Special Partnership Trust

MEDICAL CONDITIONS

Date Last Reviewed: May 2026
Review Date: May 2027

1. Aims

At The Special Partnership Trust, we recognise that medical conditions requiring support within the school environment can impact a pupil's quality of life and, in some cases, may be life-threatening. The Trust is committed to ensuring that pupils with medical conditions are fully supported to access education, including participation in school trips and physical education.

This policy aims to ensure that pupils, staff and parents/carers understand how the school will support pupils with medical conditions. It sets out the roles and responsibilities of all members of the school community and outlines the procedures for creating, reviewing and managing Individual Healthcare Plans (IHPs). The policy also details how medicines will be managed within the school and provides reassurance to parents/carers that their child will be supported to feel safe, included and able to fully participate in school life.

This policy is aligned with the system-wide Medical Needs in Schools Memorandum of Understanding (MOU), which sets out the partnership arrangements between education, NHS providers and the local authority for supporting children with medical needs in school settings.

The headteacher is responsible for implementing this policy in each school.

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 statutory guidance on supporting pupils with medical conditions at school and the Early Years Foundation Stage (EYFS) statutory framework from the Department for Education (DfE). This policy also complies with our funding agreement and articles of association.

3. Roles and Responsibilities

3.1 The Trust Board

The Trust Board has ultimate responsibility for making arrangements to support pupils with medical conditions and will review this policy in a timely

manner, in line with the relevant legislation and requirements, make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition and monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy.

The Trust Board delegates the day-to-day implementation of this policy to the headteacher of each school.

3.2 The Headteacher

The headteacher will ensure that all staff are aware of this policy and understand their role in its implementation. They will ensure that there is a sufficient number of trained staff available to implement this policy and to deliver against all IHPs, including in contingency and emergency situations. The headteacher will ensure that all staff who need to know are aware of a child's condition and will take overall responsibility for the development and monitoring of IHP's.

They will also ensure that school staff are appropriately insured and aware that they are insured to support pupils with medical needs. Arrangements for staff cover in the event of absence or turnover will be managed to ensure that a suitably trained member of staff is always available, and that supply staff are appropriately briefed about pupils' medical needs. The headteacher will approve risk assessments for school visits and activities outside the normal school timetable where these involve pupils with medical conditions.

In addition, the headteacher will contact school nursing services where a pupil has a medical condition that may require support at school but has not yet been brought to the attention of the school nurse. They will ensure that systems are in place for obtaining and maintaining up-to-date information about a child's medical needs. In schools within the EYFS, this includes implementing systems for obtaining information about a child's need for medicines and ensuring this information remains current.

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.

3.4 Parents/Carers

Parents/carers will provide the school with sufficient and up-to-date information regarding their child's medical needs. They will supply evidence of appropriate prescriptions and provide written permission for any medicines to be administered by school staff. Parents/carers will be involved in the development and review of their child's IHP and may contribute to its drafting. They will also carry out any actions they have agreed to as part of the implementation of the IHP, including the provision of medicines and equipment, and will ensure that they, or another nominated adult, are contactable at all times.

3.5 Pupils

Wherever possible, pupils with medical conditions will be supported 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.

3.6 School Nurses and other healthcare professionals

The schools nursing service and/or other health services will notify the school when a pupil has been identified as having a medical condition that will require support in school. All pupils in Special Partnership Trust schools have EHCPs which should clearly outline medical/health needs. The EHCP information, along with engagement with health services should support staff to develop and implement a child's IHP. Healthcare professionals, such as GPs and paediatricians, will liaise with school nursing teams and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

The roles of NHS providers, including responsibility for care planning, training and clinical advice, are further defined within the MOU (Section 5: Roles and Responsibilities).

4. Equal opportunities

The Trust will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our Trust 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 schools 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/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When a school is notified that a pupil has a medical condition, the process outlined in Appendix 1 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 the school.

5.1 EYFS settings: Obtaining information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine, and a system for keeping this information up to date *(see section 10 of this policy)*.

The school will ensure that, for all new starters, parents/carers are asked to provide details of any required medicines using MediTracker. Where a pupil has a new diagnosis or joins the school mid-term, relevant medical information will be obtained prior to the pupil starting, and appropriate health arrangements will be agreed with parents/carers before admission. MediTracker will be used to prompt and remind parents/carers to review and

update their child's health information. Parents/carers are expected to proactively inform the school of any changes to their child's medical needs during the school year, either by contacting the school directly by telephone or by updating information via MediTracker.

Identification and escalation processes may include multi-disciplinary review in partnership with NHS teams in line with the MOU risk management framework.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. These plans will be reviewed at least annually, or sooner where there is evidence that a pupil's needs have changed. All plans will be developed with the pupil's best interests in mind and will clearly set out what support is required, when this support should be provided, and by whom.

The Trust acknowledges that children with health conditions, including certain allergies, may not always require an IHP. However, the Trust has determined that all children identified as having allergies will be provided with an IHP. This approach reflects the potential complexity associated with allergy management and ensures a consistent approach to identification, planning, communication and the safe management of individual needs across all settings.

For children with complex or multiple conditions, IHPs should be informed by NHS condition-specific care plans and multi-agency working in line with the MOU (Section 8: Individual Healthcare Planning).

Where care involves delegated clinical procedures or complex interventions, this must reflect training, delegation and competency arrangements set out in the MOU (Section 4: Training and Delegation).

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nursing service, specialist or paediatrician, who can best advice 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 special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail included within each IHP will depend on the complexity of the pupil's condition and the level of support required. When determining the information to be recorded within a plan, the trustees and the headteacher will consider the nature of the medical condition, including its triggers, signs, symptoms and treatments. They will also take into account the pupil's resulting needs, including medication requirements (such as dosage, side effects and storage), any additional treatments, and any requirements relating to time, facilities, equipment or testing. Consideration will also be given to access to food and drink where this forms part of managing the condition, dietary requirements, and any relevant environmental factors, such as crowded corridors or travel time between lessons.

In addition, plans will include specific support for the pupil's educational, social and emotional needs, such as the management of absences, requirements for additional time in examinations, the use of rest periods, support to catch up with learning and access to counselling where appropriate. The level of support required, including in emergency situations, will be clearly set out. Where a pupil is able to self-manage their medication, this will be clearly stated alongside appropriate arrangements for monitoring.

The plan will also specify who will provide support, including details of any training required, expectations of the role, and confirmation of competency from a relevant healthcare professional, as well as arrangements for cover in the event of staff absence. It will identify which members of staff need to be aware of the pupil's condition and the support required and will include arrangements for obtaining written permission from parents/carers and the headteacher for medication to be administered by staff or self-administered during school hours.

Where necessary, separate arrangements will be outlined for school visits and activities outside of the normal timetable to ensure the pupil can participate fully, including the completion of appropriate risk assessments. The plan will also address any confidentiality considerations raised by the parent/carer or pupil, identifying those who may have access to sensitive information. Finally, it will clearly set out procedures to be followed in the event of an emergency, including who to contact and any contingency arrangements.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school where it would be detrimental to a pupil's health or school attendance not to do so, and where the school has received written consent from parents/carers via MediTracker. Any medicine administered will be recorded on MediTracker by the member of staff responsible, and parents/carers will be informed on the same day, or as soon as reasonably practicable.

Pupils under the age of 16 will not be given medicines containing aspirin unless this has been prescribed by a doctor. Staff administering medication will always check the recommended and maximum dosage for the pupil's age, as well as when any previous dose was given. The school will only accept prescribed medicines that are in date, clearly labelled, provided in the original container as dispensed by a pharmacist, and accompanied by instructions for administration, dosage and storage. Insulin may be accepted in an insulin pen or pump rather than its original container, provided it is in date.

All medicines will be stored safely, with staff aware of their location at all times and able to access them immediately. Medicines and medical devices, such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors, will be readily available and will not be locked away. Pupils will be informed of and involved in these arrangements wherever appropriate. Medicines that are no longer required will be returned to parents/carers for safe disposal.

Medicines management procedures align with system-wide expectations set out in the MOU *(Section 7: Medicines management*), including the use of NHS-led care plans, training provision and governance arrangements.

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.

All controlled drugs are kept in a secure cupboard 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 on MediTracker.

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/carers, and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices if possible, following a careful risk assessment, and in full consultation with parents/carers. Decisions regarding self-management of medication should take account of clinical advice and risk assessment in line with NHS guidance provided through the MOU partnership arrangement. IHPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

7.3 Unacceptable practice

While staff will exercise professional judgement and consider each case on its individual merits, with reference to the pupil's IHP, they will be mindful that certain practices are not generally acceptable. These include preventing pupils from accessing their inhalers or medication, or from administering it when and where necessary; assuming that all pupils with the same condition require identical treatment; and disregarding the views of the pupil or their parents/carers, or relevant medical advice or evidence.

It is also not acceptable to send pupils with medical conditions home frequently for reasons related to their condition, or to prevent their participation in normal school activities, including lunch, unless this is explicitly stated within their IHP. Pupils should not be sent to the school office or medical room unaccompanied or accompanied by someone unsuitable. In addition, pupils must not be penalised for absences related to their medical condition, such as hospital appointments.

Staff must not prevent pupils from drinking, eating, or taking toilet or other breaks where these are required to manage their condition effectively. Parents/carers should not be required, or made to feel obliged, to attend school to administer medication or provide medical support, including in relation to toileting needs. The school will ensure that pupils are not prevented from participating in any aspect of school life, including trips and visits, nor should unnecessary barriers be created, such as requiring parents/carers to accompany their child. Finally, medication must not be

administered, nor should pupils be asked to administer medication, in school toilets.

8. Emergency procedures

Staff will follow the school's 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/carer arrives or accompany the pupil to hospital by ambulance.

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.

Training provision, competency assessment and clinical delegation responsibilities are delivered in partnership with NHS providers in line with the MOU *(Section 4: Training and delegation)*, with schools responsible for ensuring staff participation and compliance.

Relevant healthcare professionals will lead in identifying the type and level of training required and will agree this with the Trust and/or headteacher. Training will be kept up to date to ensure ongoing competence. It will be sufficient to ensure that staff are confident and capable in supporting pupils with medical needs, fulfil the requirements set out in IHPs, and provide staff with a clear understanding of the specific medical conditions they are supporting, including their implications and any preventative measures.

Healthcare professionals will provide confirmation of staff competency in carrying out medical procedures or administering medication where required. In addition, all staff will receive appropriate training to ensure they are aware of this policy and understand their role in its implementation. This will include awareness of preventative and emergency procedures so that staff can recognise issues and respond promptly. Such training will be provided as part of the induction process for new staff.

10. Record keeping

The Trust Board will ensure that written records/digital records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school. IHPs are kept in a readily accessible place that all staff are aware of.

10.1 EYFS settings: Recording information about medicines

The school will ensure that each pupil's medical needs are recorded within the school's system and that records are updated promptly when parents/carers inform the school of any changes. A clear record of all updates will be maintained, with the most recent information clearly identified for each pupil. The school will ensure that all relevant staff have appropriate access to these records so that they are fully informed about pupils' medical needs. All information will be stored securely in digital form in accordance with the UK General Data Protection Regulation (UK GDPR). Parents/carers will be informed about how they can access their child's information, subject to any relevant exemptions under the Data Protection Act 2018.

Information sharing and record keeping will comply with the information governance expectations set out in the MOU, including alignment with NHS and data protection requirements.

11. Liability and indemnity

The Trust Board will ensure that an appropriate level of insurance is in place, which reflects the level of risk associated with supporting pupils with medical conditions. The Trust will also maintain membership of the Department for Education's Risk Protection Arrangement (RPA).

12. Complaints

Parents/carers with a complaint about the school's actions regarding 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 school's complaints procedure.

13. Monitoring arrangements

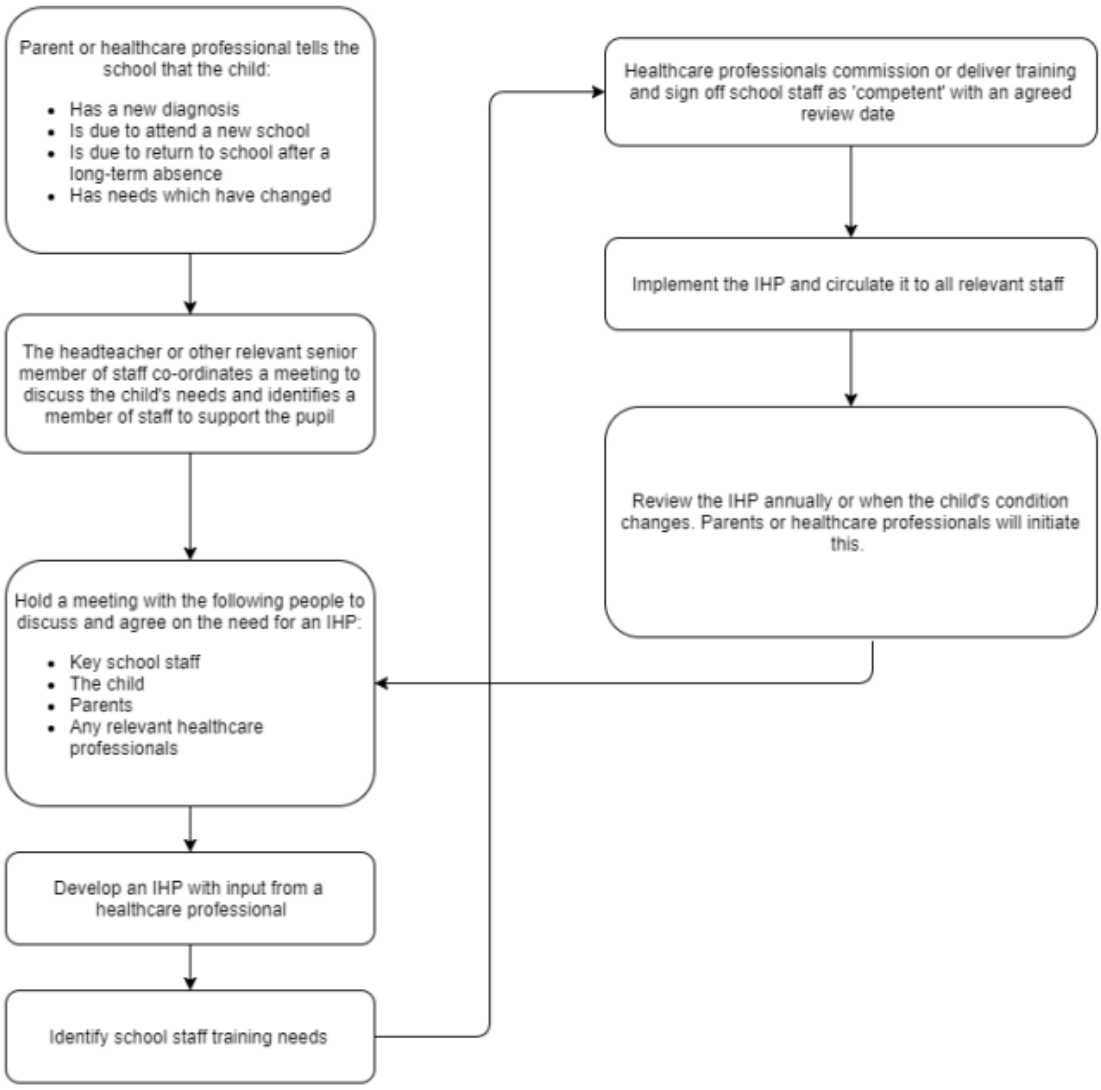
This policy will be monitored by the headteacher/Trust health and safety lead and will be reviewed and approved by the governing board annually.

This policy will be reviewed in line with the annual review of the Medical Needs in Schools MOU and any system-wide developments in integrated healthcare delivery.

14. Links to other policies

This policy should be read in conjunction with other relevant Trust policies, including the Accessibility Plan, Complaints Policy, Equality Information and Objectives, First Aid Policy, Health and Safety Policy, Safeguarding Policy, and the Special Educational Needs Information Report and Policy. For schools with an EYFS provision, this also includes the procedure for preventing the spread of infection where this is not already covered in Appendix 2.

Appendix 1: Being notified a child has a medical condition – IN SPT SETTINGS THIS WILL INLCUDE THE EDUCATION HEALTH CARE PLAN AND THE ADMISSIONS PROCESS.



Appendix 2: Procedures for children who are sick or infectious

Pupils with an infectious disease should not attend school or nursery. Parents/carers are expected to inform the school if their child has an infectious condition. If a pupil becomes unwell during the school day, for example presenting with a temperature, sickness, diarrhoea or stomach pains, parents/carers will be contacted and asked to collect their child. Pupils experiencing these symptoms should not return to school or nursery while they remain unwell, and, depending on the nature of the illness, staff may request that parents/carers seek medical advice before the pupil returns. Where there is a risk to other pupils, the school will inform parents/carers accordingly. Children diagnosed with specific infectious diseases identified within the UK Health Security Agency's exclusion table will not be permitted to return until the recommended exclusion period has elapsed.

The school will take appropriate steps to prevent the spread of infection, including promoting high standards of hygiene and effective handwashing practices, encouraging healthy eating, and ensuring compliance with regulated food hygiene standards in the maintenance of food preparation areas and the preparation of food. The school will also promote awareness among staff, parents/carers and pupils of the importance of immunisation as a means of preventing infection, while recognising individual choice.