Trust in Learning
Trust in Success

TRUST IN LEARNING (ACADEMIES)

Supporting Pupils with Medical Needs Policy

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Approval By: Director of Education	Lead: Director of SEND, Safeguarding and Inclusion	Review date: Autumn 2026
As part of the review process, this policy/procedure has been subject to an Equality Impact Assessment.		

History of Policy Changes:

Date	Page	Change	Reason for Change
September 2025		New policy	New over-arching policy for the Trust

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1. Statement of Intent

This document sets out the policy for Supporting Pupils with Medical Needs within Trust in Learning Academies (the Trust). All schools in the Trust are committed to ensuring all pupils are supported effectively and appropriately in relation to their medical needs.

The policy has been developed and implemented in reference to section 100 of the Children and Families Act 2014, which contains the statutory guidance for supporting pupils at schools with medical conditions. The Trust is an inclusive community that welcomes and supports pupils with medical conditions and endeavours to provide the same opportunities to pupils with medical needs as to all others.

2. Values and Principles

This Trust Policy is set out with the following principles at its core:

- Inclusivity: Every school within the Trust values and supports all children, including those with medical needs
- Equity in access: All pupils should be able to access the full curriculum, with the necessary support
- Collaboration: We work with families and communities to support each child
- Compassion & Empathy: We recognise the impact medical conditions can have on a child's wellbeing and learning
- Dignity: All pupils should be treated with respect, ensuring their privacy and dignity are always maintained

Trust in Learning Academies is a family of schools each with a distinctive identity, collaborating to strengthen and support each other. We deliver high quality education with evidence-informed approaches to teaching, learning and the curriculum. Inclusion is at the heart of all we do. We actively listen to the voices of our pupils, staff and communities. Every school makes deliberate choices to be sustainable and globally focused.

The Trust vision is to:

- Inspire pupils to trust in learning and achieve their full potential
- To empower pupils to have confidence in their successes to make a positive contribution to the world
- To remove barriers to learning and help transform the lives of our pupils

Any data collected, stored or managed as a result of this policy is in accordance with UK and any relevant retained or assimilated EU law, and in line with the Trust's ethos and values.

This Policy has been framed in accordance with the guidance on best practice from the Department for Education (DfE).

3. Objectives and Scope

3.1 Objectives

The specific aims of this policy are to:

- Ensure all staff understand their duties and responsibilities towards children with medical needs
- Clarify the potential life-saving impact of correct use of prescribed medications
- Ensure pupils, staff and families understand how the Trust will support pupils with medical conditions
- Outline how children with medical needs will be properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- Ensure children with medical needs are properly supported so that they can have a full and active role in school life, remain healthy and achieve their potential

3.2 Scope

This policy applies to:

- All pupils within Trust in Learning (Academies)
- All staff

This policy has due regard to legislation and statutory guidance, including but not limited to, the following:

- Children and Families Act (2014): Section 100
- Control of Substances Hazardous to Health Regulations (2002): The Control of Substances Hazardous to Health Regulations 2002
- DfE (2015): Supporting Pupils at School with Medical Conditions.
- DfE (2025): Keeping Children Safe in Education 2025 (KCSIE)
- Diabetes UK: Diabetes in Schools | Diabetes UK
- Education Act (2002): Education Act 2002
- Equality Act (2010): Equality Act 2010
- NHS (2024): Is my child too ill for school? - NHS
- The Misue of Drugs Regulations (2001): The Misuse of Drugs Regulations 2001
- UK Government (2015): What to do if you're worried a child is being abused - advice for practitioners

This policy will be implemented in conjunction with the following Trust policies:

- Attendance Policy
- Behaviour Policy
- Educational Visits Policy
- Equalities Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- SEND and Inclusion Policy

4. Responsibilities and Accountabilities

4.1 Responsibilities of the Trust Central Team

- Ensure that the policy, as written, does not discriminate on any grounds, including, but not limited to, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation
- Ensure the policy is well communicated to all Headteachers
- Ensure that the policy is regularly reviewed

4.2 Responsibilities of the Headteacher

- Ensure the implementation of and compliance with current policy and procedures at school level
- Monitor systems, resources, impact and actions related to the policy
- Ensure the policy is well communicated and staff understand their role in its implementation
- Handle any complaints at school level which arise through this policy
- Make sure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Amend the school's medical needs procedures (separate to this policy)
- Ensure risk assessments have been carried out for children with medical needs for school visits, holidays, and other school activities outside of the normal timetable

4.3 Responsibilities of school leadership

- Ensure staff are inducted into the procedures surrounding this policy and any updates
- Provide training to ensure policy compliance
- Hold sessions for parents/carers and pupils as required, to ensure the policy is understood
- Ensure the correct staff members are trained in first aid and/or the administration of medicines and that their qualifications remain up to date

4.4 Responsibilities of all staff

- Uphold the whole school approach to the policy through modelling expected standards and utilising appropriate procedures
- Keep up to date with policy changes over time
- Promote a collaborative and inclusive ethos where all pupils can thrive
- Feedback to school leaders where concerns may arise in the implementation of the policy
- Consider the medical needs of pupils when teaching and know how to respond accordingly if they become aware that a child with a medical condition needs help.
- Be aware of the potential triggers, signs, and symptoms of common medical conditions
- Know what to do in an emergency
- Follow safeguarding procedures in line with our Safeguarding Policy and contact the DSL if required

4.5 Responsibilities of parents/carers

- Support the implementation of the policy with their child, as appropriate
- Where a parent/carer has feedback on the implementation of the policy, to raise this directly with the school while continuing to work in partnership with the school
- Provide the school with sufficient and up to date information about their child's medical needs

- Be involved with the development and review of their child's Individual Healthcare Plan (IHP)/Medical Care Plan (MCP)[1] and may be involved in its drafting

4.6 Responsibilities of pupils

- Uphold school rules and expectations and thereby comply with the implementation of the policy
- Feedback on the implementation of the policy through appropriate means, such as school council, to school staff
- Be fully involved, where able, in discussions about their medical support needs and contribute as much as possible to the development of their IHP
- To comply with their IHP

4.7 Responsibilities of first aiders

- Keep first aid training up to date
- Keep a record of those staff who have agreed to support pupils with medical needs and administer medication and who has been trained
- Have arrangements in place for dealing with emergency situations
- Gather sufficient information and disseminate it to the appropriate staff, about the medical condition of any child with long-term medical needs

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 the arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school. Please see the Annex for further information.

6. Individual healthcare plans (IHP)

The aim of individual healthcare plans is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.
All parents/carers are asked whether their child has any medical conditions and/or disabilities on their admission form. See Annex 3 for an IHP template (provided separately).

The headteacher or other appropriate staff members have overall responsibility for the development of IHPs for pupils with sufficiently serious medical conditions. Plans will be reviewed at least annually, or earlier if there is evidence that the child's needs have changed. Plans will set out what needs to be done, when, and by whom. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional, families, and school staff. The child will be involved wherever appropriate.

The plan will consider the following:

- The medical condition, its triggers, signs, symptoms and treatments

[1] These terms are used interchangeably throughout. Individual Healthcare Plan is the term used by the DfE, so we have included this terminology in the policy. However, we recognise the different terms used by our schools, such as Medical Care Plan.

- The child's 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
- Specific support for the child's educational, social and emotional needs
- Level of support needed, including in emergencies. If a child is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from families for medication to be administered
- Separate arrangements or procedures required for school activities outside of the normal school timetable
- What to do in an emergency, including who to contact, and contingency arrangements

Parents/carers need to let the school know **immediately** if their child's medical needs change, including dosage, medication administration instructions, or if new medications or support is required.

7. Managing medicines

The administration of medication at school will minimise the time that children will need to be absent.

Examples of circumstances under which schools may be requested to administer medicines might be:

- Cases of chronic conditions (e.g. diabetes, asthma, epilepsy or allergies (anaphylactic shock))
- Cases where a child is recovering from a short-term illness. They may be well enough to attend school but need to finish a course of antibiotics, cough medicines, etc.

Medicines should only be administered at school where it would be detrimental to a child's health if it were not administered during the day. Wherever clinically possible, families should ask for medicines to be prescribed in dose frequencies that allow them to be taken outside of school hours.

Where there is a IHP in place for a child, the school recognises the vital importance of that child's medication and medical care being administered only as detailed in their plan.

Prescription and non-prescription medicines will only be administered at the school when it would be detrimental to the child's health or school attendance not to do so and where we have written consent from families. Medicines must therefore be accompanied by such written consent, and where prescribed, by their original prescription or prescription label and container.

While the school encourages the use of parental/carer consent forms for medication, we understand that older pupils may occasionally bring in a small amount of over-the-counter medicine, such as paracetamol, for personal use. In such cases, staff will use their discretion and may contact a parent or carer if there are any concerns. The school aims to support pupils' wellbeing in the best possible way.

When administering medication, we always check the maximum dosage and when the previous dosage was given. We will keep a record of all medicines administered. If any side effects were noted the school will immediately contact the parent/carer.

If a pupil misuses their own medication or someone else's, the school will respond with care and concern for everyone's wellbeing. Parents or carers will be informed as soon as possible, and appropriate steps will be taken to ensure the safety of all pupils, which may include following the school's behaviour policy where necessary.

If a pupil refuses to take their medication, staff will not force them but will ensure the refusal is recorded and, where appropriate, communicated to the parent or carer as soon as possible. The pupil's wellbeing will be monitored, and any concerns will be escalated in line with their IHP. The school will work with families to review support and ensure the pupil's needs continue to be met safely. In cases involving emergency medication—such as inhalers, adrenaline auto-injectors, or epilepsy rescue medication—staff will follow the pupil's IHP and the school's emergency procedures to ensure their safety.

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. Members of staff, however, are encouraged to take on the voluntary role of administering medication wherever this is needed and with the precondition that adequate training is provided.

7.1 Non-prescribed medicines

- Parental/carer consent are required should the school administer non-prescription medicines (e.g. paracetamol for acute pain relief). A record of that consent and administration directions should be made.
- The school must not keep its own stock of medication except for paracetamol, auto adrenalin injectors and salbutamol inhalers (in line with legislation).
- Parents/carers must provide the school with a supply of appropriate non-prescribed medicines if needed, (e.g. antihistamine tablets for hay fever) for use solely by their child.
- If a child suffers regularly from frequent or acute pain, the parents/carers should be encouraged to refer the matter to the child's GP.

7.2 Prescribed medicines

- These medications require an appropriate practitioner's (e.g. a doctor) prescription, signature, or authorisation for a school to administer them to a child. These medicines must be administered following the direction of the appropriate practitioner.
- The school must not keep its own stock of medication except for auto adrenalin injectors and salbutamol inhalers (in line with legislation).
- Parents/carers must provide the school with a supply of the appropriate prescribed medicines for use solely by their child.

7.3 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 will be kept in a secure location and only named staff with have access.
- Misuse of a controlled drug, such as giving it to a child or person it is not prescribed to, is a criminal offence.

7.4 Injections

- The school has a duty to support children with medical conditions, including children who require regular injections, for conditions such as diabetes, epilepsy, anaphylactic shock, etc.

- Where a child is unable to do this themselves, a trained member of staff following the child's IHP, will be able to administer this to them. Please see Annex 7 for information on EpiPen use (provided separately).

7.5 Sending children home due to illness

- If a child is acutely unwell, parents/carers should keep them at home for an appropriate period.
- The school follows the National Health Service Guidance (Is my child too ill for school? - NHS) on the length of time a child is required to stay home after a contagious illness. We recognise the importance of protecting all pupils from infection, particularly those with reduced immunity and/or heightened risk due to a medical condition.
- Parents/carers must inform the school in advance if a child has a major injury and (for example) wants to return with a cast. A Personal Evacuation Plan (PEEP) or individual risk assessment must be written so that risks are assessed and actions are put in place to support the accessibility and safe movement of the child around the school.

7.6 Storage and medical equipment

- Some medications may be harmful to anyone for whom they are not prescribed. The school will ensure that the risks to the health of others are properly controlled. In line with COSHH (Control of Substances Hazardous to Health) Regulations, the school will endeavour to have a system of checks in place to ensure that all medicines are issued to the correct child.
- Where appropriate, children should know where their medicine is stored and who they can contact to be able to access them.
- All medicines must be stored in accordance with product instruction and in the original container it was dispensed in. However, for diabetes medication, it can be available in an insulin pen or pump, rather than its original container. Diabetes UK provides useful information regarding this.
- The school will ensure that all relevant staff understand what constitutes an emergency for an individual pupil with a known medical condition and that emergency medication and equipment is readily available wherever the pupil is in the school, or during off-site activities.
- Parents/carers are asked to collect all medications and equipment at the end of each school year (or as soon as they are about to expire) and provide new and in-date medication. A new Parental/Carer Agreement for School to Administer medication form (Annex 2) must be completed with all new medications.
- Out-of-date medication will be returned to the parents/carers for safe disposal. It is the parents/carers responsibility to ensure the school has in-date medication(s).
- The school will collect and dispose of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child, wherever necessary, on off-site visits.
- Staff have access to PPE (personal, protective equipment) to support the needs of individual pupils or if dealing with blood, bodily fluids or disposing of dressings or equipment. This is clinical waste and is disposed of suitably.

7.7 Unacceptable practice

It is generally not acceptable for staff to:

- Prevent pupils from easily accessing their inhalers and medication, or administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Penalise children for their attendance record if their absences are related to their medical condition (e.g. hospital appointments)
- Prevent children from drinking, eating, or taking toilet breaks whenever they need to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues
- 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/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

7.8 Children with medical needs who cannot attend school

The school is committed to ensuring that pupils with medical needs who are unable to attend school receive a high-quality education and feel supported throughout their absence. In line with statutory guidance, the school will:

- Work in partnership with parents/carers, healthcare professionals and staff to arrange suitable educational provision, which may include home tuition, hospital education, or remote learning.
- Develop or review an Individual Healthcare Plan (IHP) to reflect the child's current medical needs and educational arrangements, with regular updates as required.
- Maintain consistent communication with the child and their family to monitor wellbeing, academic progress, and readiness to return to school.
- Support staff with appropriate training and guidance to ensure a smooth, inclusive reintegration for the pupil when they can return.

7.9 School trips and residential visits for children with medical needs

Pupils with medical conditions have the right to participate fully in school trips and residential visits. The school will make reasonable adjustments and, where necessary, develop individual healthcare plans to ensure appropriate medical support is in place. This may include arrangements for pupils who need to take regular medication (e.g. inhalers, insulin, or antihistamines), carry emergency medication (such as auto-injectors for severe allergies), or receive other treatments during the trip. Staff will be trained as required and will work closely with families to ensure safe participation for pupils.

7.10 Allergies and Coeliac Disease

The school is committed to creating a safe environment for pupils with allergies, including those with severe or life-threatening reactions such as anaphylaxis. An IHP will be developed in collaboration with parents/carers and healthcare professionals to outline known allergens, symptoms, and emergency procedures. Staff are trained to recognise allergic reactions and respond appropriately, including the

administration of emergency medication such as adrenaline auto-injectors (EpiPen). The school understands the importance of allergen awareness, and thus adjustments will be made to reduce exposure risks, particularly in food preparation areas, classrooms, and during school trips.

Coeliac disease is an autoimmune condition where the ingestion of gluten triggers an immune response that damages the lining of the small intestine. The only treatment is a strict, lifelong gluten-free diet. The school recognises the importance of managing coeliac disease effectively to support pupils' health and wellbeing. Alongside an IHP, the school will ensure that food preparation practices minimise the risk of cross-contamination. Staff will be made aware of the child's chronic autoimmune condition and dietary needs and will understand that for some individuals' coeliac disease has a greater impact on their wellbeing and can affect their immune system more generally. Pupils with coeliac disease will be fully included in all school activities, including trips and residentials, with reasonable adjustments made to support their participation.

8. Emergency Procedures

- Staff will follow the school's normal emergency procedures (for example, calling 999). All children's IHPs will clearly set out what constitutes an emergency and will explain what to do.
- If a child needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the child to hospital by ambulance. Staff are not permitted to take a pupil to hospital in their own car, except in very exceptional circumstances, sanctioned by the headteacher.
- See Annex 9 (provided separately) for support with contacting the emergency services.

9. Training

- Staff who are responsible for supporting children with medical needs will receive suitable and sufficient training to do so.
- Designated staff are trained in first aid and/or the Administration of Medicines. When the qualification expires, arrangements will be made for that staff member to attend a refresher course.
- All staff are familiar with normal precautions for avoiding infection and follow basic hygiene practices.

10. Liability

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

11. Intimate Care Index

Intimate care is defined as care tasks associated with bodily functions, body products, and personal hygiene which require direct or indirect contact or exposure of a member of staff with a child's genitals. All children at our school have the right to be safe and be treated with dignity, respect, and privacy at all times. Where possible, children will be given choice and control over their intimate care. See Annex 4 for an Intimate Care Plan template (provided separately).

11.1 Intimate care tasks

This covers any tasks that involve the dressing and undressing, washing, bathing, helping a child use the toilet, changing nappies, or carrying out a procedure that requires direct or indirect contact with an intimate personal area.

11.2 Partnership with parents/carers

Staff at our school will work in partnership with parents/carers to create an intimate care plan to ensure appropriate care is provided for the individual child. The plan should be reviewed on an agreed basis or when something changes.

The intimate care plan will set out:

- What care is needed
- Number of staff required to carry out the task
- Additional equipment needed
- Child's preferred means of communication
- Agreed terminology for areas of the body and bodily functions
- Child's level of ability, e.g. what tasks they can do by themselves
- Any religious or cultural sensitivities related to aspects of intimate care
- How and when the plan will be monitored

Parents/carers may be asked to supply the following (not exhaustive):

- Spare nappies
- Wipes, creams, nappy sacks etc.
- Spare clothes/underwear
- Any other needed equipment or items to support the intimate care of their child at school

11.3 Best practice

All children who require intimate care are always treated respectfully. Staff who provide intimate care will be fully trained and aware of best practice. If required, staff may be trained in moving and handling to assist the children who may need special arrangements.

Careful communication is paramount with each child. Each child will be communicated with regarding their intimate care in line with their preferred means of communication (e.g. verbal, sign, symbolic). This includes ensuring the child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. To do this, staff will encourage children to do as much for themselves as they can.

The needs and wishes of the children and parents/carers will be carefully considered alongside any possible constraints. This may include equal opportunities legislation and staffing.

A signed record will be kept by staff of all intimate and personal care tasks undertaken which will include times completed and any observations noted.

11.4 Safeguarding

Staff are trained on the signs and symptoms of child abuse following the government's guidance on 'What to do if you're worried a child is being abused – advice for practitioners'. If a member of staff is concerned about any physical or emotional change, such as marks, bruises, soreness, or distress, they will follow the safeguarding procedures in line with the Safeguarding and Child Protection Policy and will contact the Designated Safeguarding Lead (DSL) immediately.

If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

11.5 Dealing with bodily fluids

Bodily fluids such as:

- Urine
- Faeces
- Blood
- Vomit

Will be cleaned up immediately and disposed of safely by the school. When dealing with bodily fluids, staff will wear protective clothing and wash themselves thoroughly. If a child's clothing becomes soiled, it will be placed in a sealed bag to be sent home. To maintain hygiene, staff will not rinse or wash soiled items at school. Children will be kept away from the affected area until the incident has been completely dealt with.

All staff will maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.

12. Supporting Pupils with Medical Needs Policy – Annex

Procedural information, such as the Individual Healthcare Plan Template, are provided separately in the Supporting Pupils with Medical Needs Policy – Annex of Procedural Information.