, health and care (EHC) plan. Where a student has SEN but no EHC plan, this will be referenced in the IHP.

The level of detail in an IHP will depend on the complexity of the student's condition and the level of support required. The trust board and the Attendance and Welfare Officer will consider the following when deciding what information to include:

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs, including medication (dose, side effects and storage), other treatments, facilities, equipment, testing, access to food and drink where needed to manage their condition, dietary requirements and environmental issues (e.g. crowded corridors, travel time between lessons)
- Specific support for the student's educational, social and emotional needs (e.g. how absences will be managed, requirements for extra time in exams, use of rest periods, additional support to catch up with lessons, counselling sessions)

- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with monitoring arrangements in place
- Who will provide this support, their training needs, role expectations, confirmation of proficiency from a healthcare professional, and cover arrangements when they are unavailable
- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents and the Head Teacher for medication to be administered by a member of staff, or self-administered by the student during school hours
- Separate arrangements or procedures required for school trips or other activities outside of the normal timetable to ensure the student can participate (e.g. risk assessments)
- Where confidentiality issues are raised by the parent/student, the designated individuals entrusted with information about the student's condition
- What to do in an emergency, including who to contact and contingency arrangements
- IHPs will be reviewed at least annually, or sooner if a student's needs change
- The RTS Individual Healthcare Plan Template will be used to support consistency and record-keeping

6.1 Temporary mobility restrictions

Where a student has a temporary mobility restriction (e.g. crutches, sling or wheelchair), the school will complete a Pupil Mobility Risk Assessment (Appendix 2) to ensure safe access to learning and the site. This will sit alongside, or form part of, the student's IHP.

7. Managing medicines

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

- It would be detrimental to the student's health or attendance not to do so, and
- Parents have provided written consent.

The only exception to this is where a medicine has been prescribed to the student without the knowledge of their parents.

Students under the age of 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone administering medication (for example, pain relief) will first check maximum dosages and when the previous dose was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

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

Insulin contained within an insulin pen or pump will be accepted rather than in its original container, provided it is in date

All medicines will be stored safely. Students will be informed about where their medicines are kept and must be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors will always be readily available and never locked away.

Medicines will be returned to parents for safe disposal when they are no longer required.

Parents must complete the Trust's Parental Agreement to Administer Medicine form before medication is accepted.

Every medicine administered will be logged and monitored through the school's Arbor system, which serves as the official medicine administration record.

Staff administering medicines will have their training recorded in the Arbor training module, ensuring compliance and audit readiness.

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 student 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 student 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 easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Controlled drugs will be reconciled against records at least weekly by the Attendance and Welfare Officer.

Any discrepancies will be reported immediately to the Head Teacher and investigated.

7.2 Students managing their own needs

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

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student 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 so that an alternative option can be considered, if necessary.

Students permitted to carry medicines/devices must do so responsibly; this agreement will be documented in their IHP.

The Attendance and Welfare Officer will ensure that any self-management arrangements are reviewed at least annually.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable practice to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send students 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 student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask students to administer, medicine in school toilets

8. Emergency procedures

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

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

Where a student has a temporary mobility restriction, their evacuation arrangements will be detailed in their Pupil Mobility Risk Assessment (Appendix 2).

9. Training

Staff who are responsible for supporting students 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 students 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 Attendance and Welfare Officer. 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 students
- 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.

10. Record keeping

The trust board will ensure that written records are kept of all medicine administered to students for as long as these students are at the school. Parents will be informed if their student has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

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

The details of the school's insurance policy are: Department for Education's risk protection arrangement (RPA

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about the school's actions in relation to their child's medical condition should raise the matter directly with the Attendance and Welfare Officer in the first instance.

If the Attendance and Welfare Officer cannot resolve the matter, the issue will be referred to the Head Teacher. Where it remains unresolved, parents will be directed to follow the school's Complaints Policy.

13. Children with Health Needs Who Cannot Attend School

13.1 Legislation and Guidance

This section of the policy is based on the following legislation:

- Education Act 1996 (sections 19 and 444)
- Education (Pupil Registration) (England) Regulations 2006

It is also based on the following statutory guidance from the Department for Education (DfE):

- Alternative Provision (2013)
- Arranging education for children who cannot attend school because of health needs (2013)

13.2 The responsibility of the local authority makes arrangements

If it is clear that a child will be away from school for 15 days or more (whether consecutive or cumulative) because of health needs, Achieving for Children (AfC), on behalf of the London Borough of Richmond upon Thames, will become responsible for arranging suitable education for that child.

When the local authority arranges alternative education, provision should begin as soon as possible, and no later than the sixth day of the child's absence from school. Where full-time education is not in the child's best interests due to their physical or mental health, the local authority must arrange part-time education on a basis it considers appropriate.

The decision that a student cannot attend school for health reasons beyond a brief illness must be made by a qualified medical professional.

13.3 School responsibilities

To support the local authority, the school will

- Provide the local authority, at agreed intervals, with details of any students of compulsory school age who are not attending school regularly due to health needs
- Work constructively with the local authority, providers, agencies and parents/carers to secure the best outcomes for the student

- Collaborate with the local authority to ensure continuity of provision and curriculum consistency, including making available information about the school curriculum
- Alongside the local authority, regularly review the provision offered to ensure it remains appropriate and provides suitable education
- Share information with the local authority and relevant health services as required
- For students with complex or long-term health issues, work with the local authority, parents/carers and health services to agree the most appropriate support, whether through individual provision, alternative provision, or supported attendance at school
- Where possible, enable students to sit examinations at the same time as their peers, and liaise with the local authority to facilitate this
- Support reintegration back into school following a period of absence, with tailored plans and additional support to address gaps in learning

13.4 Reintegration

When reintegration is anticipated, the school will work with the local authority to:

- Plan consistent provision during and after the period of education outside school, allowing the student to access, as far as possible, the same curriculum and materials as their peers, including digital resources
- Help the student remain connected with school life (e.g. through newsletters, digital platforms, invitations to school events or links to lessons)
- Develop a tailored reintegration plan for each returning student, including additional support to address gaps in learning
- Consider whether any reasonable adjustments are needed to support a successful return

14. Monitoring arrangements

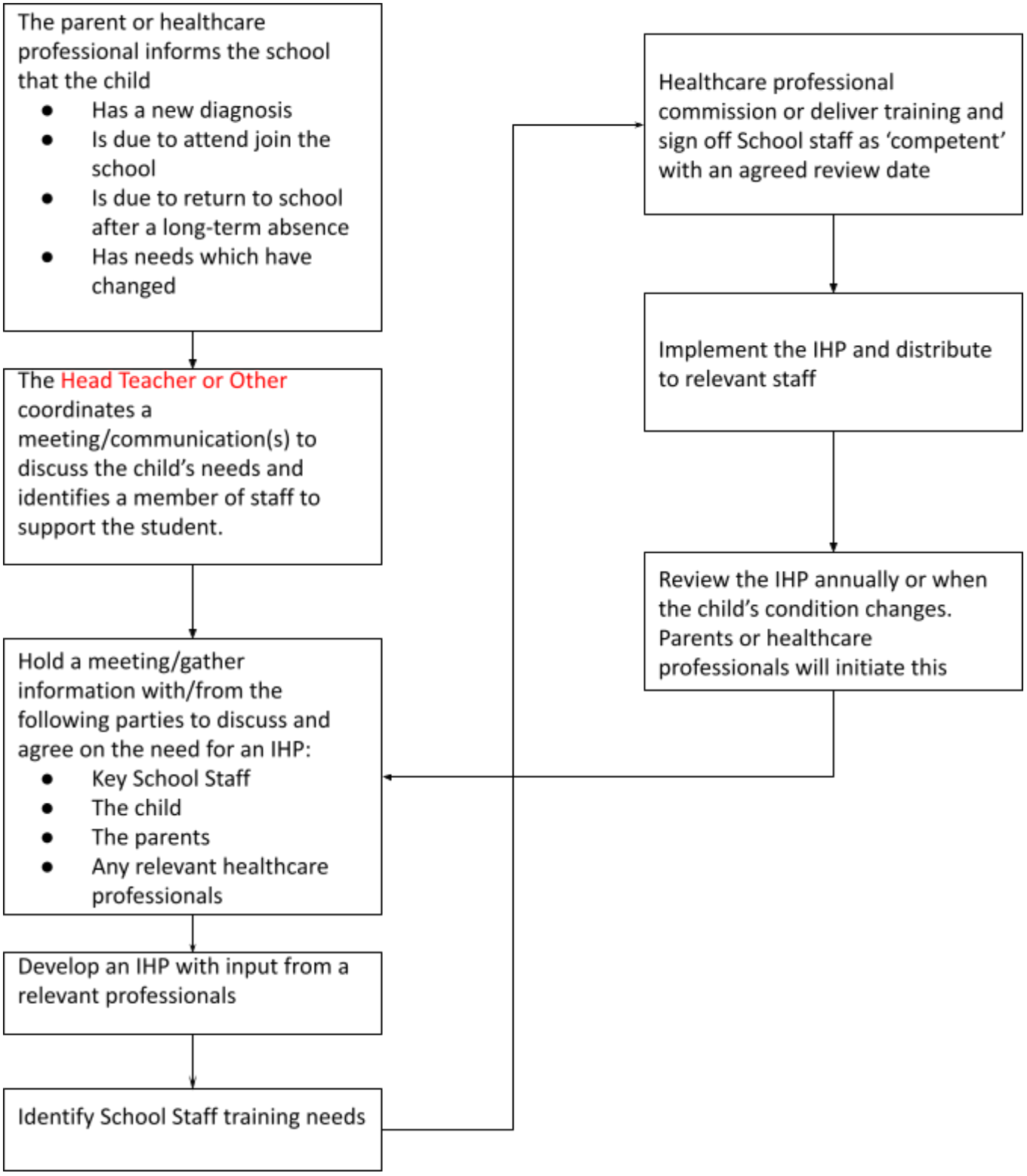
This policy will be reviewed annually and approved by the Trust Board.

15. Links to other policies

This policy links to the following policies:

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

Appendix 1: Being notified a child has a medical condition



Appendix 2: Pupil Mobility Risk Assessment

Student name: **Year group:** **Date of assessment:** **Assessor:** **Reviewed by (SENCO/SLT):**		**1. Nature of Injury / Condition** ☐ Crutches ☐ Arm sling ☐ Wheelchair ☐ Other (please specify): Expected duration of mobility restriction: _____

2. Identified Risks

- ☐ Difficulty moving safely between lessons (corridors, stairs, external routes).
- ☐ Increased risk of slips, trips, or falls in crowded areas
- ☐ Limited ability to carry books/bags while using crutches/sling
- ☐ Potential difficulty evacuating quickly in the event of fire
- ☐ Aggravation of injury due to overexertion or lack of support.

3. Control Measures / Adjustments

- ☐ **Buddy system** (named student: _____)
- ☐ **Lift pass** issued
- ☐ **Movement pass** (permission to leave lessons early to avoid crowded corridors)
- ☐ **Relocated classes** (where possible, timetable adapted to avoid stairs)
- ☐ **Accessible toilet facilities** identified
- ☐ **Evacuation plan** adjusted (staff assigned to assist: _____)
- ☐ **Work pack/homework support** provided if unable to attend lessons fully
- ☐ **Alternative PE arrangements** agreed (details: _____)
- ☐ **Staff notified** of arrangements (via SIMS/Arbor/email briefing)

Other measures: _____

4. Roles and Responsibilities

- **Parent/Carer:** Provide medical updates, confirm expected recovery time
- **Form Tutor/HoY:** Monitor pupil wellbeing daily, feedback any concerns
- **SENCO/SLT:** Ensure risk assessment shared and reviewed weekly
- **All staff:** Implement agreed adjustments in lessons and around site
- **Site/Facilities Team:** Ensure safe routes and equipment (ramps, lifts) are maintained.

5. Review

Next review date:	*(e.g. weekly until mobility restriction ends)*	**Signed (Assessor):**	
Signed (Student):		**Signed (Parent/Carer):**	