



Supporting Students With Medical Needs Policy:

Policy Lead:	Nicola Trigg
Last Review Date:	Sept 2026
Next review date:	Sept 2027
Approval needed by:	Local Governing Board
Version:	2



Supporting Students with Medical Needs Policy



Aims

This policy aims to ensure that:

- Students, staff and parents 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.

Congleton High School will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of student's condition, 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 (IHPs)
- Risk assessments put in place where appropriate

This policy should be read in conjunction with the Congleton High School Administration of Medicines Policy and the Congleton High School Allergy Safety Policy. The Allergy Safety Policy sets out the school's whole-school arrangements for preventing, recognising and responding to allergic reactions and should be read alongside individual healthcare plans.

The Designated First Aid Lead (Laura Monk) will have responsibility for implementing this policy. The school will also identify a named senior member of staff with responsibility for allergy safety, in accordance with the school's Allergy Safety Policy.

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 pupils at their school with medical conditions <https://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/80395

This policy also complies with our funding agreement and articles of association.

2.1 Allergy safety and Benedict's Law

Congleton High School recognises the particular risks faced by students with allergies and is committed to providing a safe, inclusive environment for students with known and suspected allergies.

From September 2026, the school will have regard to the Department for Education statutory guidance Allergy Safety in Schools and will maintain a separate, whole-school Allergy Safety Policy. This policy will complement, and should be read alongside, this Supporting Students with Medical Needs Policy and the school's Administration of Medicines Policy.

- The school will appoint a named senior member of staff with responsibility for allergy safety.
- All staff will receive appropriate allergy-awareness and emergency-response training, including how to recognise the signs of anaphylaxis and respond appropriately.
- The school will maintain a supply of spare, in-date adrenaline auto-injectors (AAIs) for emergency use, where required under the statutory arrangements.
- Emergency medication will be stored appropriately, readily accessible and staff will know where it is located.
- Students with allergies will have appropriate Individual Healthcare Plans (IHPs), where required, setting out their individual needs, triggers, symptoms, medication and emergency procedures.
- The school will work with parents/carers, students and relevant healthcare professionals to ensure allergy information is accurate and kept up to date.
- Allergy risks will be considered when planning lessons, practical activities, trips, visits, sporting activities, catering and other school events.
- Students with allergies will be supported to participate fully in school life and will not be unnecessarily excluded from activities because of their medical condition.
- Significant allergy incidents and near misses will be recorded and reviewed to identify learning and improve school procedures.
- Relevant staff, including temporary or supply staff where appropriate, will have access to the information necessary to respond safely to an allergic emergency.

3. Roles and responsibilities

3.1 The Local Governing Body

- The Local Governing Body has ultimate responsibility for this policy.

3.2 The Headteacher

The Headteacher will:

- Ensure that all staff are aware of this policy and understand their role in its implementation
- Ensure 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
- Take ultimate responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way



- Ensure that contact is made with the school health service 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 school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

- Supporting students 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.
- All staff 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.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide the school medication when necessary and replace the medication when necessary
- 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

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

3.6 School health service and other healthcare professionals

- The school health service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the school and notify them of any students identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Congleton High School 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.

The school 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 parents and any relevant healthcare professionals will be consulted.



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 an IHP.

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.

See Appendix 1.

Individual healthcare plans

The headteacher has ultimate responsibility for the development of IHPs for students with medical conditions. This has been delegated to the designated first-aid lead.

Individual Healthcare 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 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 no 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 student's specific needs. The student will be involved wherever appropriate.

IHPs 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 IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The designated first-aid lead will have responsibility for developing IHPs and will consider the following when deciding what information to record on IHPs:

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, counselling 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 student'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 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 parent/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

See: Congleton High School - Administration of Medicines Policy

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

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

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.

7.1 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.

7.2 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.

7.3 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

8. Emergency procedures

- Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs 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 parent arrives, or accompany the student to hospital by ambulance.

8.1 Allergic emergencies

Where a student is suspected of experiencing anaphylaxis, staff will follow the student's IHP and the school's Allergy Safety Policy and act without delay. Staff will contact the emergency services in accordance with the school's emergency procedures and ensure that appropriate adrenaline medication is administered by trained and/or authorised staff in accordance with the relevant guidance and the student's individual arrangements.

The school will maintain spare adrenaline auto-injectors for emergency use in accordance with statutory requirements. These will be stored securely but in a location that allows rapid access in an emergency. Staff will be made aware of their location and the procedures for their use.

Following a significant allergic reaction or near miss, the incident will be recorded, parents/carers informed and the circumstances reviewed to identify any lessons or changes required to the student's support arrangements or wider school allergy procedures.

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 IHPs. 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 headteacher/designated first-aid 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 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.

In addition to condition-specific training identified through individual healthcare plans, all school staff will receive allergy-awareness training appropriate to their role. This will include awareness of common allergens, recognition of the signs and symptoms of an allergic reaction and anaphylaxis, appropriate emergency response, the location and use of spare adrenaline auto-injectors, and the school's arrangements for reporting and reviewing allergy incidents and near misses.

Training will be refreshed in accordance with the statutory guidance and whenever there is a significant change to the school's allergy safety arrangements.

10. Record keeping

Written records are kept of all medicine administered to students. Parents will be informed if their student has been unwell at school.

IHPs are kept electronically on SIMS, which all staff are aware of.

All significant allergic reactions and allergy-related near misses will be recorded in accordance with the school's incident-reporting procedures. Incidents and near misses will be reviewed by the designated allergy lead to identify any learning, preventative measures or changes to individual or whole-school arrangements. Where appropriate, parents/carers and relevant healthcare professionals will be involved in the review.

11. Liability and indemnity

The school is a member of the government's Risk Protection Arrangement (RPA) for schools. This is a scheme specifically designed for academies.

RPA will provide an indemnity if a Member becomes legally liable to pay damages or compensation in respect of or arising out of personal injury occurring in connection with the provision of medicines, or medical procedures. Indemnity will also be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to pupils with medical conditions and has received sufficient and suitable training.

Cover provided by the RPA will be subject to adherence with the statutory guidance on supporting pupils at school with medical conditions, December 2015.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Designated Medical Lead in the first instance. If the designated first aid lead cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the local governing body annual
Appendix:

Appendix 1: Being notified a child has a medical condition



