



Truro and Penwith
Academy Trust

Managing Medical Conditions Policy

Document Control

Version	Date Approved	Approved By	Summary of Changes	Next Review Date
1.0	November 2025	Trust Board	Changes to bring in line with updated statutory guidance	November 2027

Managing Medical Conditions Policy

The Managing Medical Conditions policy should be read in conjunction with the schools' policies as below (or similarly named):

- Child Protection and Safeguarding Policy and Safeguarding Procedures
- 'Whistle-Blowing' Policy
- Health and Safety Policy and Procedures
- Special Educational Needs Policy
- Physical handling policy

1. School Ethos.

1.1 The school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with equal opportunities and access to activities (both school based and out-of-school) as other pupils. No child is denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

1.2 The school listens to, and values, the views of pupils and parents/carers.

1.3 Pupils and parents/carers can be confident in the care and support they receive from this school and that the level of care meets their needs.

1.4 Staff receive appropriate training to understand the medical conditions of pupils at the school, including when they are serious, may adversely affect a child's quality of life and/or impact on their ability and confidence.

1.5 All staff understand their duty of care to children and young people and know what to do in the event of a medical emergency.

1.6 The school understands that children with the same medical condition will not necessarily have the same needs and will provide care and support based on the individual needs of each child.

1.7 The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014 and in the DFE guidance '[Supporting students with medical needs in school](#)' 2015. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some children may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice and Policy.

2. Staff responsibilities

2.1 All school staff, including temporary or supply staff, are aware of the arrangements for the care of children with medical conditions at this school and understand their duty of care to pupils in an emergency.

2.2 Staff receive appropriate training and guidance in what to do in an emergency.

2.3 All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at the school have an individual healthcare plan (IHCP)¹, which explains what help they need in an emergency. The IHCP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHCP for sharing the IHCP with emergency care settings and providers.

2.4 The school makes sure that all staff providing support to a pupil have received appropriate training and ongoing support to ensure that they have confidence to provide the necessary support and that they can fulfil the requirements set out in the pupil's IHP. This training is provided by a suitably qualified healthcare professional or member of staff. Where appropriate, the qualifications of the healthcare professional will be requested by the school to confirm their competence to provide the training. The school keeps an up-to-date record of all medical training undertaken and by whom.

2.5 When a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will accompany the child until a parent/carer arrives. Where necessary, this will include accompanying the child in an ambulance.

3. Administering medication (read in conjunction with Health and Safety Policy).

3.1 The school understands the importance of medication being taken as prescribed and as detailed in the pupil's IHCP.

3.2 Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so and where it has been prescribed by a suitably qualified healthcare professional.

3.3 The school will make sure that sufficient members of staff have been trained to administer medication and meet the care needs of an individual child. This will include sufficient members of staff to cover for absence and staff turnover and other contingencies. Only designated staff with appropriate training may administer medication other than emergency intervention.

3.4 The Trust ensures that there is an appropriate level of insurance and liability cover in place.

3.5 The school will not give medication to a child under 16 without a parent's written consent, except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer.

3.6 When administering any prescription medication, the member of staff will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.

3.7 [An example template for an IHCP has been produced by Dfe - see Appendix 2. https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3)

3.8 The school will make sure that appropriately trained staff are available to accompany a pupil with a medical condition on an off-site visit, including visits which require overnight stays.

3.9 Parents/carers must inform the school immediately if their child's needs change.

3.10 If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible. Where appropriate, the school's disciplinary procedures are followed.

3.11 Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures this will typically be for asthma inhalers, epi-pens, diabetes and application of medical creams. This will be discussed with parents/carers and it will be reflected in their IHPs.

4. Storage of medication and equipment.

4.1 All staff are trained to understand what constitutes an emergency for an individual child. Emergency medication/equipment e.g. asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities. Unless there is a specific reason to

do so, emergency medical equipment and medication is kept in an unlocked storage facility.

4.2 Those pupils deemed competent by parents and designated medical staff to carry their own medication/equipment with them will be identified and recorded through the pupil's IHCP, in agreement with parents/carers.

4.3 Where appropriate, the school stores controlled drugs (required for medication) securely in a non-portable container within a locked room, with only named staff having access. Only suitably trained staff may routinely administer a controlled drug to a pupil. Controlled drugs are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments.

4.4 The school ensures that all medication is stored safely and that pupils with medical conditions know where their medication is kept and have access to this as appropriate. Under no circumstances is medication ever stored in first aid boxes.

4.5 The school only accepts (and administers) medication that is in date, labelled and in its original container with prescribing instructions for administration. The exception to this is insulin which, though it must still be in date, will generally be supplied in an insulin injector pen or a pump.

4.6 Parents/carers are required to provide new and in-date medication when appropriate and to ensure that the school has appropriate supplies of in-date medication as required by their child.

4.7 The school disposes of needles and other sharps in line with the Health and Safety Policy. Sharps boxes are kept securely at school, and will accompany a child, where appropriate, on off-site visits. Bins are collected and disposed of in line with Health and Safety Policy and procedures.

5. Record keeping.

5.1 As part of the school's admissions process and annual data collection exercise, parents/carers are routinely asked if their child has any medical conditions.

5.2 The school uses an Individual Health Care Plan (IHCP) to record the support an individual pupil needs around their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, appropriate member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has is on our SEN Record of Need but does not have an EHCP, their special educational needs are mentioned in their IHCP. This will be cross-referenced with the pupil's Learning Passport / Provision Map.

5.3 The school has a centralised register of IHCPs and an identified member of staff has the responsibility for this register. Appendix 2 is used to identify and agree the support a child needs and the development of an IHCP.

5.4 IHCPs are regularly reviewed, at least every year or sooner if the pupil's needs change.

5.5 The pupil (where appropriate), parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHCP. Other school staff are made aware of and have access to the IHCP for the pupils in their care.

5.6 The school makes sure that the pupil's confidentiality is protected.

5.7 The school will seek permission from parents/carers before sharing any medical information with any other party.

5.8 The school keeps an accurate record of all medication administered, including the dose, time, date and supervising member of staff.

6. Ensuring Inclusion.

6.1 The school is committed to providing a physical environment which is accessible to pupils with medical conditions, and pupils are consulted to ensure this accessibility. The school is also committed to an accessible physical environment for out-of-school activities.

6.2 The school ensures the needs of pupils with medical conditions are appropriately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

6.3 All staff use appropriate opportunities, such as those which arise through the curriculum in PSHE, to raise awareness of medical conditions and to promote equality.

6.4 The school understands the importance of all pupils taking part in off-site visits and physical activity, and that staff make reasonable and appropriate adjustments to such activities in order that they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the school's planning process to take account of any additional controls required for individual pupil needs.

6.5 The school understands that pupils should not be made to take part in activities if they are unwell. Staff are also aware of pupils who have been advised to avoid/take special precautions during physical activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

7. Supporting Attendance and Inclusion.

7.1 The school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum, and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided where required.

7.2 Staff understand that frequent absences, or symptoms such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.

7.3 The school will ensure that pupils receive appropriate support if their absences relate to their ongoing medical condition.

7.4 The school will refer pupils with medical conditions who are finding it difficult to keep up with their educational studies to the SENDCO, who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional about what additional support or adaptations may be appropriate.

7.5 The school carries out a risk assessment before any out-of-school visit, including work experience and educational placements (where applicable). The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

8. Reducing and Managing Risks.

8.1 The school is committed to identifying and reducing triggers both at school and on out-of-school visits.

8.2 School staff are given guidance and training (including appropriate information) on medical conditions, which include how to avoid/reduce exposure to common triggers.

8.3 The IHCP details an individual pupil's triggers, and details how to make sure the pupil remains safe throughout the whole school day, and on out-of-school activities. Risk assessments are carried out for all out-of-school activities, taking into account the needs of pupils with medical needs.

8.4 The school reviews all medical emergencies and incidents to see how they could have been avoided, and will adapt procedures where appropriate in response to these reviews. Where the incident is serious, the Headteacher will ensure that appropriate advice is sought during this review.

9. Implementation of Policy.

9.1 The school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, Governors, school staff, and healthcare professionals to ensure that the policy is implemented successfully.

10. Roles and responsibilities

10.1 Medical Lead (Joanna Waters) – will ensure that this policy is effectively implemented. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation. Has a key role in ensuring that the school is taking appropriate steps to support children with medical conditions by producing or delegating the production and monitoring of the IHCP and sharing with appropriate staff. They will support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. They will liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

10.2 Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school and work jointly with the school when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

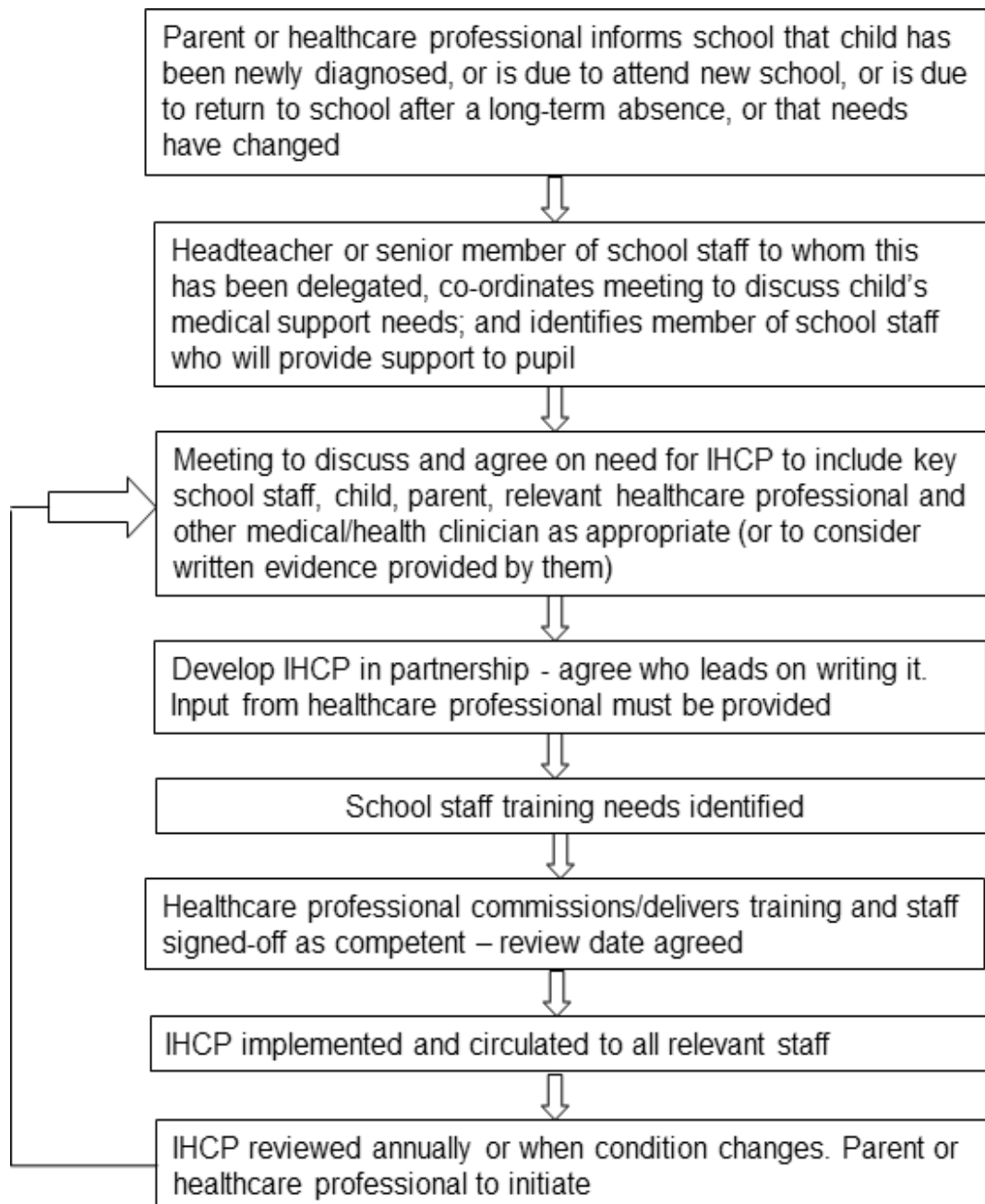
10.3 Pupils with medical conditions will provide information about how their condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

10.4 Parents/carers will provide the school with sufficient and up-to-date information about their child's medical needs. Parents/carers are key partners and will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They will carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

10.5 Staff will take into account the needs of students with medical conditions that they teach and work with by referring to the IHCP and making reasonable adjustments in line with the guidance included. They will receive sufficient and suitable training commensurate with their role and responsibilities. They will familiarise themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.

Appendix 1

Model process for developing individual healthcare plans and template for IHCP



Appendix 2: Example Individual Healthcare Plan

Name of school/college/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Who is responsible for providing
support in school

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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, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to