Academies Trust

Supporting Pupils with Medical Needs Policy

Policy details:

- Date approved by Trust Board - 07/07/2026
- Applicable from - 01/09/2026
- Next review date - July 2027
- Policy owner - Trust Safeguarding Lead

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Aims

- The overarching purpose of this policy is to make sure that all pupils can go on to lead happy and successful lives.

- This policy sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration of medications.
- Special schools can add supplementary documentation and amendments to make this policy bespoke to their specialist settings.
- The outcome should be that pupils can play a full and active role in all aspects of academy life including trips, educational visits and residential and extended academy activities, such that they remain healthy and achieve their academic potential.
- The policy applies to all staff employed at Co-op Academies Trust.

Legislation and Statutory Responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school. This policy also complies with our funding agreement and articles of association.

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid policy
- Health and safety policy
- Pupil Allergy Safety and Management Policy
- Safeguarding and Child Protection Policy
- Special educational needs information report and policy
- Intimate care policy

Roles and Responsibilities

Trust Board

The Trust Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Trust Board may delegate their responsibilities to the CEO and/or their representatives. They will ensure that this policy is implemented

effectively, including through the annual Health and Safety audit scheduled for each school.

Principal/Head Teacher

The Principal/Head Teacher will ensure that:

- All staff are aware of this policy on supporting pupils with medical conditions, understand their role in its implementation and follow the correct procedures.
- The policy is available for staff in the shared area of the academy system or as a hard copy.
- The responsibilities of the SENDCo (see below) are carried out effectively.
- The Head Teacher/Principal or their nominated responsible SLT member has oversight of all documentation and ultimately signs off all procedures.
- There is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations
- School staff are appropriately insured and aware that they are insured to support pupils with medical needs
- Where there is disagreement as to whether a child requires an individual healthcare plan (IHCP) and a consensus cannot be reached, the Principal/Head Teacher is best placed to take a final view. The flowchart at Appendix 1 (below) can be used to support this.

SENDCo

In mainstream schools the SENDCo will be responsible for effective implementation of this policy. In special schools this may be the responsibility of a member of the Senior Leadership Team.
The SENDCo will work closely with Head Teacher and other Senior Leadership Team members to ensure medical provision systems are effective. Each academy will identify appropriate support staff, administrative staff and their line managers who will have specific responsibilities and duties to carry out.

The SENDCO must ensure that:

- The academy holds relevant, up-to-date information on pupils' medical needs from parents and medical professionals.
- A register of pupils' medical needs (including expiry dates of medication) is maintained.

- A system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs. Procedures should cover any transitional arrangements and when the pupil's needs change. The SENDCo will discuss this with the Head Teacher, the Designated Safeguarding Lead and the responsible SLT member as required.
- All relevant staff are aware of an individual child's medical condition and needs.
- They liaise with relevant SLT members to ensure that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. the academy is able to deliver against all IHCPs and implement policy, including, for example, in contingency or emergency situations and management of staff absence.
- Cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff.
- IHCPs are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.
- IHCPs are monitored and are subject to review, at least annually, or sooner if needs change.
- Where a medical professional has assessed that a medical condition is unstable, the SENDCo must ensure an Medical Individual Pupil Risk Assessment (MIPRA) is completed to sit alongside the IHCP.
- Medical Individual Pupil Risk Assessments (MIPRA) relating to off-site visits, residential trips and extended academy opportunities offered outside the normal timetable are in place for all pupils with medical needs, as appropriate, including consideration for actions to take in the event of emergency situations. The Educational Visits Coordinator (EVC) will need to be consulted on these.
- Risk assessments relating to the academy environment are in place for , as appropriate, including consideration for actions to take in the event of emergency situations.
- On receipt of a Parental agreement for setting to administer medicine (Appendix 3), on a case by case basis, will decide whether any medication or medical intervention will be administered, following consultation with staff. They will keep the Head Teacher informed of any requests.
- For Secondary academies, on receipt of a 'Parental agreement for setting to administer medicine (Appendix 3), on a case by case basis, will consult with the Head Teacher as to whether or not any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate. In the case of Primary academy sites, this should always be

administered by an adult staff member with the exception of asthma and allergy medication that should be managed in the appropriate government guidance on inhalers.

Academy colleagues

- Academy staff must follow the academy's procedures, including ensuring medicines are stored appropriately and that children are supported in line with IHCPs and, where these are required, Medical IPRAs.
- Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s).
- Academy staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.
- Where children have an IHCP, the roles and responsibilities of staff will be clearly recorded and agreed.
- Staff administering medication must follow the procedures outlined in the IHCP or the parental agreement for the setting to administer medicine.
- Staff administering medication or carrying out a medical procedure must record this accurately using the record of medicine administered to an individual child (Appendix 4 - below).

Parents and Carers

Parents and carers:

- Must provide the academy with sufficient and up to date information about their child's medical needs and to update it at the start of each academy year as a minimum, or if needs change, by completion of, if appropriate, an IHCP (Appendix 2 - below).The IHCP will include:
    - Details of pupil's medical conditions and associated support needed at academy
    - Medicine(s), including any side effects
    - Medical intervention(s)
    - Name of GP / Hospital and Community Consultants/Other Healthcare Professionals
    - Special requirements e.g. dietary needs
    - Who to contact in an emergency
    - Cultural and religious views regarding medical care.
- Must complete, if appropriate, a parental agreement for setting to administer medicine (Appendix 3 - below) to gain consent for medicines/medical interventions to be administered at the academy, including confirming

consent for medicines/medical interventions to be administered by the child (where appropriate).
- Provide up-to-date contact information so that parents/carers or other nominated adults are contactable at all times.
- Carry out any action they have agreed to as part of the implementation of an IHCP.
- Provide any dispensed medication in its original packaging, with the pharmacy label stating the following:
    - Child's name
    - Child's date of birth
    - Name of medicine
    - Frequency / time medication administered
    - Dosage and method of administration
    - Special storage arrangements.
- Ensure medicines or resources associated with delivery of a medical intervention have not passed the expiry date.
- Collect and dispose of any medicines held in the academy at the end of each term, or as agreed.
- Provide any equipment in good working order required to carry out a medical intervention (e.g. catheter tubes, auto injectors, inhalers and spacers) including spares for emergency and equipment failure.
- Collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

Managing Medicines/Medical Interventions at the Academy

- Medicine/medical interventions will only be administered at the academy when it would be detrimental to a pupil's health or attendance not to do so.

- It is expected that parents/carers will normally administer medication/medical interventions to their children during their time at home, where at all possible.
- No medication/medical intervention will be administered without prior written permission from the parents/carers (Appendix 3 below). The Head Teacher/Principal has the final say to decide whether and by whom any medication or medical intervention will be administered in the academy, after consultation with staff.
- No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and being recorded on Appendix 3 (Parental agreement for setting to administer medicine).
- For Secondary academies, on receipt of Appendix 3, the Head Teacher or their nominated responsible SLT member (consulting with staff, where appropriate) will decide on a case by case basis, as to whether or not any medication will be carried by the child, will be self-administered by the child or if any medical intervention will be self-administered by the child.
- In the case of Primary academy sites, medication should always be administered by an adult staff member with the exception of asthma and allergy medication that should be managed in line with the appropriate government guidance on inhalers and auto injector devices.
- All medicines/medical interventions will normally be administered during academy breaks and/or lunchtime.
- If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine/medical intervention to be administered at other prescribed times.
- Pupils will be told where their medication/medical intervention equipment and resources are kept and who will administer them.
- Any member of staff, on each occasion, giving medicine/medical intervention to a pupil should check:
    - Name of pupil
    - Written instructions provided by the parents/carers or healthcare professional
    - Prescribed dose, if appropriate
    - Expiry date, if appropriate
- The member of staff, on each occasion, will make a written record of medication/medical interventions administered on Appendix 4 (record of medicine administered to an individual child).
- Parents will be advised if medication is expiring or has run out in good time and a request will be made for more to be provided. It will be the Head

Teacher/Principal's decision if the child can attend if this medication is not provided.

- No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.
- The administration of non-prescribed medication will be reviewed with parents and carers to ensure that a child's healthcare needs continue to be met.

Individual Health Care Plans (IHCP) & Medical Individual Pupil Risk Assessments (MIPRAs)

IHCPs (Appendix 2 below) will be used to ensure that pupils with medical conditions are effectively supported to access their education.

IHCPs (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. The plans should ideally be drawn up in partnership between the academy, parents and a relevant healthcare professional (e.g. school nurse, specialist or children's community nurse or paediatrician) who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

Not all children with a medical need will require an IHCP. The academy, healthcare professional and parent should agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher/Principal, in consultation with the SENDCo, is best placed to take a final view.

An IHCP will capture the steps which an academy should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services.

The responsibility for ensuring an IHCP is finalised and implemented rests with the academy.

Where a medical professional assesses that a medical condition is unstable, an Individual Pupil Risk Assessment (Medical IPRA template) should also be completed to sit alongside the IHCP.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include:

- An overview of the child's needs and provision in place in academy to manage those needs.
- A description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the academy environment and learning opportunities.
- Arrangements around administration of medication(s)/medical intervention(s).
- Arrangements around management of medical emergency situations.
- Arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastric-tube feeding etc.
- Risk assessment for access to the academy environment and curriculum.
- Arrangements for evacuation in the event of an emergency.
- The level of support required in the academy, who will provide this support, their training needs and cover arrangements for when they are unavailable.
- How, if agreed, the child is taking responsibility for their own health needs.
- A reference to staff confidentiality.
- IHCPs will be reviewed annually or sooner if needs change.

Child's Role in Managing Their Own Medical Needs

- After discussion with parents/carers, secondary-aged children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.
- Written permission from the parents/carers will be required for pupils to self-administer medicine(s)/medical intervention(s).
- Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s.)
- Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation, agreed procedures will be documented in the relevant IHCP or parental agreement for the setting to administer medicine.

Refusing Medication/Medical Intervention

- If a child refuses to take their medication/medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications/medical

intervention must also be recorded as well as the action then taken by the member of staff. Parents/carers informed.
- Parents/Carers will be required to bring and oversee the taking of medication where not doing so would put the child or others at risk.
- Parents/carers will be informed immediately where the child is potentially placing themselves at risk by their refusal to take medication.

Storage of Medicines/Medical Intervention Equipment and Resources

- All children will know where their medicines/medical intervention equipment/resources are at all times and that they will be readily available as required.
- All prescribed medicines will be stored securely in a lockable fridge/store cupboard (if medication is to be kept at an ambient temperature).
- All medication must be stored out of reach of pupils at all times (except where agreed otherwise e.g. in the case of self-administration)and must be taken to the designated area within the academy where they will be stored and administered.
- Signage must be displayed to identify where emergency medication is stored.

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 child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence, and monitoring arrangements may be necessary. This is at the academy's discretion
- Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in a secure environment e.g. admin office or medical room. Only named staff will have access.
- Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or as described in the child's IHCP.
- Staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.
- Records will be kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom.

- Any side effects of the medication to be administered should be noted in the pupil's medication record.

Non-Controlled Drugs and Medical Resources

- All medicines and medical equipment/resources will be stored safely as agreed with parents/carers or described in the child's IHCP.
- Parents can request administration of non-prescribed drugs (e.g. Calpol, paracetamol). Such medication should be labelled with the child's name and DOB. The written procedure for requesting administration of medicines should be followed.
- Schools are not permitted to have their own supplies of non-prescribed medicines (such as Calpol or paracetamol) for administration to pupils

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Emergency supply of Allergy Medication/Asthma Medication

See Pupil Allergy Safety and Management Policy for further details.

Academies must

- Follow government guidance on the use and supply of adrenaline auto injectors which must be held on site in case of emergency.
- Ensure all educational visits and trips have an emergency adrenaline auto injector within the first aid box for emergency use only.
- Follow government guidance on the use and supply of Salbutamol inhalers in school.
- Ensure all educational visits and trips have an emergency Salbutamol inhaler within the first aid box for emergency use only.

Records

The academy will keep a record of all medicines/medical interventions administered to individual children on each occasion, including the following:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Name of medication

- Dosage
- A note of any side effects / reactions observed
- If authority to change protocol has been received and agreed.
- These details will be recorded on the 'Record of medicine administered to an individual child' (Appendix 4 below)

Training

- Staff must not give prescription/non prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions. Staff must not give advice or a medical view on a child's health.
- All staff will be made aware of the academy's policy for supporting pupils with medical conditions and their role in implementing that policy through, for example, whole academy awareness training, involvement in development of IHCPs, staff briefing sessions etc.
- Where necessary, specialist training and advice will be provided by appropriate healthcare professionals (e.g. specialist epilepsy nurse, asthma training by academy nurse etc) for staff involved in supporting pupils with medical conditions including the administration of relevant medicines/medical interventions.
- Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.
- Supporting a child with a medical condition during academy hours is not the sole responsibility of one person.
- Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHCPs. Induction training will raise awareness of the academy's policy and practice on supporting pupils with medical conditions.
- Training will be sufficient to ensure staff are competent and have confidence in their ability. The academy will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend academy safely.
- A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. Academies may wish to use Appendix 5.

Off-Site and Extended Academy Activities

- Pupils with medical conditions will be actively supported in accessing all activities on offer including academy trips, sporting activities, clubs and residentials/holidays.
- Preparation and forward planning for all off-site and extended academy activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.
- The academy will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.
- Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of academy. Individual Pupil Risk assessments utilising the MIPRA documentation will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required. The MIPRA for each child must be completed when taking children with IHCPs off site.
- Risk assessment will involve consultation with the child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on academy Trips. This will be signed off by a member of SLT.
- In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens, the academy will make alternative arrangements for the child.

Managing Emergencies and Emergency Procedures

- The designated SLT member will ensure that all staff are aware of the academy's general risk management processes and planned emergency procedures.
- Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:
    - An Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication.
    - A Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair. The PEEP should also detail the actions to be taken by

staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

- The academy must have a procedure for contacting emergency services (Appendix 6) which is displayed in the appropriate places e.g. office, staff room etc and is in the staff operational handbook.

Confidentiality and Sharing of Information within academy

- The academy is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all times, in line with GDPR regulations.
- The academy will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.
- Where the child has an IHCP this will be shared with key staff with regular, scheduled re-briefings, organised by the SENDCo.
- The academy will ensure that arrangements are in place to inform new members of staff of the child's medical needs.
- The academy will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

Liability and Indemnity

- The academy insurance policies provide liability cover relating to the administration of medicines. A full and comprehensive set of documentation must be available to ensure academy insurance policies can be validated for all pupils who are administered medication on academy sites. Failure to demonstrate the correct documentation may invalidate insurance cover.
- In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.
- The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

Complaints Procedure

- In the first instance parents/carers dissatisfied with the support provided for their child's medical condition should discuss their concerns directly with the SENDCo.
- If, for whatever reason, this does not resolve the issue then the complaints procedure can be followed.

Unacceptable Practice

The academy works to prevent the following:

- Requiring parent/carers or otherwise making them feel obliged to attend the academy to administer medicines/medical interventions or provide medical support to their child, including around toileting issues. No parent/carer should have to give up working because the academy is failing to support their child's medical needs.
- Preventing children from participating, or creating unnecessary barriers to children participating in any aspect of academy life, including trips e.g. by requiring parents/carers to accompany the child.
- Preventing secondary-aged children from easily accessing and administering their medicines as and where necessary.
- Assuming every child with the same condition requires the same treatment.
- Ignoring the views of the child and/or their parents/carers (although this may be challenged).
- Ignoring medical evidence or opinion (although this may be challenged).
- Sending children with medical conditions home frequently.
- Preventing children with medical conditions from staying at the academy for normal academy activities, including lunch, unless this is specified in their IHCP.
- If the child becomes ill, sending them to the academy office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Preventing children from eating, drinking or taking toilet/other breaks whenever they need to in order to manage their medical condition effectively.

Medical near misses

A medical near miss can be defined as an error that has the potential to cause harm but fails to do so because of chance, or because it is intercepted.

Examples could include:

- a staff member almost administered the wrong dosage or medication to a student, but this is caught in time and incorrect medication is not administered.
- A student's allergic reaction is noticed early, and they are quickly given their prescribed medication or other treatment before a serious reaction can occur.

It is important that near misses are reported and recorded to identify potential risks and make proactive changes to prevent future harm. In our Trust, near misses should be reported to the Regional Director for the academy, and recorded on Parago.

Safeguarding considerations

If there are any concerns in relation to fabricated or induced illness, they should be shared with the Designated Safeguarding Lead following the academy safeguarding procedures.

Appendices

Appendix 1: Model process for developing individual healthcare plans

Appendix 2: Individual healthcare plan (DfE Template A)

Appendix 3: Parental agreement for setting to administer medicine (DfE Template B)

Appendix 4: Record of medicine administered to an individual child (DfE Template C)

Appendix 5: Staff training record (DfE Template E)

Appendix 6: Contacting emergency services (DfE Template F)

Policy version history:

May 2025:

- Additional guidance provided on IHCPs and when these are required
- Additional information in relation to guidance for recording and reporting of near misses
- Additional information in relation to safeguarding considerations
- Update to the linked policy list to include reference to the Trust intimate care policy
- Addition of the requirement to review the administration of non-prescribed medication with parents to ensure this continues to meet medical needs.
- Additional information in relation to controlled drugs
- Addition of the expectation that parents will be advised when medication is expiring
- Updates to appendices and templates.