



Reach Schools

Supporting Students with Medical Conditions Policy

Document Control Table	
Title	Supporting Students with Medical Conditions Policy
Category	Students
Owner	COO
Date approved	13th October 2025
Approved by	Board of Trustees
Date of next review	September 2026
Updates/revisions	
Schools to note: This is a Reach Schools policy and should not be modified.	



Reach Schools supports all students who have medical conditions. Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities.

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Aims

This policy aims to ensure that:

- Students, staff and families understand how our school will support students with medical conditions;
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities.

The trustees will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of students' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Developing and monitoring individual healthcare plans (HCPs)

The named person with responsibility for implementing this policy are the Co-headteachers.

1. 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 students at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting students with medical conditions at school. This policy also complies with our funding agreement and articles of association.



2. Roles and responsibilities

a. The Board of Trustees

The Board of Trustees has ultimate responsibility to make arrangements to support students with medical conditions. Trustees will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

b. The Co-headteachers

The Co-headteachers will:

- I. Make sure all staff are aware of this policy and understand their role in its implementation
- II. Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (HCPs), including in contingency and emergency situations
- III. Ensure that all staff who need to know are aware of a child's condition
- IV. Take overall responsibility for the development of HCPs
- V. Make sure that school staff are appropriately insured and aware that they are insured to support students in this way;
- VI. Contact the clinical commissioning group (CCG) in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the CCG;
- VII. Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.



c. Staff

Supporting student with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

d. Families

Families will:

- I. Provide the school with sufficient and up-to-date information about their child's medical needs;
- II. Be involved in the development and review of their child's HCP and may be involved in its drafting
- III. Carry out any action they have agreed to as part of the implementation of the HCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

e. Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their



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medical support needs and contribute as much as possible to the development of their HCPs. They are also expected to comply with their HCPs.

4. Equal opportunities

Reach Schools is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

School leaders will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their families and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires a healthcare plan. 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 students who are new to our school.

6. Healthcare plans (HCPs)

The Co-headteacher's have overall responsibility for the development of HCPs for students with medical conditions. They will delegate this to a member of staff in their team.. Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed. Plans will be developed with the student's best interests in mind and will set out:



- What needs to be done;
- When;
- By whom.

Not all students with a medical condition will require an HCP. It will be agreed with a healthcare professional and the families when an HCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, families and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

HCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the HCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher / role of the individual with responsibility for developing HCPs, will consider the following when deciding what information to record on HCPs:

- The medical condition, its triggers, signs, symptoms and treatments;
- The student's resulting 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, e.g. crowded corridors, travel time between lessons;
- Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counseling sessions;



- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the students condition and the support required;
- Arrangements for written permission from families and the headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the families/student, the designated individuals to be entrusted with information about the student's condition;
- What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school where we have families' written consent.

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the families.



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Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Families will always be informed.

The school will only accept prescribed medicines that are:

- In-date;
- Labeled;
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely in the medical room. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to families to arrange for safe disposal at the end of the year.

a. Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

b. Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with families and it will be reflected in their HCPs.



Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the HCP and inform families so that an alternative option can be considered, if necessary.

c. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's HCP, but it is generally not acceptable to:

- I. Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary;
- I. Assume that every student with the same condition requires the same treatment;
- II. Ignore the views of the student or their families;
- III. Ignore medical evidence or opinion (although this may be challenged);
- IV. Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their HCPs;
- V. If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- VI. Penalise students for their attendance record if their absences are related to their medical condition,
- VII. e.g. hospital appointments;
- VIII. Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;



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- IX. Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring families to accompany their child;
- X. Administer, or ask students to administer, medicine in school toilets.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' HCPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the family arrives, or accompany the student to hospital by ambulance.

9. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of HCPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the medical lead. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students;
- Fulfil the requirements in the HCPs;



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- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures;
- Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

10. Record keeping

The Board of Trustees will ensure that written records are kept of all medicine administered to students for as long as these students are at school. Families will be informed if their student has been unwell at school.

HCPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The Board of Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA)

12. Complaints

Families with a complaint about their child's medical condition should discuss these directly with the Co-headteacher in the first instance. If they cannot resolve the matter, they will direct families to the school's complaints procedure.



13. Monitoring arrangements

This policy will be reviewed and approved by the Audit, Finance and Risk committee.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding and child protection
- Special educational needs information report and policy