Medical Conditions Policy

Responsibility for Review: School and college trust leader: estates
Date of Last Review: Aug 2026

Medical conditions policy: document provenance

Approver	Audit and Risk Committee
Date of approval	September 2026
Policy owner	School and college trust leader: estates
Policy authors	Estates centre of excellence Trust vice principal: SEND Director of SEND and safeguarding
Version	2.0
Date of next review	August 2028
Summary of changes in this review	Significant rewrite to update the policy throughout including but not limited to: • Additional detail on roles and responsibilities • Review in light of changing allergy guidance and the new allergy safety policy • Additional detail on how and when to create an IHP • New section detailing staff training • New section in relation to trips • New section in relation to medication management
Related policies and documents	• Health and safety • Allergy safety policy • Care and control of students • Child protection and safeguarding • Data protection • Health and safety • Intimate care • Student attendance • Special educational needs and disabilities • Intimate care Other documents: • Individual academy accessibility plans

Unless there are legislative or regulatory changes in the interim, the policy will be reviewed as per the review cycle. Should no substantive change be required at this point, the policy will move to the next review cycle.

Contents

1.0 Policy statement

1.1 Dixons Academies Trust (our trust) is committed to a fully inclusive environment, where all students with medical conditions are supported to thrive academically, socially and emotionally. Children with medical conditions have the same right to education as their peers and should be able to attend regularly and participate fully. We have a statutory responsibility to make arrangements to support students with medical and health conditions, and that these duties apply equally to learning inside and outside of the classroom.

1.2 Our trust recognises that some medical and health conditions can be complex, long term or lifelong, and also that some conditions can be life threatening or life limiting, and this means that support may need to be ongoing throughout the time a student is with us. Our trust also recognises the impact that having a medical or health condition may have on the student's learning, wellbeing and mental health, as well as that of their family, and that the support required may need to be beyond simply managing the medical or health condition itself in order for the student to be able to fully access their education. All students with allergies will be supported under the medical conditions policy and a separate allergy safety policy is required because of the specific risk posed by anaphylaxis which can be life threatening.

1.3 This policy sets out the arrangements for supporting children and young people with medical conditions to ensure they:

- have full access to education, including academy trips and physical education
- are safe, included, and supported
- can manage their health needs effectively
- experience no discrimination or barriers to participation
- have reasonable adjustments in place when necessary

2.0 Scope and purpose

2.1 The purpose of the document is to demonstrate our trust's commitment to providing a quality education for all students, including those with medical and health conditions, and to ensure that all staff understand their role in providing this.

2.2 This policy aims to protect the education of all students being affected by a medical or health condition and to support each academy to meet and exceed their statutory obligation. We are committed to removing barriers and providing appropriate, inclusive support for students with medical conditions through strong leadership and a proactive, solutions-focused approach. This includes working closely with students, families and relevant health professionals to develop a shared understanding of each student's needs and the wider impact of their condition on learning, wellbeing and participation.

2.3 Our trust recognises that medical conditions may be invisible, fluctuating or privately managed, and ensures that risks are effectively addressed while upholding each student's dignity and rights whilst understanding how medical needs may co-exist with other areas of vulnerability.

2.4 A whole-academy approach is promoted, where all staff contribute to supporting students consistently, alongside a culture that values diversity and actively prevents stigma or bullying. Policies and practices, including those relating to attendance and uniform, are responsive and sensitive to medical needs. The effectiveness of support is regularly reviewed and improved, with strategic oversight from leadership and trustees, supported by training and the use of meaningful data.

2.5 This policy applies to:

- all students with diagnosed medical conditions or those at the assessment phase who may not have a formal diagnosis or NHS issued care plan in place
- students with conditions requiring academy-led support arrangements
- both physical and mental health conditions
- fluctuating, long-term or conditions that may not be visible

2.6 The scope of this policy encompasses:

- all staff working within our trust including supply staff and volunteers
- any external provider who is responsible for students during academy activities including outsourced catering providers and wraparound care providers
- all academy organised activities including trips, residentials and enrichment activities

3.0 Roles and responsibilities

3.1 The academy will ensure students with medical conditions (including allergies) are both enabled and supported to attend as fully as possible, and to participate as fully as possible in all aspects of life in the academy, including trips and extracurricular activities, and the role played by all staff in doing so.

3.2 Trustees

3.3 Provide strategic guidance as required.

3.4 Strategically monitor and review any issues relating to medical incidents and the use of this policy.

3.5 Ensure that adequate resources are available.

3.6 Act as a critical friend in relation to related matters.

3.7 School and college trust leaders

3.8 Approve this policy for use across our trust.

3.9 Ensure statutory duties are met in relation to this policy and the management of medical conditions.

3.10 Where duties are breached ensure that appropriate action is taken to address any weaknesses in policy and procedure.

3.11 Oversee the review and monitoring of this policy.

3.12 Health and safety team

3.13 Provide guidance and support to academies in applying this policy.

3.14 Monitor the effectiveness of arrangements and compliance across our trust at a strategic level.

3.15 Review this policy when legislation or guidance changes or when learning from incidents requires it.

3.16 Principal

3.17 Ensure that all students are fully supported and able to access their entitlement to a quality education.

3.18 Ensure there is a named senior leader with responsibility for the ownership of the implementation of the medical conditions policy and allergy safety policy.

3.19 Ensure there is a named staff member with delegated responsibility for the day-to-day management of students with medical conditions and allergies, this person will be the academy medical lead. This responsibility may be delegated to the academy SENCO or the academy nurse or equivalent (for example, a healthcare assistant or first aid lead). In some cases, the responsibility may be delegated to a member of staff other than the ones suggested here – this is fine, as long as they are aware that they have this role and understand what it comprises.

3.20 Named senior leader for an individual academy

3.21 Oversee the implementation of the medical conditions policy and the allergy safety policy within their designated academy.

3.22 Ensure that all academy employees are aware of this policy and understand their role in its implementation.

3.23 Ensure that academy staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations. Ensure that training records are kept up to date.

3.24 Ensure that IHPs are in place as required.

3.25 Ensure that arrangements are in place to support students with medical conditions.

3.26 Ensure that students with medical conditions can access and are given the same opportunities at the academy as any other student.

3.27 Work with the local authority (LA), health professionals, commissioners and support services to ensure that students with medical conditions receive a full education.

3.28 Ensure that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.

3.29 Ensure that the focus is on the needs of each student.

3.30 Ensure that policies, plans, procedures and systems are properly and effectively implemented.

3.31 Ensure that the academy's procedure clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support students and sets out the procedures to be followed whenever an academy is notified that a student has a medical condition.

3.32 Ensure that the academy's procedure covers the role of individual healthcare plans, and who is responsible for their development, in supporting students at the academy with medical conditions.

3.33 Quality assure that IHPs are reviewed at least annually, or earlier if evidence is presented that the students' needs have changed.

3.34 Oversee related incident review and reporting.

3.35 Ensure medication storage and record keeping systems are safe and effective.

3.36 Delegated medical lead or person with delegated responsibility

3.37 Management of individual healthcare plans, including healthcare professional issued care plans, and related documents.

3.38 Ensure that IHPs are reviewed at least annually, or earlier if evidence is presented that the students' needs have changed.

3.39 Share student medical information with the relevant staff as appropriate.

3.40 Contact external medical professionals where a student with a medical condition requires support that has not yet been identified.

3.41 Work collaboratively with healthcare professionals, families and students.

3.42 Plan and monitor each student's access to education, including when they are not able to attend.

3.43 All employees

3.44 Be aware of and comply with the requirements of this policy and any individual role requirements.

3.45 Attend relevant training as required.

3.46 Be aware of and follow Individual Healthcare Plans (IHPs).

3.47 Act appropriately in emergencies and respond accordingly when they become aware that a student with a medical condition needs help.

3.48 Provide support to students with medical conditions, where requested.

3.49 Report any concerns, changes or incidents to the named senior leader.

3.50 Families

3.51 Notify the academy if their child has a medical condition and provide accurate and up to date medical information.

3.52 Update the academy on any changes or relevant information regarding medical needs or conditions.

3.53 Provide medication for their child where required which is in date, correctly labelled and in original packaging. Ensure medication is replaced before expiry dates.

3.54 Be involved in the development and review of their child's IHP.

3.55 Carry out any agreed actions contained in the IHP.

3.56 Ensure that they, or another nominated adult, are contactable at all times.

3.57 Students

3.58 Contribute to the development of their IHP, if they have one, where applicable.

3.59 Participate in decisions where appropriate.

3.60 Ensure their medication is not shared.

3.61 Follow agreed arrangements for self-management.

3.62 Report feeling unwell or any incident or emergency to a staff member immediately.

4.0 Legal and regulatory framework

4.1 This policy is developed in accordance with the following legislation:

- Keeping Children Safe in Education (KCSIE)
- Children and Families Act
- Equality Act
- Children Act
- Education Act
- Health and Safety at Work Act
- Children's Wellbeing and Academies Bill ("Benedict's Law") draft guidance (not yet statutory at the time of writing)
- SEND Code of Practice
- Working together to improve school attendance
- Arranging education for children who cannot attend school because of health needs

- Supporting children and young people with medical conditions and allergy
- Automated external defibrillators (AEDs)
- Guidance on the use of adrenaline auto-injectors in schools
- First aid in schools: a good practical guide
- Guidance on the use of emergency salbutamol inhalers in schools

5.0 Identification of medical needs

5.1 The academy will:

- collect information on medical conditions / student medical needs before or shortly after a student starts in one of our academies
- maintain a register of students with medical conditions
- gather information during the admissions process
- gain relevant information from previous settings during transitions
- review needs following diagnosis or changes
- ensure arrangements are in place before attendance starts where possible
- use existing healthcare plans as a starting point when students transition or start during the academic year
- liaise with families (and, where appropriate, the young person themselves) for information on medical conditions and their impact

5.2 When the academy is notified that a student has a medical condition, the person with delegated responsibility will be made aware without delay. They will then make contact with the family and any identified healthcare professionals in order to obtain a full picture of the student's needs, including social and emotional needs as well as educational, and use this to identify support that can be put in place.

5.3 The family (and, where appropriate, the young person themselves) should always be asked for information on medical conditions and their impact. Every effort will be made to ensure that arrangements are put in place as quickly as possible. Where a medical need (beyond a short course of medication) is identified, the academy will coordinate a meeting to discuss the student's medical support needs and identify academy staff who will provide support.

5.4 It is also acknowledged that any student may develop a medical or health condition, or require first aid or emergency support, and so procedures also take into consideration potential medical or health need that has not been pre-identified or brought to the academy's attention.

6.0 Individual healthcare plans (IHPs)

6.1 Wherever possible, a care plan will be obtained from the student's healthcare professional / team and will form the basis of their support and provision at their academy. Whenever this is not forthcoming, it is the responsibility of the person with delegated responsibility to liaise with the family and any healthcare professionals and expedite the process of providing one to the academy as soon as possible as ideally, it is this care plan that informs practice in relation to a student's medical needs.

6.2 Individual healthcare plans will be developed in consultation with the student and their families to document specific support arrangements, and how the effectiveness of the arrangements will be reviewed and (where necessary) amended.

6.3 IHPs will record what support is needed, how it will be delivered, when and by whom. They are particularly important where a student requires prescribed medication, allergy management or reasonable adjustments.

6.4 If a student requires any form of academy-based support for a medical condition, an IHP is expected. IHPs will be shared with relevant staff for them to understand their responsibilities and if necessary, they will be given further training to provide support.

6.5 The IHP should be reviewed at least annually and following any change in the student's needs, any incident, or at the request of any of the stakeholders involved.

6.6 Not all students with a health or medical condition will require an IHP and whether or not one is needed is dependent on if they require any academy-based support and this can be agreed between the academy, family and any involved healthcare professionals. When one of these stakeholders feels an IHP is needed, one should be put in place. This could be temporarily to cover a period of change or for monitoring purposes.

6.7 Appendix one provides a format for an Individual Healthcare Plan (IHP) that can be used in the following circumstances:

- if a student requires any form of academy-based support for a medical condition

- any student who needs medication administered in the academy
- any student with a known allergy requiring active management (with a clinical action plan attached)
- any student whose condition constitutes a disability and requires reasonable adjustments

6.8 Content of the IHP

- Outline of the student's condition, triggers, and symptoms.
- Required support and adjustments.
- Required medication and treatment.
- Emergency procedures.
- Specific roles and responsibilities.

6.9 When to develop an IHP

- Support arrangements are needed.
- Medication is required during academy hours.
- There is a risk of emergency intervention.
- Reasonable adjustments are required.

6.10 Development of the IHP

- Developed in collaboration with families, students and healthcare professionals.
- Created and owned by the academy.
- Shared with relevant employees and other professionals.

6.11 Review of the IHP

- Reviewed at least annually.
- Updated following incidents or changes.
- Adjusted as the student's needs evolve.

7.0 Training

7.1 All staff (whether teaching staff or associate staff) will be trained in awareness of medical conditions, how to respond to an emergency and allergy safety annually. This includes supply staff and wraparound providers. This will also be part of the induction process for new starters.

7.2 For students who have IHPs, relevant staff will be made aware of the arrangements and where necessary trained to provide the required support. Staff who are likely to be involved in supporting the student must know that they have an IHP and understand the arrangements it sets out, which they may be called upon to provide. Where a student has an IHP, it may identify specific training needs for staff who are likely to be involved in supporting the child or young person. In some cases, relevant healthcare professionals may provide advice on the type and level of training required, how this can be obtained and whether any assessment of competency is required. Staff who provide support to students with medical conditions should be included in meetings where this is discussed and developed.

7.3 Staff should receive suitable training to ensure:

- they can provide the necessary support safely (which may include giving prescription medicines or undertaking healthcare procedures in accordance with an individual healthcare plan)
- they understand any risks associated with providing support
- they can recognise symptoms of the medical condition, what can trigger them, appreciate their effects and know what preventative and emergency measures to take

7.4 The academy will ensure:

- all staff are aware of this policy
- induction includes medical needs awareness
- staff receive role-specific and annual training
- staff supporting students' IHPs receive competency-based training
- emergency response training is provided

7.5 Training records

7.6 Each academy must maintain an up-to-date record of all staff who have received:

- whole staff awareness training
- practical AAI administration training
- student specific training linked to IHPs

7.7 Records should be periodically checked by the designated named senior leader. The principal or our central trust health and safety team may also request to review these records as part of compliance checks.

8.0 Specific procedures

8.1 Adrenaline devices (ADs) including adrenaline auto-injectors (AAIs)

8.2 Students at risk of anaphylaxis are usually prescribed self-administered adrenaline for use in an emergency. Adrenaline devices (ADs) may be in the form of an adrenaline auto-injector (AAI) or a nasal adrenaline device. These may be devices such as EpiPens or Jext Pens.

8.3 The Medicines and Healthcare products Regulatory Agency (MHRA) recommends that people at risk of anaphylaxis always carry two devices with them. Students who are prescribed ADs, should have two in date ADs in the academy and always have rapid access.

8.4 Students (even at primary age) should be encouraged to keep their ADs with them in their school bags and also have access to them when travelling to or from the school, college or setting. If appropriate and after consultation with families, students may be competent to carry their ADs on their person.

8.5 A meeting between the academy, the student and families should precede the arrangement commencing, with clear agreement being made regarding level of supervision required, the importance of medications not being shared or left unattended, and ongoing monitoring and review of the arrangement. This agreement should form part of the allergy care plan and IHP for the student. Where the medication being carried presents potential risk to others, a risk assessment must be carried out.

8.6 If a student cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices should be stored at room temperature in an appropriate central location that is unlocked and accessible at all times along with a copy of the student's allergy care plan / IHP and instructions for administration. It is good practice for ADs to be stored with a photograph of the student. In a case of anaphylaxis, adrenaline should be administered within five minutes. If a student does not have their prescribed ADs with them, they should be close enough to hand that they can be used within five minutes. If necessary, "spare" ADs should be used instead.

8.7 Each academy will stock "spare" adrenaline devices for emergency situations, as per 'Guidance on the use of adrenaline auto-injectors in schools', published in September 2017. The Human Medicines (Amendment) Regulations 2017 permit schools in England to purchase "spare" AAI devices without a prescription for emergency use to treat anaphylaxis. Any ADs held by an academy in this way should be considered a "spare" device and not a replacement for a student's own AD. Students at risk of anaphylaxis should have their prescribed ADs with them at the academy for use in an emergency and should have access to both of their two prescribed ADs at all times.

8.8 Our trust health and safety team will check academy "spare" adrenaline devices as part of their compliance checks.

8.9 The academy "spare" ADs can be used in students who:

- have been prescribed ADs but whose own devices are not available (for example because they are broken, out of date, cannot be accessed or have misfired). These individuals should have documented medical authorisation and written parental consent for the use of a spare ADs in an emergency
- have food allergies and have been assessed as being at lower risk of anaphylaxis and therefore not prescribed their own ADs. Medical authorisation and parental consent must have been obtained.

8.10 **Asthma management**

8.11 Students with asthma should have access to their own reliever inhaler at all times in the academy to treat symptoms and for use in the event of an asthma attack. This may mean that inhalers are stored in a central location or that the student carries their own inhaler with them. Those able to self-manage should carry their inhaler; otherwise, it must be readily accessible. If stored in the academy, it should be in date and clearly labelled with the student's name. In some cases, inhalers may be prescribed before a formal diagnosis. Additional consideration should be given to managing asthma risks for students travelling long distances.

8.12 The Human Medicines (Amendment) (No. 2) Regulations 2014 permits schools to buy salbutamol inhalers, without a prescription, for use in emergencies as per 'Guidance on the use of emergency salbutamol inhalers in schools', published in 2014. The emergency salbutamol inhaler should only be used by students, for whom written parental consent for use of

the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

8.13 Our trust health and safety team will check academy spare salbutamol inhalers as part of their compliance checks.

8.14 Academies choosing to keep an emergency inhaler(s) will follow the protocol outlined below:

- Ensure arrangements are in place for the supply, storage, care, and disposal of the inhaler and spacers, including checking that they are in-date and in working order.
- Ensure families are aware they must inform school when their child has been diagnosed with asthma or prescribed a reliever inhaler.
- Secure written parental consent for use of the emergency inhaler, to be recorded on their Individual Healthcare Plan.
- Ensure that the emergency inhaler is only used by students with asthma with written parental consent for its use.
- Relevant staff are trained in the use of the emergency inhaler.
- A record is kept of use of the emergency inhaler and inform families that the student has used the emergency inhaler.

8.15 Defibrillators

8.16 The decision to install and maintain an automated external defibrillation (AED) device is at the discretion of each individual academy.

8.17 Guidance on how to purchase, install and maintain an AED can be found in 'Automated external defibrillators (AEDs): a guide for schools', issued in October 2019. Where a defibrillator is installed, the local NHS ambulance service should be informed of its location. Designated first-aid staff should be trained in CPR and the use of defibrillators.

8.18 Our trust health and safety team check academy defibrillators as part of their compliance checks.

8.19 First aid

8.20 It is the responsibility of each academy's senior leadership team to ensure that there are sufficient staff trained to deliver first aid, and that appropriate procedures are in place.

8.21 If a student needs to be taken to hospital, at least one member of staff will stay with them – including travelling with them to the hospital, either in an ambulance or transported by another member of staff with appropriate insurances – until a family member arrives. The decision as to whether or not to call an ambulance for a student should be made, wherever possible, by more than one member of staff and families should be involved in the process at the first available opportunity – in an emergency situation, this may not be prior to making the decision to dial 999 is made. The Trust Health and Safety team will check academy first aid kits as part of their compliance checks.

8.22 Emergency situations

8.23 All staff will be familiar with the school's procedures for providing immediate access to emergency medication, for contacting emergency services (999) when required and for ensuring students are transported to hospital by the safest and quickest means, as advised by emergency personnel (either by car or ambulance).

8.24 If a student requires hospital treatment, a member of staff will remain with them until a family member arrives, or will accompany them in the ambulance if necessary. Staff should not usually transport students in their own vehicles; however, in exceptional emergency situations, this may be appropriate if another staff member is present and the driver holds appropriate business insurance.

8.25 Where a student has an Individual Healthcare Plan, it will outline what constitutes an emergency and provide clear guidance on the actions to be taken, ensuring all relevant staff are aware of symptoms and procedures and have access to emergency medication.

8.26 Teachers and other staff working with students are expected to use their best endeavours at all times to secure the welfare of the students. This is particularly important in emergency situations. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

8.27 If a student experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis.

8.28 Where students have specific medical support needs requiring named members of staff to be trained and / or assessed as competent, the staff member should be available to support and covered during an emergency.

8.29 In some cases, a student with a medical or health condition may also require special consideration and support in order to

be able to evacuate the building in an emergency such as a fire. In these circumstances, a Personal Emergency Evacuation Plan (PEEP) should be in place alongside their IHP. This should include details of why the PEEP is required and how they will be supported and should be written collaboratively between the person with delegated responsibility for medical and health conditions, families and any involved healthcare professionals and, where appropriate, the student. These should be reviewed at least annually and following any change, incident or at the request of any stakeholders.

8.30 Incident management

8.31 All serious incidents and near misses involving a student, member of staff or visitor with a medical condition or allergy is recorded as soon as is feasible. A report should set out:

- 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

8.32 Following any medical or allergy-related incident, a written report will be completed and shared with the student's family or the individual involved. They will be given the opportunity to discuss the incident and contribute their views to any subsequent review of lessons learned. The report will also be shared with the named lead with responsibility for medical conditions and / or allergies, to consider any required changes to policy or practice.

8.33 The academy will ensure that learning from incidents is communicated appropriately to staff to reduce the likelihood of recurrence and to strengthen practice. Where necessary, reports will be shared with relevant external agencies in line with statutory requirements. This includes reporting allergen-related food safety incidents to the local authority where applicable, and reporting incidents that result in death or immediate hospitalisation arising from school activities to the Health and Safety Executive. The academy will comply fully all legal reporting obligations and use outcomes to continuously improve safety and wellbeing.

8.34 Where "near misses" occur involving a student with a medical condition (including allergy), the incident should be recorded. It should be reported to the student's family alongside any statutory reporting. Lessons should be learned from any "near miss", prompting a review of the relevant policies and arrangements. The student and their families will be involved in reviewing the arrangements in place, including the Individual Healthcare Plan, to ensure they remain appropriate, effective and robust.

8.35 Personal and intimate care

8.36 In some cases, a student with a medical or health condition may also require a level of personal or intimate care support to be provided, and an intimate care plan should be in place alongside their IHP. Please refer to the Intimate Care Policy for more detail.

8.37 **Physical handling needs**

8.38 In some cases, a student with a medical or health condition may also require a level of physical support in order to fully access their entitlement to a quality education. In these circumstances, a Physical Handling Plan (PHP) should be in place alongside their IHP. Please refer to the Care and Control of Students Policy for more detail.

8.39 Risk assessments

8.40 Whenever there is known risk associated with a student, including relating to a medical or health condition or disability, an individualised formal risk assessment should be considered. This can help the academy identify the level of potential risk present, make clear the support that is being made to mitigate that risk, and the level of risk that remains after provision is made.

8.41 The final decision as to whether or not a student requires a risk assessment to be in place is with the academy's principal, but the document should be written collaboratively between the person with delegated responsibility for medical and health conditions, families and any involved healthcare professional. Risk assessments should always be made known to the student's family and should be reviewed at least termly and following any change, incident, or at the request of any stakeholders.

9.0 Supporting students

9.1 Inclusion

9.2 Students with medical conditions will:

- participate fully in learning and activities

- be included in trips and extracurricular provision
- have reasonable adjustments applied when necessary

9.3 Attendance

9.4 The ambition for students with medical conditions to attend should be the same for all students, but those with medical conditions may need additional support and flexibility.

9.5 The academy will:

- maintain high expectations for attendance
- use flexible approaches where needed
- avoid penalising medically related absence

9.6 The academy will be mindful of students absent due to mental or physical ill health and will seek to understand the individual needs of the student and family. The academy will work together with families and agencies with the aim of ensuring regular attendance for every student. The academy will provide pastoral support with the aim of improving attendance while supporting the student's underlying health issue.

9.7 If a student is expected to be absent for more than 15 school days the academy will liaise with the Local Authority to ensure that the student receives as normal an education as possible while they are absent. A range of options can be made available including home teaching, a hospital school or teaching service, as well as work being provided by the academy.

9.8 The academy will do regular home visits to those students who cannot attend school for medical or health reasons, as per their usual home learning and alternative provision safeguarding arrangements. These visits are for both safeguarding purposes and to ensure that the student maintains a connection with the academy and staff.

9.9 Students will never be penalised if their absence from school is related to their medical or health condition, including attending hospital or other healthcare appointments. Wherever possible, families should keep medical appointments outside of the school day. The families of students with medical or health conditions should be made aware of the procedure for requesting leave of absence for their student in order to avoid penalty for non-attendance. An absence can be authorised for these purposes as well as for occasions the student is too ill to attend school if the academy is notified as soon as possible.

9.10 In a minority of cases, the academy may seek medical evidence to understand the needs of the student, identify the most suitable provision, and or make reasonable adjustments.

9.11 Self-management

9.12 Where appropriate, students will:

- be encouraged to manage their own condition
- have access to medication at all times
- be supported according to their capability

10.0 Medication management

10.1 The academy will ensure that medication is managed safely, including appropriate storage, administration, and disposal procedures. Wherever clinically possible, medicines (including controlled drugs) should be prescribed in a way that allows them to be taken outside of academy hours. Medication will only be administered within the academy where it is essential for a student's health or where failure to do so would impact their attendance.

10.2 The academy will not prevent students from taking prescribed or non-prescribed medication. However, no student under the age of 16 will be given medication without written consent from a parent or person with parental responsibility, except in exceptional circumstances where medication has been prescribed without parental knowledge. Medicines containing aspirin must never be administered to students under 16 unless prescribed by a doctor. The only exception when aspirin can be used as first aid is to a casualty with a suspected heart attack for those 16 and over. Before administering any medication, staff will check the maximum dosage and when the previous dose was taken, and parents will be informed accordingly.

10.3 Arrangements for administering medication may be detailed within an individual healthcare plan (IHP), which may identify named members of staff responsible for providing support. While any member of staff may volunteer to administer medication or assist a student, they cannot be required to do so. Where staff are identified to support with medication, they will receive appropriate training, and this responsibility will be reflected in their role and job description to ensure it is undertaken safely and competently.

10.4 Academies must keep a written record of all medicines administered to individual students, stating who administered the medication, at what time and how much was given. If appropriate and after consultation with families, students are allowed

to carry and administer their own medication. A meeting between the academy, the student and a family member should precede the arrangement commencing, with clear agreement being made regarding level of supervision required, the importance of medications not being shared or left unattended, and ongoing monitoring and review of the arrangement. Where the medication being carried presents potential risk to others, a risk assessment must be carried out.

10.5 Non-prescription medication

10.6 Non-prescription or over-the-counter medicines may be administered by a member of staff or self-administered by the student, provided that written parental consent has been obtained in advance. Any member of staff may be asked to support students with the administration of medicines; however, staff cannot be required to undertake this role. Where staff do agree to provide such support, it should be carried out in line with academy procedures to ensure the safe and appropriate use of medication.

10.7 Students should not bring any non-prescription or over the counter medicines on site unless written parental consent has been obtained in advance.

10.8 Controlled drugs

10.9 The school may administer controlled drugs where they have been prescribed to a student, in line with Regulations 7(1) and 7(3) of the Misuse of Drugs Regulations 2001. These medicines will only be administered in accordance with the prescriber's instructions, where it is necessary during the academy day or related activities, including home-to-academy transport where appropriate. As these drugs are prescribed specifically for the student's needs within the education setting, there are no additional storage requirements under the Misuse of Drugs (Safe Custody) Regulations 1973; however, the academy will ensure that they are stored securely and handled safely in accordance with good practice.

10.10 Storage of medication

10.11 The academy will ensure that all medication is stored safely and in accordance with the manufacturer's instructions, including requirements for room temperature or refrigeration where necessary. Students will be informed of where their medication is kept and must be able to access it promptly, including when off-site on visits or trips. Where appropriate, and where agreed by a healthcare professional, students may carry their own medication for self-administration, such as inhalers, insulin pumps or other essential treatments.

10.12 Emergency medication, including adrenaline auto-injectors, asthma inhalers, blood glucose monitoring equipment and emergency epilepsy medication, will be readily available at all times and must never be locked away. Clear procedures will be in place for the safe disposal of any medicines. The school will only accept prescribed medication that is in date, clearly labelled, provided in the original container as dispensed by a pharmacist, and includes instructions for dosage and storage. Insulin is an exception to this requirement, as it may be provided in an insulin pen or pump, but must still be in date.

10.13 Disposal of medication

10.14 The academy will ensure that all medicines and associated products (including needles, injectors and inhalers) are disposed of safely and in line with relevant legislation, including the Controlled Waste Regulations (England and Wales) 2012, the Environmental Protection Act 1990, the Hazardous Waste Regulations 2005, and the Misuse of Drugs Regulations 2001. Medicines will be separated from other waste to ensure appropriate handling and to minimise risks to public health and the environment.

10.15 Over-the-counter medicines should normally be returned to a pharmacy for safe disposal, while prescription medicines must be disposed of through licensed facilities. Controlled drugs will be disposed of in accordance with regulations to ensure they are rendered irretrievable and cannot be misused. Specific items such as adrenaline auto-injectors should be disposed of in line with manufacturer guidance, including transfer to paramedics, return to a pharmacy, or placement in an approved sharps container for collection. Used or expired asthma inhalers should also be returned to a pharmacy where possible.

10.16 Medicines awaiting disposal will be stored securely in a tamper-proof container until they can be collected or returned. The school will meet its duty of care by ensuring waste is managed, transported and disposed of safely, and will maintain appropriate registration as a lower-tier waste carrier where required.

11.0 Educational visits and extended provision

11.1 The academy will make appropriate arrangements and reasonable adjustments to ensure that students with medical conditions are able to participate fully, safely and inclusively in educational visits, trips and extracurricular activities. A thorough risk assessment will be carried out for all activities, taking into account the specific needs of the student, and will involve consultation with families, the student and relevant healthcare professionals where appropriate.

11.2 Staff will be informed of how a student's medical condition may impact their participation and will ensure that any necessary support, equipment and medication are available at all times, including during off-site activities. The academy will ensure sufficient flexibility to enable participation in line with individual abilities and will make reasonable adjustments unless clear clinical evidence indicates that participation is not possible.

11.3 For early years provision, at least one member of staff with a current paediatric first aid qualification will accompany

students on all outings. The academy expects that all students will be included in activities wherever possible, with planning focused on enabling safe participation rather than restricting access.

12.0 Wellbeing and safeguarding

12.1 Promotion of wellbeing

12.2 Our trust recognises students with medical conditions are at greater risk of experiencing poor mental wellbeing, including anxiety, social isolation and potential bullying. The academy will take a proactive approach to supporting their welfare by promoting inclusion, understanding and positive peer relationships. Measures will be in place to prevent and respond to bullying related to medical conditions, including allergies, in line with the school's behaviour and anti-bullying policies.

12.3 Support for wellbeing will be tailored to the age, needs and circumstances of the individual, taking account of the nature and severity of their condition, including those with life-limiting or progressive conditions. The academy will work in partnership with students and their families to develop and review appropriate support arrangements, ensuring that their views are central to decision-making. Where appropriate, support will also be extended to siblings and close peers to promote a supportive and inclusive school environment.

12.4 Safeguarding

12.5 Keeping Children Safe in Education (KCSIE) recognises that having health needs, including mental health needs, as well as frequent absence from education are both additional risk factors for children in relation to their safety from abuse and neglect. Our trust understands the importance of early help, including the support available within our academies as well as from the local authority and community services, in preventing harm from occurring and that students with pre-existing vulnerabilities such as these should be considered for this intervention at the very first signs of concern.

12.6 In addition, our trust recognises that students with medical and health conditions may be more vulnerable to forms child-on-child abuse such as bullying, and is committed to combatting this through:

- having a fully trained DSL and wider safeguarding team in each academy
- annual safeguarding training for all staff
- developing and maintaining a culture of safeguarding, including ensuring students feel confident to report child on child abuse, in each academy
- having a range of support available, including referral to outside agencies where needed, for both the victim and perpetrator of any incidence of child on child abuse

12.7 Our trust will follow our child protection and safeguarding policy where required, for example if there is a need to refer to statutory services for any concern about medical abuse or medical neglect.

13.0 Working with stakeholders

13.1 Working with healthcare professionals

13.2 Wherever possible, a care plan will be obtained from the student's healthcare professional / team and will form the basis of their support and provision at their academy. Whenever this is not forthcoming, it is the responsibility of the person with delegated responsibility to liaise with the family and any healthcare professionals and expedite the process of providing one to the school as soon as possible as ideally, it is this care plan that informs practice in relation to a student's medical needs.

13.3 The advice and guidance of healthcare professionals will always be taken into account and used to inform practice within the academies. When there are named healthcare professionals involved in a student's care, or a specific team that supports on an ongoing basis, the person with delegated responsibility for medical and health conditions will strive to build a relationship wherever possible. The academies will always aim to accommodate healthcare professional's offers of training, requests to see a student in school, advice and guidance provided, and requests for information.

13.4 Working with families

13.5 Families are key partners in understanding and supporting the needs of a student with a medical or health condition and so should always be involved in the development and review of their child's IHP and related documents where needed. It is often the case that there are additional pressures and responsibilities placed on the families of a student with medical or health conditions and so the academy will aim to support them to meet those requirements wherever possible. This may include referral to other agencies, including early help support, in some circumstances.

13.6 Working with students

13.7 The students themselves are often best placed to provide information about how their condition affects them and how they should be supported. The student should be fully involved in discussions about their medical or health support needs and, wherever possible, in the development and review of their IHP and related documents where needed.

14.0 Equality and accessibility

14.1 Our trust will fulfil its duties under the Equality Act 2010 by making reasonable adjustments to support students with disabilities, taking into account individual circumstances, available resources, cost, effectiveness and practicality. Decisions will consider the impact of the disability, health and safety requirements, and the needs of all students.

14.2 Our trust will not discriminate and will promote equality, inclusion and positive relationships, ensuring access to education, facilities and services.

14.3 An accessibility plan will be in place and regularly reviewed to improve access to the curriculum, the physical environment and information.

14.4 Risk assessments will be proportionate, individualised and ongoing, ensuring that risks are managed effectively without unnecessarily limiting participation.

14.5 The academy will:

- make reasonable adjustments when required
- ensure equitable access to education
- maintain accessibility plans

15.0 Monitoring and review

15.1 This policy will be reviewed every two years and will be approved by school and college trust leaders.

Appendix 1: Example Individual Healthcare Plan (IHP)

Name of student	Enter here.	**Class**	Enter here.	**Year**	Enter here.
Date of plan	Enter here.	**Written by**		Enter here.	

Medical need	Enter here.

EHCP	☐	**Personal Emergency Evacuation Plan**	☐
EHCP referral	☐	**Physical Handling Plan**	☐
SENK	☐	**Social Worker allocated**	☐
SEN Need type	Enter here.	**Personal / intimate care plan**	☐
Medication kept on site	☐	**Risk assessment**	☐

What needs to be in place? E.g. staff training, facilities, routines? Enter here.

Known triggers. What do all staff need to be aware poses a medical risk to this student?
Enter here.

Signs / symptoms. What are the indications that a medical emergency is occurring? Enter here.

Immediate response. What should be done straight away in response to a medical emergency? Enter here.

After the incident. What needs to happen after the immediate risk has been managed? Enter here.

Review	Enter here.	**Date of review**	Date

Signatures

Academy staff		Date
Parent / carer		Date
Student (if appropriate)		Date

Appendix 2: Example medication agreement and checklist

Name of student	Enter here.	**Class**	Enter here.	**Year**	Enter here.
Date of agreement	Enter here.	**Written by**		Enter here.	

Medication Details

Name of medication	Enter here.
Expiration date	Date
Start date for administration	Date
End date for administration	Date
Dosage (frequency / time)	Enter here.
Dosage (method)	Enter here.
Storage instructions	Enter here.
Side effects / risks	Enter here.
Emergency plan	Enter here.

Medication Checklist

☐	Medication is in original packaging
☐	Pharmacy label stating name / DOB of student
☐	Medication is in date
☐	Dosage instructions match pharmacy label
☐	Storage and administration requirements can be met
☐	Parent / carer signed consent (below)

The above information is, to the best of my knowledge, accurate, at the time of writing and I give consent to the academy to administer the medication in accordance with the Medical Needs policy.

I will inform the academy immediately if there are any changes to the above agreement and / or if the medication needs to be stopped.

Academy staff		Date
Parent / carer		Date
Student (if appropriate)		Date