THINKING SCHOOLS
ACADEMY TRUST

Supporting Pupils with Medical Conditions Policy

Transforming Life Chances

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Document title	
Version number	3
Policy status	Draft for Consultation
TSAT Board Approved	Date
Union Approved	n/a
Date of issue	
Date to be revised	

Revision Log (last 5 changes)

Date	Version No	Brief detail of change
June 2026	3	Updated to incorporate new statutory requirements
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Supporting Pupils with Medical Conditions Policy

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Supporting Pupils with Medical Conditions Policy

Policy Statement:

The policy framework describes the essential criteria for how a school can meet the needs of children and young people with short/long-term conditions. It is in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (2015) for governing bodies of maintained schools and proprietors of academies in England and Ensuring a good Education for children who cannot attend school because of health needs (2013) DFE link

The Thinking Schools Academy Trust is committed to ensuring consistency, transparency, and fairness in its practices across all schools within the Trust.

Purpose:

The purpose of this policy is to ensure compliance with:

The Children and Families Act 2014, Section 100, which places a duty on schools to make arrangements for children with medical conditions.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Also, the Equality Act 2010 and the Special Educational Needs Code of Practise 2014 place a duty on schools to promote inclusion for all pupils. All reasonable adjustments will be made in order to facilitate medical needs. Further sources of information and legislation can be found on page 26/27 of the DFE guidance 2015

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

Overall, the policy aims to safeguard pupil health and wellbeing while enabling full participation in school life.

Scope:

This policy applies to:

- All staff (including permanent, temporary, and agency staff).
- Governors and Trustees
- Volunteers and contractors
- Pupils and parents/carers
- All schools within The Thinking Schools Academy Trust

Introduction:

Teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site.

The Academy takes advice and guidance from the school nurse and other medical professionals as required. The Academy also encourages self- administration of medication when possible. Contact details for our School Nurse can be requested from Mrs Rivers (ruth.rivers@rochestergrammar.tsat.uk).

- We will listen to the views of pupils and parents/carers.
- Pupils and parents/carers feel confident in the care they receive from this Academy and the level of that care meets their needs.
- All reasonable adjustments will be made in order to facilitate medical needs.
- Staff, including temporary or supply staff, understand the medical conditions of pupils at this Academy and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- This Academy understands that not all children with the same medical condition will have the same needs;
- we will focus on the needs of each individual child.
- We recognise our duties as detailed in Section 100 of the Children and Families Act 2014.

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, we will comply with our duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan 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.

The medical conditions policy is supported by a clear communication plan for staff, parent/carers and other key stakeholders to ensure its full implementation.

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All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required, have an individual healthcare plan (IHP) which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings. Any intimate care required will also be documented in the IHP. This Academy makes sure that all staff providing support to a pupil have received suitable training and ongoing support (where required) to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer.

Roles and Responsibilities:

- Board of Trustees: Ensures strategic oversight and approves the policy.
- The Thinking Schools Academy Trust has made sure that there is the appropriate level of insurance and liability cover in place.
- Executive Leadership Team: Implements and monitors compliance across the Trust.
- Headteachers/Principals: Ensure effective local implementation and adherence within each school.

- Designated Leads (where applicable): Carry out specialist duties related to the policy (e.g., DSLs for safeguarding).

Parent Responsibilities

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

- This information should include all history of conditions and details of all prescribed medication
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary which includes collection of all medication/equipment when they expire.
- Parents are requested to keep the school up to date with any changes in medical management. The Individual Healthcare Plan will be kept updated accordingly.

Staff Responsibilities

- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance
- Ruth Rivers is responsible for co coordinating Individual Health Care Plans.
- Staff, including temporary or supply staff, understand the medical conditions of pupils at this Academy and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.
- All Academy staff, including temporary or supply staff, at this Academy and understand their duty of care to pupils in an emergency.
- This Academy disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school. They are collected and disposed of in line with local authority procedures.
- All Staff: Must read, understand, and follow the policy.
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are confident to administer their own medication will be encouraged to do so
- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should 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. Other pupils will often be sensitive to the needs of those with medical conditions.

Safeguarding Considerations

The Academy recognises that supporting pupils with medical conditions is an integral part of its safeguarding responsibilities. Medical needs may present safeguarding concerns, including failure to provide treatment, unmanaged conditions, or potential medical neglect. All staff must report concerns to the Designated Safeguarding Lead (DSL) promptly and record on CPOMS.

Non-engagement from parents/carers (e.g. failure to provide medication or attend meetings) will be monitored and may be escalated in line with safeguarding procedures.

The Academy adopts a "think safeguarding" approach to medical needs.

Providing care, support and administering medication.

We understand that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

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

Pupils will not be penalised for their attendance if their absences relate to their medical condition.

Pupils with medical conditions who are finding it difficult to keep up educationally will be referred to the SENCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

Ofsted states that 'Schools can administer medication that is recommended by a pharmacist or nurse without a written prescription, as well as any medication prescribed by a doctor, dentist or an appropriately qualified pharmacist or nurse'.

The legal guidance allows the use of over-the-counter medication for pain and fever relief or teething gel in schools. However, written permission must be obtained beforehand from parents/guardian of the child. (Although the Statutory Framework recommends that children under 16 should never be given medicines containing aspirin unless a doctor has prescribed that medicine for that child.) All attempts to contact parents/carers by phone will also be made before medication is given in regards to over the counter medication.

Medication will be administered where necessary to support a pupil's health, wellbeing, or access to education, in line with their Individual Healthcare Plan (IHP) and clinical advice. It will be administered at clinically appropriate times, including during the school day where required. Typically, where the dosage is required 4 times a day or if attending breakfast club/after school activities, 3 times a day. The Academy takes a flexible, needs-led approach. Decisions are based on individual clinical need rather than fixed thresholds.

Medication will be stored safely, and those pupils with medical conditions will know where they are at all times and have access to them immediately. Only medication that is in date, labelled and in its original container including prescribing instructions for administration will be accepted. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

Where parents have asked the Academy to administer the prescribed medication for their child, they must ask the pharmacist to supply any such medication to be dispensed in a suitable container. The name of the child, prescription and dosage regime should be typed or printed clearly on the outside. When administering medication, for example pain relief, we will check the maximum dosage and when the previous dose was given. Parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative

We will make sure that there are sufficient members of staff who have been trained to oversee the administration of medication or administer medication (where required) and meet the care needs of an individual child. This will also include sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies.

We will not give medication (prescription or non-prescription) to a child under 16 without a parent's written or verbal consent except in exceptional circumstances.
The name of the pharmacist should be visible. Academy staff will not accept any medications not presented properly.

Primary school pupils should not bring in their own medicine. This should be brought into school by the parent. On rare occasions and where a risk assessment has been carried out, children may carry their own medication such as asthma inhalers.

Where parents have asked us to administer non-prescribed medicine, an administration of medicines form must be completed, and we must have a clear explanation of what the medicine is for. Where children suffer from hay fever, medication can be administered that is not prescribed in line with dosage advice and only when an administration of medicines form has been completed.

Ibuprofen/paracetamol-based pain relief will only be given at lunchtimes for a maximum of three days. If children still require pain relief after this medical advice must be sought. If there is an on-going issue a health care plan must be completed and a prescription must be obtained. The children will only be given pain relief medication in these circumstances if they need it. Providing pain relief does not replace the need for a child to be home if they are too unwell to be learning in school.

If a child is attending nursery, all administration of medicines must be countersigned by another trained member of staff and parents must sign the same form at pick up time every time medicine is given.

We will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays as required.

If a pupil misuses their medication, or anyone else's, their parent/carer will be informed as soon as possible and the Academies disciplinary procedures are followed.

We will make sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g., asthma inhalers, epi-pens etc are readily available wherever the child is in the Academy and on off-site activities and are not locked away.

Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to oversee the administration of a controlled drug on completion of appropriate training, in accordance with the prescribers' instructions. A child may legally have a prescribed controlled drug in their possession, however, to minimise risks to all pupils, this school setting will keep all controlled drugs on behalf of the pupils. They will be stored Insafe custody in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence (i.e. the use of medicines for purpose other than their prescribed intended purpose) and will be dealt with under the school's behaviour or code of conduct policy.

Emergency Procedures and Decision-Making

- Staff must call 999 without delay in life-threatening situations or where there is any doubt about severity.
- Parents/carers will be contacted as soon as possible following emergency action.
- Staff may act without parental consent where delay would place the pupil at risk.
- Staff must follow the pupil's Individual Healthcare Plan (IHP) where available, and use professional

judgement where situations differ.
- The safety and wellbeing of the pupil is paramount, and staff should always err on the side of caution.

Defibrillator: All TSAT schools have a Defibrillator on site

Guidance about record keeping

- As part of the admissions process and annual data collection exercise, parents/carers are asked if their child has any medical conditions.
- An IHP is used to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of Academy staff, school nurse/specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHP. Appendix 1 is used to identify and agree the support a child needs and the development of an IHP.
- There is a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other Academy staff are made aware of and have access to the IHP for the pupils in their care.
- Permission will be sought from parents/carers before sharing any medical information with any other party.
- An accurate record of all medication administered, including the dose, time, date and supervising staff is kept.
- This Academy keeps an up-to-date record of all training undertaken and by whom.

The DFE have guidance templates for schools to use click on the link for easy access DFE _templates.docx

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupils 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
- 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 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupils, including with toileting issues. No parent 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 to accompany their child

- Administer, or ask pupils to administer medicine in school toilets

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Children who are unable to attend because of their health

Children unable to attend school because of health needs should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status.

- It applies equally whether a child cannot attend school at all or can only attend intermittently. Section 19 of the Education Act 1996 states that each local authority must make arrangements for the provision of suitable education at school
- for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless arrangements are made for them.

A local authority does not have to comply with the duty under section 19 of the Act, if a child is to cease to be of compulsory school age within the next 6 weeks and does not have any public examinations to complete.

What is "compulsory school age"?

A child is of compulsory school age from the beginning of the term following their 5th birthday until the last Friday of June in the year in which they become 16, provided that their 16th birthday falls before the start of the next school year.

The law does not specify the point during a child's illness when it becomes the LA's responsibility to secure for the child suitable full-time education. RGS will provide support to children who are absent from school because of illness for a shorter period, for example when experiencing chicken pox or influenza in consultation with the parents/carers and as appropriate. In some cases, where a child is hospitalised, the hospital may provide education for the child within the hospital and the LA would not need to arrange any additional education, provided it is satisfied that the child is receiving suitable education. More generally, LAs should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year, and where suitable education is not otherwise being arranged.

There is no absolute legal deadline by which LAs must have started to provide education for children with additional health needs, however, arrangements for provision should begin as soon as it is clear that an absence will last more than 15 days and it should do so at the latest by the sixth day of the absence, aiming to do so by the first day of absence. Where an absence is planned, for example for a stay or recurrent stays in hospital, LAs should make arrangements in advance to allow provision to begin from day one. RGS appoints an Attendance Improvement Coordinator, Mrs Caroline Winder, who will be responsible for liaising with parents/carer and relevant outside agencies to support the facilitation of educational provision.

'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.

Reintegration

When reintegration into school is anticipated, LAs should work with the school (and hospital school, PRU/home tuition services if appropriate) to plan for consistent provision during and after the period of education outside school. As far as possible, the child should be able to access the curriculum and materials that he or she would have used in school. The LA should work with schools to ensure that children can successfully remain in touch with their school while they are away. This could be through school newsletters, emails, invitations to school events or internet links to lessons from their school. The Attendance Improvement Coordinator, Mrs Caroline Winder, will provide the link to school and other agencies to support successful reintegration back to school.

Public examinations

Awarding bodies will make special arrangements for children with permanent or long term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. The LA (or the school where applicable) should submit applications for special arrangements to awarding bodies as early as possible. Those providing education to a child out of school should provide advice and information to the school to assist it with such applications

Provision for siblings

When treatment of a child's condition means that his or her family have to move nearer to a hospital, and there is a sibling of compulsory school age, the local authority into whose area the family has moved should seek to ensure that the sibling is offered a place, where provision is available, for example, in a local mainstream school or other appropriate setting. The Attendance Improvement Coordinator, Mrs Caroline Winder, will liaise with relevant professionals as and when required/appropriate.

Please click on the link for the DFE Ensuring a good education for children who are unable to attend school because of health needs DfE guidance

Part-time timetables; Working_together_to_improve_school_attendance.pdf

All pupils of compulsory school age are entitled to a full-time education. In very exceptional circumstances, where it is in a pupil's best interests, there may be a need for a temporary part-time timetable to meet their individual needs. For example, where a medical condition prevents a pupil from attending full-time education and a part-time timetable is considered as part of a re-integration package. A part-time timetable should not be used to manage a pupil's behaviour.

A part-time timetable must only be in place for the shortest time necessary and not be treated as a long-term solution. Any pastoral support programme or other agreement should have a time limit by which point the pupil is expected to attend fulltime, either at school or alternative provision. There should also be formal arrangements in place for regularly reviewing it with the pupil and their parents. In agreeing to a part time timetable, a school has agreed to a pupil being absent from school for part of the week or day and therefore must treat absence as authorised.

Home-to-school transport

This is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for pupils with life-threatening conditions.

Insurance and Indemnity

- The Academy ensures that appropriate insurance arrangements are in place.
- Staff acting in accordance with this policy, their training, and a pupil's Individual Healthcare Plan are fully indemnified by the Academy.
- No staff member will be required to provide medical support unless they are appropriately trained and confident to do so.

Monitoring and Compliance

- Regular audits, reviews, or spot-checks may be undertaken by the relevant Trust's service team.
- Local Governing Bodies and Headteachers must ensure compliance at school level.
- Breaches of this policy may lead to disciplinary action.

Review of the Policy

This policy will be reviewed:

- Annually each June, ahead of the new academic year.
- Immediately following updates if DfE issues revised requirements.
- The next scheduled review is due by (June , 2027).

Legislation and Guidance

This policy should be read in conjunction with the following statutory guidance and key documents:

Keeping Children Safe in Education (KCSIE) (latest version)
Supporting Pupils at School with Medical Conditions (DfE, 2015)
Children and Families Act 2014 (Section 100)
Equality Act 2010
SEND Code of Practice (2015)
Working Together to Improve School Attendance (DfE 2022 and updates)
Arranging Education for Children Who Cannot Attend School Because of Health Needs (DfE 2013)
Relationships, Sex and Health Education (RSHE) statutory guidance
Health and Safety at Work etc. Act 1974

This policy should also be read alongside the Academy's Safeguarding and Child Protection Policy, SEND Policy, Attendance Policy, Intimate Care Policy, and Health and Safety Policy.
The policy applies to all staff, pupils, visitors and contractors.

Related Policies

This policy should be read alongside: (Policies, Rochester Grammar School)
Safeguarding and Child Protection Policy,
SEND Policy
Attendance Policy
Health and Safety Policy
Allergy Policy

Appendix 1

Model Process for developing an Individual Healthcare Plan