THE CONSORTIUM
ACADEMY TRUST

Shaping Positive Futures

Supporting Learners with Medical Conditions Policy

The Consortium Academy Trust (TCAT)
An Exempt Charity Limited by Guarantee
Company Number 07665828

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**NB – This document can only be considered valid when viewed on The Consortium Academy Trust website. If printed or downloaded, the policy date should be checked to ensure this is the latest version.*

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1 Why the Policy Is Needed

The Trust has a duty to support learners with medical conditions and ensure they can access education safely and effectively. Medical conditions can affect attendance, learning, wellbeing and participation in school life. This policy provides a framework to ensure learners receive the support they need and that the Trust meets its statutory responsibilities, including those under the Equality Act 2010 and relevant Department for Education guidance.

2 What the Policy is About

This policy sets out how the Trust will identify, plan for and support the medical needs of learners. It outlines the roles and responsibilities of staff, parents/carers, learners and healthcare professionals, including arrangements for healthcare plans, medicines, attendance, emergency procedures and participation in academy activities.

3 What the Policy Will Achieve

This policy will help ensure that learners with medical conditions are safe, supported and able to participate fully in education and wider academy life. It promotes effective partnership working with families and professionals, reduces barriers to learning, attendance and wellbeing, and supports positive outcomes for all learners, including those with SEND and disabilities.

1.0 Legal framework and linked policies

This policy reflects the Trust's duties under relevant legislation and statutory guidance, including:

- Children and Families Act 2014, including section 100 and the allergy safety duties inserted by the Children's Wellbeing and Schools Act 2026;
- Equality Act 2010;
- Education Act 1996, including local authority duties for children who cannot attend school because of health needs;
- Health and Safety at Work etc. Act 1974 and the Human Medicines Regulations 2012 (as amended);
- DfE Supporting pupils at school with medical conditions (current statutory guidance);
- DfE Allergy safety in schools (2026);
- DfE Arranging education for children who cannot attend school because of health needs (2023); and
- DfE SEND Code of Practice: 0 to 25 years and First aid in schools, early years and further education.

This policy should be read alongside the linked Trust policies listed on the cover. Detailed arrangements for allergy and anaphylaxis are set out in the Trust Allergen Policy and are not duplicated here.

2.0 Roles and responsibilities

2.1 Trust Board and CEO

- The Trust Board is responsible for ensuring that appropriate arrangements are in place across the Trust and that this policy is implemented and monitored.
- The Board seeks assurance that schools have effective systems for identifying needs, developing and reviewing Individual Healthcare Plans (IHPs), training staff and managing medicines safely.
- The CEO has overall responsibility for implementation of this policy and delegates day-to-day responsibility within each school to the Headteacher.

2.2 Headteacher

- ensures the policy is implemented and a named person coordinates support for learners with medical conditions;
- ensures sufficient appropriately trained and competent staff are available, including contingency arrangements for absence and off-site activities;
- has overall responsibility for ensuring IHPs are developed, implemented and reviewed;
- ensures relevant staff, including temporary and supply staff, receive the information they need to keep learners safe; and
- liaises with parents/carers, health professionals, the school nursing service and the local authority where additional support is required.

2.3 School staff

- must understand and follow relevant arrangements for learners they teach or supervise;
- may be asked to support a learner with a medical condition, including administering medicines or procedures, but must not undertake a task for which they have not received appropriate training and been assessed as competent;
- must respond promptly to medical emergencies and record medicines or treatment administered in line with school procedures.

2.4 Parents/carers and learners

- Parents/carers should provide accurate, up-to-date information, prescribed medication and equipment, notify the school of changes, and contribute to the development and review of IHPs.
- Learners will be involved in decisions about their support as far as is appropriate to their age, understanding and competence, and will be encouraged to self-manage where safe to do so.

2.5 Health services and the local authority

- Relevant health professionals support assessment, IHP development, training and clinical advice. The local authority retains its statutory responsibilities for suitable education where a child cannot attend school because of health needs and for home-to-school transport where applicable.

3.0 Identifying needs and Individual Healthcare Plans

When a school is notified that a learner has a medical condition requiring support, the designated person will gather relevant information and decide, with the learner, parents/carers and health professionals where appropriate, whether an IHP is required. Support will not be delayed solely because a formal diagnosis is awaited.

For learners joining at the start of an academic year, arrangements should be in place before admission or induction wherever possible. For a new diagnosis or mid-year admission, every effort will be made to put arrangements in place promptly and, where practicable, within two weeks.

An IHP should be proportionate to the learner's needs and may include:

- diagnosis or condition, symptoms, triggers, treatment and relevant risks;
- medication, dosage, storage, equipment, dietary or environmental requirements;
- educational, social and emotional support, including reasonable adjustments;
- what the learner can manage independently and what support is required;
- named staff, cover arrangements, training and competency requirements;
- emergency signs, actions, contact details and contingency arrangements;
- arrangements for trips, PE, transport or other activities; and
- any necessary information-sharing or confidentiality arrangements.

IHPs will be readily available to staff who need them, while protecting confidentiality. They will be reviewed at least annually and sooner where needs change, following a significant incident or at the request of the learner, parent/carer or relevant professional. Where an EHCP or clinician-led emergency plan exists, arrangements will be coordinated and cross-referenced.

4.0 Training, communication and confidentiality

The Headteacher will ensure that training is matched to the medical needs present in the school. This will include appropriate whole-school awareness and, where required, condition-specific training and competency assessment for staff undertaking healthcare procedures. A first-aid qualification alone does not demonstrate competence for condition-specific care.

Training will be refreshed when needs change and recorded. Parents/carers may contribute information and advice but will not normally be the sole source of clinical training where competency assessment is required.

Relevant information will be shared on a need-to-know basis with permanent, temporary, supply and visiting staff. Personal medical information will be handled confidentially and in accordance with data protection requirements, while ensuring that safety-critical information is available to those who need it.

5.0 Managing medicines, self-management and records

Medicines will be administered at school only where this is necessary to support the learner's health or attendance and in accordance with the prescriber's instructions, the learner's IHP where applicable, and written consent arrangements.

- Medicines accepted by school should normally be in date, clearly labelled and in the original container as dispensed, with instructions for dosage and storage. Insulin may be supplied in a pen, pump or other prescribed device.
- Learners under 16 will not be given medicine containing aspirin unless it has been prescribed by a doctor.
- Medicines and controlled drugs will be stored securely and access will be limited appropriately. Emergency medicines and devices must remain readily accessible and must not be locked away where this would delay treatment.
- Learners who are competent to manage their own medicines or devices will be encouraged to do so, with arrangements recorded in their IHP where relevant.
- If a learner refuses medicine or a procedure, staff will not force them. The agreed IHP or emergency procedure will be followed and parents/carers informed unless doing so would conflict with the learner's legal rights.
- Unused medicines will be returned to parents/carers for safe disposal. Sharps will be disposed of in an appropriate sharps container.
- All medication administered, including the time, dose and staff member involved, will be recorded. Significant side effects, errors, incidents and near misses will also be recorded and escalated in accordance with Trust procedures.

6.0 Emergency arrangements and allergy safety

Each IHP will identify what constitutes an emergency and the action required. Staff should call 999 where indicated and must not delay urgent, life-saving treatment while attempting to contact parents/carers or designated staff. A learner with a known medical condition will not be sent alone to obtain help.

If a learner is taken to hospital, a member of staff will accompany them until a parent/carer arrives, where practicable, and relevant medical information will be provided to emergency responders.

Allergy prevention, anaphylaxis response, allergy awareness training, the storage and use of prescribed and spare adrenaline auto-injectors, and the recording and review of allergy incidents are governed by the Trust Allergen Policy. That policy must be followed alongside any learner-specific Allergy Action Plan or IHP.

Automated external defibrillator (AED) arrangements are managed through the Trust Health and Safety / First Aid arrangements. Staff will know the location of any AED on site and emergency services will be contacted whenever one is used.

7.0 Access to education, attendance and activities

A learner will not be denied admission or access to education simply because arrangements for a medical condition are not yet complete. Schools will make individual risk assessments and reasonable adjustments and will work with families and professionals to establish safe arrangements as quickly as possible.

Learners with medical conditions will be supported to participate in lessons, physical education, clubs, visits and residential activities. Risk assessments will take account of medical needs, medication and emergency arrangements, and relevant medicines or devices must remain accessible off site.

Medical absence will be managed with a focus on maintaining education, wellbeing and connection with school. Where it becomes clear that a learner is likely to be unable to receive

suitable education at school for 15 days or more, whether consecutive or cumulative, the school will engage promptly with the local authority and relevant professionals. Reintegration will be planned and reviewed.

Attendance information will be interpreted in the context of the learner's medical condition. Learners will not be penalised for absence directly attributable to a documented medical condition.

8.0 Unacceptable practice

The Trust considers the following unacceptable, except where there is clear individual clinical justification:

- assuming that learners with the same condition require the same support;
- ignoring the views of the learner or parents/carers, or relevant medical evidence;
- preventing a learner from readily accessing essential medicines, food, drink or toilet facilities required to manage their condition;
- routinely sending a learner home, excluding them from activities or creating barriers to participation because of their condition;
- requiring parents/carers to attend school to administer medication or provide routine medical support because suitable school arrangements have not been made;
- sending a learner who is unwell or experiencing a medical emergency to seek help alone; or
- penalising a learner for medically related absence without appropriate consideration of the evidence and circumstances.

9. Insurance, complaints and review

The Trust will maintain appropriate insurance or indemnity arrangements for staff who support learners with medical conditions, subject to staff following agreed procedures and training requirements.

Concerns should normally be raised with the school in the first instance. Formal complaints will be managed under the Trust Complaints Policy. Parents/carers may also use relevant external routes where available after the Trust complaints process has been exhausted.

This policy will be reviewed at least every two years and sooner where legislation, statutory guidance, Trust arrangements or learning from a significant incident requires change. The separate Trust Allergy and Allergen Management Policy is reviewed in accordance with the statutory allergy safety requirements.

Appendix 1: Individual Healthcare Plan implementation procedure

Step	Action
1	School is informed that a learner has a medical condition, is returning after a period of illness, or their needs have changed.
2	The designated person gathers information from the learner, parents/carers, previous setting and relevant professionals.
3	The Headteacher/designated person decides whether an IHP is required and arranges a planning discussion where appropriate.
4	The IHP is agreed with the learner and parents/carers, with clinical advice where needed. Responsibilities and emergency arrangements are made clear.
5	Training and competency requirements are identified and completed before staff undertake relevant procedures.
6	The plan is implemented and relevant information is shared with staff who need it, including arrangements for absence, trips and emergencies.
7	The IHP is reviewed at least annually and whenever needs change or a significant incident indicates that review is required.

Appendix 2: Individual Healthcare Plan template

Learner name	
Date of birth / year group / class	
Medical diagnosis or condition	
Date plan agreed / review date	
Parent/carer contact details	
Clinical / school nurse contacts	
Symptoms, signs and triggers	
Daily care requirements, medication, dose, method, timing, storage and side effects	
Equipment, dietary or environmental requirements	
Self-management arrangements	
Support for education, social and emotional needs / reasonable adjustments	
Emergency signs and actions, including when to call 999	
Named staff, cover arrangements and staff training / competency required	
Trips, PE, residentials and off-site arrangements	
Information sharing / confidentiality arrangements	

Plan developed with / signatures	

Appendix 3: Parental agreement for the school to administer medicine

The school will administer medicine only in accordance with this policy and the information provided below. Please notify the school immediately of any change to the medicine, dose or instructions.

Learner name	
Date of birth / class	
Medical condition / reason for medicine	
Name and type of medicine	
Expiry date	
Dose and method of administration	
Timing / frequency	
Special precautions / storage instructions	
Known side effects	
Self-administration arrangements	
Emergency action required	
Parent/carer name and daytime contact	
Person delivering medicine to school	
Parent/carer signature and date	

Appendix 4: Record of medicine administered

Date	Learner	Class	Time	Medicine	Dose	Route / method	Reaction / notes	Staff initials