



Supporting Pupils with Medical Conditions

EBN Academy 2

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Statement of intent

The Board of Trustees of EBN Academy Trust has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

EBN Academy Trust believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014, including section 100 (as amended)
- The Children's Wellbeing and Schools Act 2026, including section 34 (allergy safety)
- The Education Act 2002 (as amended)
- The Education Act 1996 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974 and the Health and Safety (First-Aid) Regulations 1981 (as amended)
- The Medicines Act 1968 (as amended) and the Human Medicines Regulations 2012 (as amended)
- The Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001 (as amended)
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The School Attendance (Pupil Registration) (England) Regulations 2024
- The Children Act 1989, the National Health Service Act 2006 (as amended), and the Data Protection Act 2018 and UK GDPR where applicable to health information and confidentiality

1.2. This policy has due regard to the following guidance:

- DfE (2015, last updated 2017) 'Supporting pupils at school with medical conditions'
- DfE (2015, updated 2024) 'Special educational needs and disability code of practice: 0 to 25 years'
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2026) 'Allergy safety in schools'
- DfE (2024, updated 2026) 'Working together to improve school attendance'; DHSC (2017) 'Guidance on the use of adrenaline auto-injectors in schools' (including MHRA clarification, 2023); and DfE (2014) 'Emergency asthma inhalers for use in schools'

1.3. This policy has due regard to the following school policies:

- SEND Policy
- Allergy and Anaphylaxis Policy
- Drug and Alcohol Policy
- Complaints Procedure Policy

2. Aims

- 2.1 To ensure that children with medical needs receive proper care and support in school.
- 2.2 To provide guidance to staff, teaching and non-teaching, on the parameters within which they should operate when supporting pupils with medical needs.
- 2.3 To define the areas of responsibility of all parties involved: pupil, parents, staff, Headteacher, Governing Body etc.

3. Practice

- 3.1 **Parents/carers** are responsible for ensuring that their child is well enough to attend school.
- 3.2 **Parents/carers** must provide the Head Teacher with sufficient information about their child's Medical condition and support and care required at school.
- 3.3 **Parents/carers and the Head Teacher** must reach an agreement on the school's role and Responsibility for support for the child.
- 3.4 In the event of legal action over an allegation of negligence, it is *the employer* rather than the employee who is likely to be held responsible. The need for accurate records in such cases is crucial. Therefore thorough and accurate record-keeping systems have been drawn up, to be maintained by staff involved in supporting pupils with medical needs.

4. Roles and Responsibilities

4.1 The Board of Trustees:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

4.2 The Head Teacher:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

4.3 Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.

4.4 Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of pupils with medical conditions.

4.5 School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil will receive proper training and guidance, and will also be informed of potential side effects and what to do if they occur.
- The Governing Body of EBN Academy has determined that staff will not actively administer medication to a pupil except where a child is undergoing an emergency (e.g. anaphylactic shock, severe asthma attack) or where a child is physically unable to self-medicate under supervision.

4.6 The school nurse:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

5. Staff training and support

Any staff member providing support to a pupil with medical conditions receives suitable training.

Staff do not undertake healthcare procedures or administer medication without appropriate training.

Through training, staff have the requisite competency and confidence to support pupils with medical

conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

The school nurse confirms the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.

Whole-school awareness training is carried out on an annual basis for all staff.

EBN Academy identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training is commissioned by the Human Resources Manager and provided by the following bodies:

- Commercial training provider
- The school nurse
- Birmingham Community Healthcare

Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions and allergy safety.

6. Admissions

- 6.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 6.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.
- 6.3. Where a pupil's health needs mean that attendance requires additional arrangements, the school will work with the pupil, parents/carers and relevant professionals to put those arrangements in place. Any decision that a pupil should not attend temporarily must be based on individual evidence and lawful public health or clinical considerations, not simply on the existence of a medical condition.

7. Notification procedure

- 7.1. When the school is notified that a pupil has a medical condition that requires support in school, the school nurse informs the Head Teacher. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in section 10).

- 7.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Head Teacher based on all available evidence (including medical evidence and consultation with parents/carers).
- 7.3. When a pupil with a medical condition starts at the school, arrangements are discussed and informed by their previous institution, as part of their integration meeting and appropriate plans are in place prior to their introduction.

8. Self-management

- 8.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.
- 8.2. Where appropriate and agreed in the IHP, pupils are allowed to carry their own medicines and relevant devices and must have immediate access to them.
- 8.3. Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- 8.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, parents will be informed immediately (for this reason it is the parents' responsibility to ensure that accurate and reliable contact details are available at school). Parents will take responsibility for their child's medical needs at this point, by coming to collect their child and supervise the medication personally, advising emergency action (e.g. ambulance) or deeming that the child may remain un-medicated in school until the end of the school day. The school will, if in any doubt about a child's condition, contact the emergency services, with or without a parent's request/consent.
- 8.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Drugs and Alcohol Policy.

9. Supply teachers

- 9.1. Supply teachers are:
 - Provided with access to this policy.
 - Informed of all relevant medical conditions of pupils in the class they are providing cover for.
 - Covered under the school's insurance arrangements.

10. Individual healthcare plans (IHPs)

- 10.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Head Teacher makes the final decision.

10.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

10.3. IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

10.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

10.5. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

10.6. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

10.7. Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.

10.8. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHP.

11. Managing medicines

11.1. Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

11.2. Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.

11.3. Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so and parental consent has been received
- When instructed by a medical professional

- 11.4. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
- 11.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 11.6. Parents/carers are informed any time medication is administered that is not agreed in an IHP.
- 11.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- 11.8. All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- 11.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 11.10. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- 11.11. The school holds emergency asthma reliever inhaler(s) for use in accordance with the current DfE guidance and its local protocol. The school also makes appropriate arrangements for spare adrenaline auto-injectors (AAIs) and emergency allergy response in accordance with its Allergy and Anaphylaxis Policy and current statutory guidance.
- 11.12. Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- 11.13. Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects and relevant incidents or near misses is also maintained where appropriate.

12. Record keeping

- 12.1. Written records are kept of all medicines administered to pupils.
- 12.2. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.
- 12.3. Appropriate forms for record keeping can be found in appendix of this policy.

13. Emergency procedures

- 13.1. Medical emergencies are dealt with under the school's emergency procedures.

13.2. Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

13.3. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

13.4. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

13.5. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

14. Day trips, residential visits and sporting activities

14.1. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits

14.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.

14.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

15. Unacceptable practice

15.1. The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

16. Liability and indemnity

- 16.1. The Board of Trustees ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
- 16.2. The school holds an RPA insurance covering liability relating to the administration of medication. The policy has the following requirements:
 - All staff must have undertaken appropriate training.
- 16.3. The school holds RPA insurance covering healthcare procedures. The policy has the following requirements:
 - All staff must have undertaken appropriate training.
- 16.4. All staff providing such support are provided access to the insurance policies.
- 16.5. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

17. Complaints

- 17.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 17.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy.
- 17.3. If the issue remains unresolved, the complainant may use any applicable Trust complaints escalation route and, where appropriate, seek advice from the local authority, relevant health body, the Education and Skills Funding Agency/DfE or an independent adviser. The DfE does not generally investigate individual school complaints
- 17.4. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

18. Policy review

- 18.1. This policy is reviewed on an annual basis by the Local Governing Board, school nurse, SENDCO and the Academy Head Teachers.
- 18.2. The scheduled annual review date for this policy is September 2027.

Appendix A: Form 1**Request for school to administer medication**

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname: _____ Forename(s): _____

Address: _____ M/F: _____

_____ Date of Birth: _____

_____ Form: _____

Condition or illness: _____

PUPIL'S DOCTOR Name: _____ Phone Number _____

MEDICATION

Name/Type of Medication (as described on the container): _____

For how long will your child take this medication: _____

Date dispensed: _____

FULL DIRECTIONS FOR USE:

Dosage and method: _____

Time: _____

Special Precautions: _____

Side Effects: _____

Self Administration: _____

Procedure to take in an Emergency: _____

CONTACT DETAILS

Name: _____ Daytime telephone No: _____

Relationship to Pupil: _____

Address: _____

I understand that I must deliver the medicine personally into school and accept that this is a service which the school are not obliged to undertake.

Date: _____ Signature: _____

Relationship to pupil: _____

Important Note

Should there be any amendment to the following, please inform the school in writing:-

Medication or dosage

Address or telephone number (Home / Doctors)

Appendix A: Form 2

SCHOOL MEDICINE - RECORD OF MEDICINE TAKEN BY PUPILS

[illegible]

Appendix A: Form 3

Request for pupil to carry his/her medication

This form must be completed by parents/carers

Pupil's Name _____ Class/Form _____

Address _____

Condition or illness _____

Name of medicine _____

Prescribed by (name and telephone number of Pharmacist) _____

Procedure to be taken in an emergency _____

CONTACT INFORMATION

Name _____

Daytime phone no _____

Relationship to child _____

I would like my son/daughter to keep his/her medication on him/her or in the school fridge for use as necessary.

Signed _____

Date _____