

## **Supporting Pupils with Medical Conditions Policy**

<b>Approved By</b>	People & Their Working Environment Committee	<b>Date:</b>	20/10/2025
<b>Author</b>	Director of SEND	<b>Date:</b>	06/10/2025
<b>Board Ratification</b>	Trust Board	<b>Date:</b>	24/10/2025
<b>Joint Negotiating Council (JNC) consultation (where applicable)</b>	N/A		N/A
<b>Last reviewed on:</b>	24/10/2025		
<b>Next review due by:</b>	30/10/2026		

## **1. Scope**

This policy applies to all stakeholders in RESPECT schools. At RESPECT we understand that medical conditions requiring support can affect quality of life and may be life-threatening.

## **2. Principles**

Respect Collaboration Trust values the dignity of every individual member of staff and will apply this policy fairly and consistently in line with its core values of RESPECT. We will explore reasonable adjustments in applying this procedure to employees with a disability.

## **3. Statement of Intent**

**3.1** The aim of this policy is to ensure that all pupils with medical conditions within the trust, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

**3.2** RESPECT believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupil's feel safe.

**3.3** There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

**3.4** Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

**3.5** Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The trust has a duty to comply with the Act in all such cases.

**3.6** In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

**3.7** To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

**3.8** The trust will ensure that pupils, staff and parents/carers understand how our schools will support pupils with medical conditions

**3.9** The policy will set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs) and managing medicines.

## **4. Legal Framework**

**4.1** This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on the board of trustees to make arrangements for supporting pupils with medical conditions.

**4.2** It is also based on the statutory guidance on [supporting pupils with medical conditions at school](#) from the Department for Education (DfE, 2015). This policy also complies with the articles of association.

**4.3** This policy has due regard to legislation including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'Guidance on first aid for schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

**4.4** This policy operates in conjunction with the local agreements in schools:

- Administering Medication
- Drug and Alcohol
- Asthma
- Allergen and Anaphylaxis
- Attendance and Absence Policy
- Admissions Policy

## **5. Roles and Responsibilities**

### **5.1 CEO**

The CEO will:

- Highlight any issues found across the trust to the board of trustees.

## **5.2 The board of trustees**

The board of trustees has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions across the trust. Although the trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the trust is compliant with the requirements in the above legislation and guidance.

The board will also determine and approve this policy.

## **5.3 Local governing committees**

Local governing committees of each school will:

- Review this policy in a timely manner and make recommendations to the Trust Board if required, in line with the relevant legislation and requirements.
- Monitor practice, and staff training, in regard to pupils with medical conditions, in line with this policy.

The trust board delegate this responsibility to executive leaders, who may delegate the day-to-day implementation of this policy to the headteacher of the school.

## **5.4 The headteacher**

The headteacher of each school will:

- Be legally responsible for fulfilling its statutory duties under legislation.
- Ensure that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Make sure all staff are aware of this policy and understand their role in its implementation.
- Make sure 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.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs.
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.

## **5.5 The Deputy Headteacher (SENCO)**

The Deputy Headteacher of each school will:

- Make sure that all staff who need to know are aware of a child's condition.
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs).
- Contact the school health team 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.
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.

## **5.6 The Director of SEND**

The Director of SEND will:

- Ensure school local agreements align with the trust wide policy.
- Maintain all relevant policies.
- Work with the LA, health professionals, commissioners and support services to facilitate resources to support policy implementation.
- Link with headteachers and local governing committee to ensure policies, plans, procedures and systems are effectively implemented.

## **5.7 The role of parents/carers**

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.

## **5.8 The role of pupils**

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP and compliant with its implementation.
- Are sensitive to the needs of pupils with medical conditions.
- Where possible, pupils are allowed to carry their own medicine and relevant devices.

## **5.9 The role of school staff**

- Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons

when deciding whether or not to volunteer to administer medication.

- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help, contacting the emergency services if appropriate.

#### **5.10 The role of external commissioned services**

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

#### **5.11 The role of clinical commissioning groups (CCGs)**

- Ensure that the commissioning group is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

#### **5.12 The role of other healthcare professionals**

- Notify the school health when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

#### **5.13 The role of providers of universal health services**

- Providers of universal health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

#### **5.14 The role of the LA**

- Commissions some school health for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff,

ensuring that IHPs can be effectively delivered.

- Works with the school to ensure that pupils with medical conditions can attend school full-time, or the most appropriate proportion of time.
- Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

## **6. Equal opportunities**

The Trust will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. The trust is clear about the need to actively support pupils with medical conditions to participate in all aspects of school life and not prevent them from doing so.

## **7. Admissions**

**7.1** Admissions will be managed in line with the Trust Admission policy.

**7.2** No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

**7.3** A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

## **8. Liability and indemnity**

The board of trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the trust's level of risk. The Trust has Risk Protection Insurance.

## **9. Complaints**

Parents/carers with a complaint about the school's actions in regard to 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 trust's complaints procedure.

## **10. Monitoring arrangements**

This policy will be monitored by Director of SEND. It will be reviewed and approved by the board of trustees every year.

## **11. Links to other Trust Documents**

- Equalities and Accessibility statement
- Complaints policy
- Health and Safety
- Safeguarding
- SEND policy

## **12. GDPR**

Data will be processed to be in line with our requirements and protections set out in

the UK General Data Protection Regulation, Data Protection Act as amended by the Data (Use and Access) Act 2025.