St Laurence School Policy on Supporting Students with Medical Needs

Approval route: Finance& Resources

Policy lead: Lorna Lumb DFO
Review: October 2026
Next scheduled review: **Awaiting further DfE Guidance documents**

2028 or earlier when revised guidance is published.

This policy sets out how St Laurence School supports students with medical conditions in school, during visits and sporting activities, and when health needs affect attendance. It should be read alongside the separate First Aid and Allergy policies. Existing names and role titles have been retained; operational details must be confirmed as part of approval.

1. Introduction

Most pupils, at some time, may have a medical condition which may prevent them from attending school. For the majority, this will be short term but for some this may have a longer term impact. Parents and carers are encouraged to share details of medical needs with the school in order to facilitate timely and effective support.

The school recognises that many pupils will at some time need to take medication at school. Whilst parents retain responsibility for their child's medication, the School has a duty of care to the pupils and will do all that is reasonably practicable to safeguard and promote their welfare. Qualified first aiders oversee the administration of medicines in line with NHS and Government guidelines.

Staff administering medicines or undertaking medical procedures must have the training and competence required for the task. A first-aid qualification alone does not establish that competence.

2. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities The Trustee Board will implement this policy by:
- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions

- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Lorna Lumb DFO

3. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on Trustee Boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions. This policy also complies with our funding agreement and articles of association.

The existing DfE statutory guidance remains in force pending its replacement. This policy also takes account of Arranging education for children who cannot attend school because of health needs (December 2023). Allergy arrangements are addressed in the separate Allergy Policy, which must reflect Allergy safety in schools (July 2026).

4. Roles and responsibilities

The Trustee Board

The Trustee Board has ultimate responsibility to ensure this policy is implemented to support pupils with medical conditions. The Trustee Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The head teacher will have overall responsibility for:

- Ensuring all staff are aware of this policy and understand their role in its implementation
- Ensuring that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensuring that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensuring that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

The deputy head teacher (attendance) will be responsible for:

- Ensuring that monitoring and recording of absence complies with the statutory guidance and that codes accurately identify pupils with emerging, recurrent or long term medical needs.
- Ensuring that all young people with long term recurrent absence have a Medical PEP (where appropriate this will be drawn up in conjunction with the relevant Medical Needs Service) and this is reviewed with the parent/carer and the student and reviewed on a regular basis.

- Liaising with the Director of Personalised Learning and the County Assessment and Placement Service when a student with an Education Health Care Plan (EHCP) is going to be absent through medical need and ensuring that appropriate provision is made including coordination of the Annual Review.
- Ensuring close liaison with key agencies e.g. alternative education providers, to ensure that there is timely information about curriculum / work as requested.
- Facilitating opportunities for pupils with long-term absence to be entered for public exams where this is practical and desirable.

The Director of Finance and Operations will be responsible for:

- Ensuring that all staff are aware of this policy and understand their role in its implementation
- Ensuring that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensuring that the school nursing service made aware of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensuring that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensuring that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

Heads of House and Assistant Heads of House are responsible for:

- Monitoring absence and referrals to Education Welfare Service (EWS) and Medical Needs Team in respect of medical absence where appropriate.
- Taking appropriate action if a student will be absent for 15 days or more, whether consecutive or cumulative because of their medical need by liaising with the Local Authority Medical Needs team and notifying the School Nursing Service.
- Providing the EWS/ Medical Needs Team with such information as is required to make a referral to an appropriate education provider.
- Obtaining parental consent for information to be passed to the EWO.
- Co-ordinating and monitoring the Medical PEP in collaboration with parents, EWO and Medical Needs Team and, where appropriate, the School Nursing Service.
- Promoting contact / links between home and school. This needs to take account of the wishes of the student and the parents e.g. ensuring those young people not accessing school are informed of social events, and where possible included in these; access to study support, e-mail contact etc.
- Ensuring liaison with the tutor and teaching staff in regards to long-term absences.

The School Medical Administration Support is responsible for:

- Ensuring that all young people requiring medication and/or with chronic conditions, but who attend school regularly, have a Health Care Plan.
- Maintaining confidential medical records in accordance with data protection protocols.
- Maintaining the student Health Care Plan folder

- Safely storing medicines and maintaining the administration log for pupils and staff
- Providing appropriate information and details regarding particular medical conditions
- Organising training for staff (e.g. asthma, use of epi-pens, First Aid) and maintaining first aid boxes
- Maintaining a 'protected' list of conditions that may suddenly arise requiring an immediate, appropriate response and ensuring that designated staff know where to access this
- Ensuring parents have completed a medical information form when a student comes onto the roll of the school

The Attendance Administrator is responsible for:

- Maintaining a list of young people who are absent due to medical needs and maintaining accurate attendance data in collaboration with the above DHT and House Teams.

The Role of the School Nursing Service or specialist nurse

- The school nurse, when notified by parents/carers, will notify the school when a child has been identified as having a medical condition which requires support in school.
- They will also help the school in implementing the child's individual Health Care Plan.
- Where the medical needs are more complex school will also liaise with specialist nurses such as Dietetic nurses or the Lifetime nurses.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

The role of school Staff

- Supporting pupils 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 pupils 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 pupils 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 pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

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 IHPs.
- They are also expected to comply with their IHPs and will often carry their own emergency medication.

5. Equal opportunities

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

The school will consider what reasonable adjustments need to be made to enable these pupils 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 pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

6. Being notified that a child has a medical condition

The school may be notified by numerous routes that a pupil has a medical condition, the process outlined in Annex 1 will be followed to decide whether the pupil requires an IHP. All pupils must complete a medical green form when starting at school or when a new diagnosis has been given.

The school will make every effort to ensure that arrangements are in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. See Annex 1 for the Notification Flow Chart

7. Individual healthcare plans (IHPs)

The head teacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Director of Finance and Operations.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

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

- Where a pupil has an education, health and care plan (EHCP), the IHP should be linked to or form part of that plan, with arrangements coordinated through the relevant review process.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Trustee Board and Director of Finance and Operations, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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
- The level of support needed, including in emergencies. If a pupil 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements.

8. Medical PEPs

The school works in liaison with the Local Authority, EWO Service, health professionals and other agencies to ensure that students receive access to appropriate provision in accordance with their assessed needs and the applicable statutory duties.

For children of compulsory school age, the school will liaise promptly with the Local Authority when it becomes clear that health-related absence will total 15 days or more, consecutively or cumulatively. Referral must not wait until 15 days have elapsed where the need is already known. The school will support suitable education, regular review and reintegration in partnership with the family, healthcare professionals and relevant services.

In cases of current long-term recurrent absence, key staff will participate in the development of a Personal Education Plan (PEP) for the student which will be drawn up to support the student's individual needs. The Head of House will create and monitor the plan and will involve the parent/carer and student, and consult relevant professionals as appropriate, including the parent/carer, the student, the EWO, local healthcare professionals, representatives from the relevant Medical Needs Service.

In cases where a student's medical condition has previously had an impact on attendance, the family will be contacted by the relevant House Team at least twice a year to ensure that we have the most up to date medical information and advice.

9. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent
- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.
- The school will only accept prescribed medicines that are:
- In-date
- Labelled
- 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. Pupils 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 pupils and not locked away.
- Medicines will be returned to parents to arrange for safe disposal when no longer required.

10. Controlled drugs

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

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs 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.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but

will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

11. Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

12. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. All IHP's are held in the First Aid Room, 6th Form and the Restaurant. A First Aider should take the IHP for the relevant child. All First Aid Responders will be made aware of this by the Medical Administrator.

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

13. Training

- Staff who are responsible for supporting pupils with high medical needs will receive suitable and sufficient training to do so.
- The training will be identified during the development or review of IHPs. Staff who provide support to pupils 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 Director of Finance and Operations. 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 pupils
- Fulfil the requirements in the IHPs
- 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.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

14. Record keeping

The Trustee Board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

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

15. Liability and indemnity

The Trustee Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are: RPA 137057

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

16. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Director of Finance and Operations in the first instance. If the Director of Finance and Operations cannot resolve the matter, they will direct parents to the school's complaints procedure.

17. Monitoring arrangements

This policy will be reviewed at least every two years, and earlier following changes in statutory guidance, a serious incident, or a material change in school arrangements. It will be reviewed promptly when the revised DfE medical conditions guidance is published. Approval will be recorded through the Trustee Board's current scheme of delegation. This 2026 draft is pending approval; no approval date has been assumed.

18. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Attendance Policy
- Allergy Policy

Annex 1 Notification and support process

The following process retains the existing admissions routes and staff names from the school's notification flowchart.

Year 6 to 7 transition

Admission forms are sent in March to new Year 7 starters, including the green medical form.

Mid Year admissions and medical diagnoses

Admission and medical forms are returned before the start date where possible. New medical information is passed promptly to Medical Admin. The same assessment process applies as for Year 6 to 7 transition.

Year 12 External Admissions

Admission forms are handed out in July on induction day and returned by parents. Forms are passed to the Data Manager and medical forms to Medical Admin. The same assessment process applies as for Year 6 to 7 transition.

Annex 1

New Students

For Year 7 admissions, the Director of Learning (Transition) liaises with feeder primary schools and the SEN department to identify and record any known medical needs. Information is subsequently transferred to the Medical Administrator, who is responsible for contacting families to gather any additional information required and to coordinate appropriate support arrangements.

For students admitted during the school year, the Admissions Team provides any available medical information to the Medical Administrator, who undertakes the necessary follow-up with parents/carers.

Medical Admin
Medical Admin receives and reviews the information, records medical details in MIS SYSTEM and the Medical Spreadsheet, and identifies the support required.

Students identified with High Medical Needs
Medical Admin liaises

1. With the School Nurse about the need for an IHP;
2. With parents/carers for relevant healthcare information and any existing plan.
3. Where necessary, arrange a meeting with parents/carers, Med Admin, HOH, Tutor, VMR or DFO.
4. Agree and record the IHP, communicate relevant information to first aiders and staff, and organise medical updates and training.
5. Review the IHP annually

Students identified with medical conditions
Enter medical details in MIS SYSTEM and the Medical Spreadsheet. Contact parents/carers about spare medication and assess whether an IHP or other support is required.

Students requiring further pastoral or AEN support
Identify students who may need an EHCP assessment or a Medical PEP, and refer to the relevant staff and services.