



Supporting Pupils with Medical Conditions

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Effective Period	1 st September 26 – 31 st August 27
Reviewer	J McColl/L Orton
Date of Review	Sept 26
Next Review Due	Sept 27

Supporting Pupils with Medical Conditions Policy

This policy should be read in conjunction with the Attendance and SEND policies. Statement of

intent and introduction

All schools in HMFA ensure that students with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance released in 2026 – Supporting children and young people with medical conditions and allergy (2026) https://consult.education.gov.uk/medical-conditions-at-school/medical-conditions-at-school-statutory-guidance/supporting_documents/supporting-children-and-young-people-with-medical-conditions-and-allergypdf

The guidance is currently in draft form but will come into effect in September 2026.

Ofsted places a clear emphasis on meeting the needs of students with SEN and Disabilities and this includes children with medical conditions.

Children with a long-term medical condition are 2-3 times more likely to experience a mental health issue, a lack of confidence and friendships can be impacted.

HMFA always aims for full-time provision for all children unless it would be detrimental to the child. Any decisions to implement a part time timetable are taken from a multidisciplinary approach including parents and the child if possible.

HMFA schools will always ask for confirmation of any diagnosis from a medical practitioner. Chronic medical conditions will include life-limiting illnesses.

HMFA schools will monitor the wellbeing of pupils with medical conditions and offer support for pupils experiencing anxiety about their condition including implementing anti-bullying measures.

Support will always be offered during reintegration after absence and following serious medical incidents.

While all children and young people with allergies should be supported under the medical conditions policy, a separate allergy safety policy is required because of the specific risk posed by anaphylaxis (a serious allergic reaction which can be life threatening).

This policy is linked to the HMFA Allergies policy which is a standalone policy from September 2026.

This policy applies to whenever a pupil is in the care of any HMFA school, including wraparound provision.

Key roles and responsibilities

The Trust Board/Governing Body is responsible for:

- The overall implementation of the 'Supporting Pupils with Medical Conditions Policy' and procedures.
- Ensuring that the 'Supporting Pupils with Medical Conditions Policy', as written, does not discriminate on any grounds including, but is not limited to ethnicity/national origin,

culture, religion, gender, disability or sexual orientation.

- Handling complaints regarding this policy as outlined in the HMFA's Complaints Policy.
- Ensuring that all students with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training is delivered to staff members who are responsible for supporting children with medical conditions.
- Ensuring that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.
- Ensuring written records of any and all medicines administered to individual students and across the school population are held.
- Ensuring the level of insurance in place reflects the level of risk.
- Ensuring that individual healthcare plans are implemented and a staff member is responsible for their development.
- Ensuring HMFA makes both anticipatory and individual reasonable adjustments where a medical condition constitutes a disability under the Equality Act 2010.

The Headteacher/Head of School is responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy and also the Allergy policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Ensuring that staff who need to know are aware of a child's medical condition.
- Ensuring that Individual Healthcare Plans (IHCPs) are completed where necessary and reviewed annually.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitate the recruitment of a member of staff for the purpose of delivering the obligations outlined in this policy.
- Ensuring the correct level of insurance is in place for staff who support students in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.
- Making alternative arrangements for the education of students who need to be out of school for up to fifteen days due to a medical condition. (With support of NHS)
- Ensuring that supply teachers are aware of pupils with medical needs
- Ensuring that risk assessments are completed for school visits or other school activities outside the normal timetable
- Ensuring that transitional arrangements are in place between schools

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include students with medical conditions in lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.

The school nurse is responsible for:

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an Individual Health Care Plan (IHCP) for their child in collaboration with the Head, SENCO or another member of the school team.

Medicines

- Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. This should be reflected within individual healthcare plans.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours.

- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent. Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- Paracetamol/Calpol can only be given in exceptional circumstances and can only be administered where parents have given written consent. This should not be on a regular basis. As with all medication in school, two members of staff MUST check the dose and the identity of the child, and both MUST sign once administered. Staff are not legally or contractually required to give children medicine or to supervise them taking it. Those who agree to administer medication do so voluntarily. Every effort will be made to ensure the child's medication is administered at the time stated on the medicine form. Non-prescription medicine such as antihistamines will not be given before 1pm due to the risk of overdose.
- A maximum of four weeks' supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on to school premises by the individual (or parent of) to whom they have been prescribed. Controlled drugs must be locked away and the keys readily available and not held personally by members of staff.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
- Any medications left over at the end of the course will be returned to the child's parents/carers.
- Written records will be kept of any medication administered to children.
- Students will never be prevented from accessing their medication.
- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.
- Schools cannot be held responsible for side effects that occur when medication is taken correctly.

Training

- Teachers and associate staff who undertake responsibilities under this policy will receive relevant training delivered by an appropriately qualified person and the details recorded. Training will be identified as part of the Healthcare planning process and delivered by the most appropriate professional (E.g. Diabetic Nurse). All staff will receive Epipen training annually, to ensure an appropriate level of cover across the school.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering (except in emergency situations under instructions provided by a medical professional)

- No staff member may administer drugs by injection unless they have received training in this responsibility (except in emergency situations under instructions provided by a medical professional)
- The Office First Aiders will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

Individual Healthcare Plans (IHCPs)

- Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the student, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
- When deciding what information should be recorded on individual healthcare plans, staff should consider the following:
 - 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;
 - 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required;
 - what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
- That IHCPs will be easily accessible whilst preserving confidentiality.
- That IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

Note. Schools do not need to wait for a formal diagnosis before providing support for pupils

Avoiding unacceptable practice

HMFA Schools understand that the following behaviour is unacceptable:

- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the student and/or their parents.
- Ignoring medical evidence or opinion.
- Sending students home frequently or preventing them from taking part in activities at school.
- Sending the student to the First Aid room/area alone if they become ill.
- Penalising students with medical conditions for their attendance record where the absences relate to their condition.
- Making parents/carers feel obliged or forcing parents/carers to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

Serious incident and near-miss procedures

A serious incident is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A “near miss” is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different. “Near misses” are as important as actual incidents, since they may highlight weaknesses in HMFA’s policies, procedures, training or communication and arrangements which, if not addressed, might have serious consequences in the future. While the “near miss” may not have led to harm on this occasion, they are a warning that, if circumstances had been different, serious harm could have occurred.

Not all serious incidents and “near misses” will result in an immediate emergency situation. In some cases, the impact may be delayed. The consequences might not become apparent until the child or young person is at home – and in some cases might not be seen for several days. It is therefore important that incident reporting is not limited to staff in the school. The child or young person, their parents/carers or others (for example healthcare professionals) may be the ones to identify that there has been an incident.

Following any serious incident or “near miss” involving a child, young person, member of staff or visitor with a medical condition or allergy, the school, or early years setting should record what happened; report it as appropriate; and consider what lessons can be learned.

Incident recording

HMFA should ensure any serious incident or near miss involving a child, young person, member of staff or visitor with a medical condition or allergy are recorded as soon as is feasible. A report will include:

- Who was affected;

- What happened, when and where;
- Why the incident occurred (as far as is known);
- How staff and students responded; what was done to support the individual; whether emergency services were called;
- How the incident concluded.

Incident reporting

The report should be shared with the child's parents/carers, the young person or the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The report should always be shared with the Governing Body, since the Trustee responsible for medical conditions and/or allergy will need to consider what lessons to learn and whether changes are required to HMFA's medical conditions and/or allergy safety policies. Any learning should be shared appropriately with staff so they can act on them, reducing the chance of an incident reoccurring. It may also be necessary to share the report with other agencies.

- If HMFA acts as a food business it must report any allergen-related food safety incidents to the local authority (Report a food safety issue). <https://www.gov.uk/find-your-local-food-safety-team>
- HMFA must report incidents which arose directly from the way it undertook a work activity, and which resulted in death or immediate hospitalisation to the Health and Safety Executive (Incident reporting in schools (accidents, diseases and dangerous occurrences)). <https://www.hse.gov.uk/pubns/edis1.htm>

Reporting allergen-related food safety incidents

Any HMFA settings that operate as food businesses should record and review all allergen incidents and near-misses and, where appropriate, seek advice from their local authority environmental health team or Primary Authority. A legal duty to notify external authorities applies only when unsafe food has been supplied. Where a child or young person has been supplied with unsafe food (for example, food containing an undeclared allergen), HMFA must follow the Food Standards Agency's incident procedures, which may include withdrawing the food and, where necessary, recalling it. Near-misses and incidents that do not involve unsafe food being supplied are not subject to statutory notification but should be recorded and used for learning and improvement.

Incorrect allergen information or near-misses that do not result in unsafe food being supplied are not subject to any statutory notification duty. These events should, however, be recorded and reviewed, and, where proportionate, discussed with the local authority environmental health team or Primary Authority as part of good practice and continuous improvement. For larger catering providers this may handle this through their Primary Authority arrangements, while smaller in-house or local operators may seek advice from their local authority environmental health team. Further information can be found at Report a food safety issue. <https://www.gov.uk/find-your-local-food-safety-team>

Investigating serious incidents:

HSE The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) <https://www.legislation.gov.uk/uksi/2013/1471/contents> require employers such as HMFA to report certain accidents, diseases and dangerous occurrences (near misses) arising out of or in connection with work to the

HSE. This also applies regardless of whether an accident happens to a child or young person, member of staff or visitor.

HMFA is only required to report incidents that arise directly from the way it undertook a work activity and which resulted in death or an individual being taken directly to hospital.

Many of the common incidents that cause injuries to children and young people in a school, college or early years setting will not be reportable under RIDDOR, as they do not arise directly from the way the school, college or setting undertakes a work activity. HMFA settings only need to consider reporting where an accident results in a death or where an individual is taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where individuals are taken to hospital purely as a precaution, when no injury is apparent.

HSE's guidance on Incident reporting in schools (accidents, diseases and dangerous occurrences) is clear that a child or young person being taken to hospital because of a medical condition (e.g. an asthma attack or epileptic seizure) this would not be reportable, as it did not result from a work activity.

Insurance

- All staff who undertake responsibilities within this policy are covered by HMFA's insurance
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact HMFA Finance Office