Moorland Federation

SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

SEPT 2025-2026

Moorland Federation

Supporting Pupils with Medical Conditions Policy

(Reviewed and updated October 2025 — new content in italics)

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents 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 board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, 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 person / staff with responsibility for implementing this policy are The Executive Headteacher and Heads of Schools.

We also aim to ensure clarity, accountability and consistency in the approach to supporting medical needs, including during transitions, periods of absence, and in emergency situations.

2. 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 boards to make arrangements for supporting pupils at their school with medical conditions.
It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school. (gov.uk)

In addition, the policy has regard to the following legislation and guidance (where applicable):

- The Equality Act 2010 (duty not to discriminate, reasonable adjustments)
- Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 years, when there is overlap of medical needs and SEND
- The Human Medicines (Amendment) Regulations and other medicines / drug control law
- Health and Safety legislation and Accident / First Aid regulations
- DfE guidance: "First aid in schools, early years and further education" (2022)

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The governing board will also ensure that this policy is regularly reviewed, that risk is assessed across the school's activities, and that insurance / indemnity arrangements cover staff supporting medical needs.

3.2 The headteacher (which refers to both EHT and HoS roles)

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- 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

- Ensure that all staff who need to know are aware of a child's condition
- 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 child's medical needs and that this information is kept up to date

The headteacher shall also ensure smooth transition of IHPs and medical support when pupils move between year groups, classes or to other schools, and that parents and staff are fully briefed in such transitions.

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.

Staff will also be supported with ongoing refresher training, opportunities to review IHPs, simulations of emergency procedures, and clear lines of accountability. The school will maintain a training log and ensure that staff remain competent and confident in their roles.

3.4 Parents

Parents 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, and ensure they or another

nominated adult are contactable at all times

Parents should provide detailed medical information, recent prescriptions, written instructions from medical professionals, and notify the school immediately of any changes in their child's condition or treatment.

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.

Where safe and appropriate, pupils may be empowered and trained (with supervision) to self-manage their condition, including administering medication or carrying necessary devices.

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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

Where relevant, other professionals such as dietitians, mental health practitioners, or specialists may participate in IHP meetings or consultation.

4. Equal opportunities

Our school 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.

The school 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 and any relevant healthcare professionals will be consulted.

We recognise that some medical conditions may amount to a disability under the Equality Act 2010. The school will make reasonable adjustments and ensure no pupil is discriminated against due to their medical condition.

5. Being notified that a child has a medical condition

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

Where possible, medical documentation (e.g. a diagnosis letter) should be obtained from parents or medical professionals to inform the assessment of whether an IHP is needed.

6. Individual healthcare plans (IHPs)

The headteacher / Head of School has overall responsibility for the development of IHPs for pupils with medical conditions.
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 when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.
Plans will be drawn up in partnership with the school, parents 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 become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.
The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Head of School and/or/with school SENDCos 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

- 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 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/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

Each IHP will include a review date, a version history, and the signatures of those involved (parents, relevant professionals, school) to ensure accountability. The school will maintain a central register of IHPs and ensure that all staff are briefed on applicable IHPs at the start of each term or when a plan is introduced / updated.

7. 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' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.
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 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.
Medicines will be returned to parents to arrange for safe disposal when no longer required.

All administrations of medicine, including those self-administered under supervision, will be recorded in the school's medical log immediately after administration, signed and dated by the member of staff supervising or administering the medication.

7.1 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.

7.2 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 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 so that an alternative option can be considered, if necessary.

Where a pupil is self-managing, regular checks should ensure adherence, and records should document any missed or refused doses. The school should have a process to follow up with the pupil / parent if self-management is not being reliably followed.

7.3 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
- 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 pupil, 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

These practices shall be explicitly prohibited in all circumstances and flagged to staff in training and induction materials.

8. 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.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Where possible, copies of the pupil's IHP and medical history should accompany the pupil to hospital. The staff member should also take a mobile phone, contact details for parents / carers, and know the quickest route / postcodes to hospital.

9. 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 the Head of School. 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.

Training should include updates on new medicines, changes in best practice, simulations of emergency events, and refresher sessions at least annually or more often if a pupil's condition changes.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents 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.

All changes to IHPs, medication, training, and incidents must be logged. The school should maintain a central register of pupils with medical conditions and circulate relevant summaries (not full medical detail) to staff to maintain awareness.

11. Liability and indemnity

The governing board 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:
The Moorland Federation's insurance arrangements are fulfilled through Somerset Council Legal Liabilities Insurances as they are all county maintained schools.
For further information regarding the terms of the liability or information regarding the policy please contact the school office.

The policy should specify that in cases of negligence, liability lies with the school's insurer rather than individual staff, provided staff acted in accordance with training, IHPs and policy.

12. Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Head of school and / or School SENDCo in the first instance. If the Head of school and / or SENDCo cannot resolve the matter, they will direct parents to the school's complaints procedure.

If unresolved, parents may also escalate to the governing board or, where relevant, the DfE or local ombudsman in accordance with statutory complaints routes.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

In addition, termly audits of IHPs, medical administration logs, training records, and incident outcomes should be conducted to identify trends or gaps in provision.

14. Links to other policies

This policy links to the following policies:

- SEND Policy
- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Also linked: Asthma / inhaler policy, Anaphylaxis / allergies policy, Medication Administration Policy, Educational Visits / Trips Policy, Emergency / First Aid Policy, Transport Policy, Physical Contact / Touch Policy, Promoting Positive Behaviour Policy, Online Safety Policy (where relevant to medical alerts), Care / Welfare / Pastoral Policies.

Summary of Updates (October 2025)

1. Added cross-references to Equality Act 2010, SEND Code of Practice and 2022 First Aid guidance.
2. Clarified transition and continuity expectations when pupils move year groups or schools.
3. Strengthened IHP accountability with version control and central register.
4. Expanded expectations for self-management, documentation and follow-up.
5. Added logging of missed doses and parent contact follow-up.
6. **Added clause that *all medicine administrations must be recorded, signed and dated in the medical log* (new addition — October 2025).**
7. Strengthened emergency procedures (copies of IHPs accompany child).
8. Added requirement for ongoing staff refresher training.
9. Clarified liability and insurance arrangements.
10. Added termly audit and policy cross-linking section.

Appendix 1: Being notified a child has a medical condition