



Supporting Students with Medical Needs Policy

February 2026

Approved by:	LGB	Date: February 2026
---------------------	-----	----------------------------

Review Cycle:	Annual
----------------------	--------

Next review due by:	February 2027
----------------------------	---------------

Part of The Eastern Learning Alliance Trust

Document Control

New version Number	Key changes from previous version	Date of ratification
1	Document control table inserted.	February 2026

Supporting Students with Medical Needs Policy

1. Rationale

The Children and Families Act 2014 places a duty on Governing Bodies to make arrangements to support young people with medical conditions, both physical and mental. This is so they can ensure that “such children can access and enjoy the same opportunities at school as any other child”.

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)'s statutory guidance on [supporting pupils with medical conditions at school](#).

The school will therefore identify and provide for students who have medical conditions and needs and outline how these needs are supported on-site.

1.1 Individual Healthcare Plans (IHCP)

The school will work with parents/carers and healthcare professionals to develop an Individual Healthcare Plan (IHCP) for a student when:

- the student may need urgent medical attention on the school site (e.g. nut allergy, asthma attacks, etc.)
- the student needs regular medication during school hours, on the school site
- The IHCP covers the school's support for the student's on-site medical needs, and should describe:
 - what staff should do, under which circumstances, and who should be informed;
 - where medication is stored, under whose supervision, and how the student can access it;

- any other case guidance about the student's on-site medical needs.

The degree of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. Different children with the same condition may require very different support.

IHCP's will be reviewed annually or earlier if evidence is presented that the child's needs have changed. Not all students will require an IHCP and advice will be sought from medical professionals as to whether an IHCP is required.

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 IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision to ensure appropriate levels of safeguarding take place and in the best interests of the young person.

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

IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher / role of the individual with responsibility for developing IHCPs, will consider the following when deciding what information to record on IHCPs:

- o The medical condition, its triggers, signs, symptoms and treatments
- o 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.
- o 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.
- o 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.
- o 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?
- o Who in the school needs to be aware of the pupil's condition and the support required
- o Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours.
- o 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.
- o Where confidentiality issues are raised by the parent/pupil, the designated.

individuals to be entrusted with information about the pupil's condition.

- o What to do in an emergency, including who to contact, and contingency arrangements

Pupils 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 IHCPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible and are responsible for keeping them safe and follow the instructions carefully and appropriately. 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 IHCP and inform parents so that an alternative option can be considered, if necessary.

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 IHCPs. They are also expected to comply with their IHCPs.

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 pupils who are new to our school.

1.2 Managing Medication on School Premises

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, and
- Where we have parents' written consent

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

- 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 will always be informed.
- All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
- Medicines will be returned to parents to arrange for safe disposal when no longer required.
- Wherever possible, students will carry their own medicines and relevant devices so that they will be able to access their medicines for self-medication quickly and easily. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
- Medicines will only be administered at school when it would be detrimental to a student's health or school attendance not to do so. Records will be kept for administration.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but may be supplied inside an insulin pen or a pump, rather than in its original container.
- All medicines held by the school will be stored safely in a locked cupboard within the medical room.
- Controlled drugs that have been prescribed for a student will be securely stored and only named staff will have access with arrangements for easy accessibility in an emergency.
- [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 easily accessible in an emergency and a record of any doses used and the amount held will be kept.
- When no longer required, medicines must be returned to the parents/carers to arrange for safe disposal.
- Sharps boxes must always be used for the disposal of needles and other sharps.

1.3 Emergency Procedures

In an emergency, staff should call **999** immediately, then call parents/carers.

Staff should stay with a student until a parent/carer arrives. This includes accompanying a student to hospital if necessary.

Students in school should be briefed about what to do in an emergency.

1.4 Day Trips, Residential Visits and Sporting Activities -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.

Teachers should be aware of how a child's medical condition will impact on their participation and make any reasonable adjustment possible to enable students with medical needs to take part and this information is kept on SIMS.

This will require consultation with parents/carers and students and advice from the relevant healthcare professional to ensure that students can participate safely.

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 and any relevant healthcare professionals will be consulted.

2. Alternative Education Plan

If a student is unable to attend school for an extended period due to their medical conditions (*see Attendance Policy*), the school will work with parents/carers and the student to develop an Individual Alternative Education Plan (IAEP), covering their education out of school.

3. Roles and Responsibilities

3.1 College

- Will ensure that arrangements are in place to support students with medical conditions so that they can enjoy the same opportunities at school as any other student.
- Will ensure that the focus is on the needs of each individual student and how their medical condition impacts on their school life.
- Will ensure that policies, plans, procedures and systems are properly and effectively implemented.

3.2 Headteacher

- 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 (IHCPs), 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 IHCPs.
- 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.

3.3 Head of Year

When informed of a medical condition or need, a Head of Year should:

- Liaise with SEND, students, parents/carers and medical professionals to set-up or review an existing IHCP.
- Inform SEND, the First Aid Lead for SIMS, the reception staff/first aid team and all of the student's teachers.
- Ensure the First Aid Lead uploads the plan on to SIMS and additionally into the First Aid folder on Teams

3.4 Student Services Staff/First Aid Staff

- Check regularly that parental signatures are in place and that medicines are in date and sufficiently stocked.
- Ensure that medication is kept locked away and named clearly for individual student's use.
- Understand the process and procedures to undertake in an emergency.
-

- ☐ Update SIMS and add a comment for teachers to see should a student need to leave lesson for medication.
- ☐ Communicate with SLT on a regular basis.

3.5 All Staff

Staff will:

- take proper note of the needs of the students within classes;
- Respond to the needs of all students within school with medical needs and understand the process to go through if students require help around the school.

3.6 Parents/Carers

Parents/carers will be requested to:

- provide the school with sufficient and up-to-date information about their child's medical needs;
- engage with the school in the development and review of their child's IHCP, carrying out any action they have agreed to as part of its implementation, e.g. providing medicines and equipment and ensuring they or another nominated adult are contactable at all times.

4. Complaints

Parents/carers should refer complaints in the first instance to the Head of Year. If they are unhappy with the school's response then the normal complaints procedures apply and information on how to complain is held on the school website.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with

reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- assume that every child with the same condition requires the same treatment.
- ignore the views of the child or their parents; or 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 individual healthcare plans.
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- penalise children 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the child.