



Supporting Students with Medical Conditions Policy

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1. Aims

This policy aims to ensure that:

- Students, staff and parents/carers understand how our school will support students with medical conditions.
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities.

The Governing Board will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of students' conditions, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant students.
- Developing and monitoring individual healthcare plans (IHPs).

The named person with responsibility for implementing this policy is [Helen Hockaday – Head].

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 students at their school with medical conditions.

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

This policy also complies with our Articles of Association.

3. Roles and responsibilities

3.1 The Governing Board.

The Governing Board has ultimate responsibility to make arrangements to support students with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Head

The Head 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 Individual Healthcare Plans (IHPs), should one have been provided by the mainstream school, including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a student's condition.
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way.
- 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 (although it is most likely to be undertaken by the Head). 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/Carers

Parents/carers will:

- Provide the School with sufficient and up-to-date information about their child's medical needs.
- Carry out any action they have agreed to as part of the implementation of the IHP (if developed by their child's mainstream school), 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 will have contributed as much as possible to the development of their IHPs). They are also expected to comply with their IHPs.

4. Equal opportunities

Rowan Education 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.

5. Being notified that a child has a medical condition

When the School is notified that a student has a medical condition, they will comply with any IHP generated by the referring mainstream school and seek clarification from parent/carer or their referring mainstream school as necessary.

6. Individual Healthcare Plans (IHPs)

Plans will be reviewed by the mainstream school.

They will have been designed to set out:

- What needs to be done.
- When.
- By whom.

Not all students with a medical condition will require an IHP.

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

7. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the student'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 student without the knowledge of the parents.
- Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date.
- Appropriately labelled.
- Provided in the original container, as dispensed by the Pharmacist, and include instructions for administration, dosage and storage.

NB. 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. Students 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 students and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

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.

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/carers and it should 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/carers so that an alternative option can be considered, if necessary.

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 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/carers.
- 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.
- 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 may 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 child, including with toileting issues. No parent/carer should have to give up working as a result of 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/carers to accompany their child

- Administer, or ask students to administer, medicine in school toilets.

8. Attending School with an Injury or Illness

Each situation must be assessed and managed on its individual merits, and the decision whether to allow a student's attendance at school when they have an injury or illness ultimately rests with the Head/Deputy.

8.1 Fractures

All students with confirmed fractures that are not supported by a full cast are at risk of further injury by being in school. These students are advised not to attend school until they have had a follow-up appointment and a full cast applied. A risk assessment checklist should be completed/updated on the student's return to school. Exceptions to this are upper arm/shoulder fractures which do not require immobilizing in a cast, fingers, toes and small bone fractures of the hand or foot. When a student attends school with a fracture, the Head or Deputy will inform all staff who teach or assist the student and ask that they observe them for any increased perceived risk of injury.

8.2 Use of crutches or walking boots

Students attending school requiring crutches or walking boots to aid mobility must be risk assessed by the Head/Business Manager. A risk assessment must be completed or updated. Crutches or walking boots are only to be used in school if issued by a health professional. The Head/Deputy will inform all staff involved in teaching or assisting the student of their mobility status, to reduce the risk of further injury.

8.3 Infection Control

Infectious illnesses such as diarrhoea and vomiting are often seen in school settings. In order to avoid the spread of such illnesses, students with these symptoms are asked to stay at home until 48 hours after the last episode of vomiting or diarrhoea. This is based on the recommendations by the [UK Health Security Agency on the Guidance on infection control in schools and childcare settings](#). This document is also referenced for other common childhood illnesses such as impetigo; hand, foot and mouth and chickenpox.

9. Emergency procedures

Staff will follow the School's normal emergency procedures (for example, calling 999). All students' IHPs should clearly set out what constitutes an emergency and explain what to do under such circumstances.

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

10. 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 review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

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.

All staff will be made 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 also be provided for new staff during their induction.

11. Record keeping

The Governing 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 will be kept in a readily accessible place which all staff are aware of.

12. Liability and indemnity

The Head/Governing 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 will be displayed on the classroom wall.

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Head in the first instance.

14. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years, or more often in the event of changes in legislation.