New Rush Hall School

Supporting Pupils with Medical Conditions

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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.

The governing body will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupil's condition, 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 Senior Leadership Team (SLT) are responsible for the implementation of this policy.

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 bodies to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

This policy must be read with the separate Allergy Safety Policy required by section 100A of the Children and Families Act 2014 (inserted by section 34 of the Children's Wellbeing and Schools Act 2026) and the Department for Education statutory guidance Allergy safety in schools (July 2026). The governing body must ensure that allergy safety policy is published, brought to the attention of the school community and reviewed at least annually.

ROLES AND RESPONSIBILITIES

3.1 The governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body 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 headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- The headteacher will designate an allergy safety lead and ensure coordination between healthcare plans, catering, transport, educational visits, safeguarding and the separate published allergy safety policy.
- 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.
- 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 pupil's medical needs and that this information is kept up to date.

3.3 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.

3.4 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.

3.5 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.

3.6 School Nurses and other healthcare professionals

Our 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.

Healthcare professionals, such as GPs and Paediatricians, will liaise with the Schools Nurses and notify them of any pupils identified as having a medical condition.

EQUAL OPPORTUNITIES

NRHS 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.

NRHS 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.

BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION

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

NRHS 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.

See Appendix 1.

INDIVIDUAL HEALTHCARE PLANS

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Manisha Patel.

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 not a 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 form part of, any education, health and care (EHC) plan where appropriate. Where a pupil has special educational needs without an EHC plan, relevant needs and support arrangements will be reflected in the IHP. Clinical responsibilities and staff competencies must be agreed with appropriate healthcare professionals.

The level of detail in the plan will depend on the complexity of the pupil's condition and how much support is needed. The governing body and the headteacher and staff with responsibility for developing IHPs, 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.
- For pupils with known allergies, the IHP and any clinician-provided allergy action plan will specify allergens, exposure prevention, early signs (including non-verbal presentation), emergency response, prescribed adrenaline devices, trained staff, cover and access arrangements. Plans will consider communication differences and complex SEND needs.
- 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.
- 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.

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 **and**
- Where we have parents'/carers' written consent.

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

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.
- 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. 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.

The school will maintain arrangements for appropriately obtained spare adrenaline auto-injectors, checking storage, expiry dates and access, and for staff training and emergency use, in accordance with the current DfE allergy safety guidance and applicable medicines legislation. A pupil's prescribed device remains the first-line provision where available; staff must follow the pupil's emergency plan and current emergency guidance.

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

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 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.

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.

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 pupils 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.

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.

For suspected anaphylaxis, staff must act immediately in accordance with the pupil's emergency plan and current training: call 999, state "anaphylaxis", administer an appropriate adrenaline auto-injector without delay, and follow emergency service instructions, including any repeat dose indicated. Emergency medication must be accessible without avoidable delay. Record and review the incident and any near miss.

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.

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 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.

All staff, including temporary and relevant contracted staff, will receive proportionate allergy awareness and anaphylaxis-response training. Staff with designated responsibilities will receive practical training and competency assurance as appropriate. Training and refresh dates will be recorded.

RECORD KEEPING

The governing body will ensure that written records are kept of all medicine administered to pupils. Parents/carers will be informed if their pupil has been unwell at school.

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

LIABILITY AND INDEMNITY

The governing body 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:

Employers Liability Insurance through DfE Risk protection Arrangement Scheme (RPA)

Policy No:	GAF455918696 - 102879
Name of Policyholder:	New Rush Hall School
Expiry Date:	31st March 2027

COMPLAINTS

Parents/carers with a complaint about 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 procedure.

MONITORING ARRANGEMENTS

This policy will be reviewed and approved by the governing body every year.

LINKS TO OTHER POLICIES

This policy links to the following policies:

- Accessibility plan.
- Allergy Safety Policy
- Complaints Policy
- Equality Information and Objective Statement
- First Aid Policy
- Health and Safety Policy
- Safeguarding Policy
- SEN Information Report and SEND Policy.

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