



Supporting Pupils at School with Medical Conditions Policy

Date Policy due to be reviewed: September 2026

Committee Responsible for Policy: Finance Committee

WORK HARD | BE KIND | AIM HIGH

Statement of Intent

The governing body of Hillcrest School and Sixth Form Centre 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.

Hillcrest School and Sixth Form Centre 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. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences due to medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. Hillcrest School and Sixth Form Centre will ensure that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively, considering the best interests of the child.

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 special educational needs and disabilities (SEND) and have a statement or 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. Legislative framework

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

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The NHS Act 2006
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014

This policy also has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at School with medical conditions'
- DfEE (2000) 'Guidance on First aid in Schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'

2. The Role of the Governing Body

2.1 The governing body:

- 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 child at the school.
- Where necessary, 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.
- Ensures arrangements are designed to instil 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 can access information and other teaching support materials as needed.
- Ensures that all reasonable adjustments are considered to enable a child with a medical condition to be admitted to the school.
- Ensures that pupils' health is not put at unnecessary risk. As a result, it 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.

3. The Role of the Headteacher

3.1 The Head teacher:

- Ensures that this policy is effectively implemented with partners.
- 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 (IHC) plans, including in emergency situations.
- Has overall responsibility for the development of IHC plans.
- Ensures that staff are appropriately insured.

4. The Role of Parents/Carers

4.1 Parents/carers:

- Are required to notify the school if their child has a medical condition.
- Are required to provide the school with sufficient and up-to-date information about their child's medical needs from appropriate medical professionals.
- Are invited to be involved in the development and review of their child's Medical Alert Card or IHC plan.
- Are required to carry out any agreed actions contained in the IHC plan.
- Are required to ensure that they, or another nominated adult, are always contactable.

5. The Role of Pupils

5.1 Pupils:

- Are invited to be fully involved in discussions about their medical support needs.
- Are invited to contribute their thoughts and feelings when the IHC plan is being developed.
- Are aware that they should be sensitive to the needs of pupils with medical conditions.

6. The Role of School Staff

6.1 The Designated Safeguarding Lead and Safeguarding and Well-Being Co-ordinator are responsible for:

- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis.
- Contacting parents for required medical documentation regarding a child's medical condition.
- Contact previous school to request medical information and copies of documentation
- Use collated information to prepare a Risk Assessment and Medical Alert Card.
- Involve the Learner Support Team in preparing the risk assessment if the child is SEND.
- Ensuring that all staff members are informed about pupils' medical needs through the timely review and dissemination of Medical Alert Cards and IHC plans.
- Liaise with the Site Manager to prepare and review personal evacuation plans (PEEPs)
- 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 children who are new to our school.
- Liaising with the school nurse service and other professionals to create and review IHC plans
- Co-ordinating annual staff training from the school nurse service and targeted training for key staff as required.

6.2 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.

- Are asked to consider 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.

6.3 The Site Manager will complete an Evacuation Plan (PEEP) as required to ensure the child can be safely evacuated from the building and site in the event of an emergency. This will be reviewed after each implementation and shared with relevant staff.

7. The Role of the School Nurse

7.1 The School nurse:

- Is required to notify the school, at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in School.
- Is required to support staff to implement IHC plans and provide advice and training.
- Is required to liaise with lead clinicians locally on appropriate support for pupils with medical conditions.

8. The Role of Other Healthcare Professionals

8.1 Other healthcare professionals, including GPs and paediatricians:

- Are required to notify the school nurse when a child has been identified as having a medical condition that will require support at School.
- Are required to provide advice on developing IHC plans.
- May provide support in the school for children with specific conditions, e.g., asthma, diabetes and epilepsy.

9. The Role of Providers of Health Services

9.1 Providers of health services are required to co-operate with the school, including communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

10. The Role of the LA

10.1 The LA:

- Is required to commission School nurses for local Schools.
- Is required to promote co-operation between relevant partners.
- Is required to make joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Is required to provide support, advice and guidance, and suitable training for School staff, ensuring that IHC plans can be effectively delivered.
- Is required to work with the school to ensure that pupils with medical conditions can attend School full-time.

11. Admissions

11.1 All reasonable adjustments are considered to enable a child with a medical condition to be admitted to the school.

- 11.2 A child may be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

12. Notification Procedure

- 12.1 The School may be notified by the school nurse or a parent/carer that a pupil has a medical condition that requires support in School. Where appropriate, the school nurse and/or the school will arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHC plan (outlined in detail in section 16).
- 12.2 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 Headteacher, based on all available evidence (including medical evidence and consultation with parents/carers).
- 12.3 For a pupil starting at the School in a September uptake, wherever possible, arrangements are in place prior to their introduction and informed by their previous institution.
- 12.4 Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within a reasonable timescale.

13. Staff Training and Support

- 13.1 Any staff member providing support to a pupil with a medical condition receives suitable training.
- 13.2 Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 13.3 Training needs are assessed by the school and/or the school nurse through the development and review of IHC plans.
- 13.4 Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHC plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 13.5 Whole School awareness to enable staff to support pupils at School with medical conditions forms part of the induction for new members of staff. Relevant details are also shared with all staff on a termly basis.
- 13.6 Training in specific medical conditions is provided externally and ensures that relevant staff understand the medical condition and can recognise difficulties and act quickly in emergency situations.
- 13.7 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.

14. Self-management

- 14.1 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 IHC plan.
- 14.2 Where possible, pupils are allowed to carry their own medicines and relevant devices.
- 14.3 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.

- 14.4 If a child refuses to take medicine or carry out a necessary procedure, the procedure agreed in the pupil's IHC plan is followed and/or, parents/carers are informed so that alternative options can be considered.
- 14.5 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 Behaviour Policy.

15. Supply Teachers and Staff Absence

- 15.1 Supply teachers are:
- Provided with access to this policy.
 - Informed of all relevant medical conditions of pupils in the class for which they are covering.
 - Covered under the School's insurance arrangements.

16. Individual Healthcare (IHC) Plans

- 16.1 The School, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHC plan is required for a pupil, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the Headteacher makes the final decision.
- 16.2 The School, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHC plans. Where appropriate, the pupil is also involved in the process.
- 16.3 When deciding what to include in an IHC plan consideration should be given to the following: -
- 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.
 - Whether a child can self-manage their medication.
 - 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.
 - What to do in an emergency, including contact details, contingency arrangements and support required.
 - Identify who will provide the necessary support.
 - The training needs, expectations of the role and 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.
 - 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.
 - Separate arrangements or procedures required during School trips and activities.
 - The support needed for the pupil's educational, social and emotional needs.
- 16.4 Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHC plan.
- 16.5 The confidential nature of IHC plans is balanced with ensuring accessibility for those who need to refer to them
- 16.6 IHC plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

- 16.7 Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to support the needs of the child to reintegrate and record this on their plan.

17. Managing Medicines and Record Keeping

- 17.1 Pupil medication is dealt with in accordance with the School's Administering Medicines Policy.

18. Emergency Procedures

- 18.1 Medical emergencies are dealt with under the School's First Aid Policy.
- 18.2 Where an IHC plan is in place, it should detail:
- What constitutes an emergency.
 - What to do in an emergency.
 - All information will be collated in a Personal Evacuation Plan (PEEP) as required.
- 18.3 Pupils are informed in general terms of what to do in an emergency, such as telling a teacher or report to student reception.
- 18.4 If a pupil needs to be taken to hospital, a member of staff remains with the child until their parents / Carers arrive.

19. Pupils returning to school after sustaining an injury

- 19.1 When a student is returning to school with an injury i.e. a broken arm or leg or a new student that may have difficulty getting around the building, they should be seen by a member of staff to ensure they are safe to move around the building.
- 19.2 Parents should contact the school before the child returns to arrange to come in and see a Head of Year or pastoral member of staff with the student present where possible.

The following should be covered by a member of staff to make a judgement about whether the child is able to remain in school or not:

- Parent consent - Do the parents agree for the student to be in school?
- The Head of Year/pastoral member of staff/Student reception to contact parent to confirm how the injury was sustained (if it didn't happen in school) and confirm that the parent consents to the student being in school.
- Do we have any medical evidence that the student can return to school (any letters or hospital notes)?
- Are they taking medication? If so, arrange for it to be stored at student reception and parent complete a medical permission form
- Will they require a lift pass to move around the building?
- Do they need a buddy to support them with moving around school, carry bag etc?
- Can they leave lessons 5 mins earlier so not on busy corridors (issue pass)?
- Do they need to be excused from certain lessons? Which ones?
- Do they need help writing, laptop or any other support if arm injury?
- Where should they go at break and lunch so they are not in busy areas?
- Any arrangements for collection by parents, ie - temporary drive pass?
- How will they get to and from school?
- Are they on crutches and were they issued /advised to be used by doctor/hospital?
- Who should they report to if they are in pain, worried or need other help?

If the student cannot physically move around the building, then the pupil must remain at home.

- 19.3 Once a student has been seen by a Head of Year or pastoral member of staff and the member of staff still has concerns, a site risk assessment will be completed by a competent member of staff, ie- Business manager, Site Manager, Office Manager. As part of this process, it will be determined if the Site Manager is required to complete a PEEP.

20. Day Trips, Residential Visits and Sporting Activities

- 20.1 Pupils with medical conditions are supported to participate in School trips, sporting activities and Residential visits.
- 20.2 Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments could be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, where necessary, advice is sought from pupils, parents/carers and relevant medical professionals.
- 20.3 The School will arrange for adjustments to be made for pupils to participate, except where evidence from a clinician, such as a GP or School nurse, indicates that this is not possible, or a risk assessment, with reasonable adjustments, indicates that it would be unsafe for the pupil to participate.

21. Avoiding Unacceptable Practice

- 21.1 Hillcrest School and Sixth Form Centre will use its discretion and judge each case on its merits with reference to a pupil's IHC plan. Hillcrest School will avoid unacceptable practice.
- 21.2 Unacceptable practice may include, but is not limited to:
- Assuming that pupils with the same condition require the same treatment.
 - Ignoring the views of the pupil and/or their parents.
 - Creating barriers to children participating in School life, including School trips.

22. Liability and Indemnity

- 22.1 Staff who undertake duties within this policy are covered by the school's insurance.
- 22.2 Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Business Manager.

23. Complaints

- 23.1 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.
- 23.2 If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.

24. Home-to-School Transport

- 24.1 Arranging home-to-School transport for pupils with medical conditions is the responsibility of the LA.
- 24.2 Where appropriate, the School will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

25. Defibrillators

- 25.1 The School has an IPAD Intelligent Public Access Defibrillator (AED).
- 25.2 The AED is stored by the school main reception (School office behind reception).
- 25.3 All staff members are aware of the AED's location and what to do in an emergency.
- 25.4 Although no training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; volunteer staff members have been trained in its use. These volunteers are recorded on a list available to administrative staff to be contacted in the event of an emergency.

26. Review

- 26.1 The Safeguarding Deputy Head teacher is responsible for reviewing this policy annually.
- 26.2 The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the Headteacher immediately.

Policy Reviewed - September 2025

Next Review - September 2026

Appendix 1: Medical Needs Flowchart (new medical diagnosis or in-year admission)



