



Policy and Procedure

Supporting Pupils with Medical Conditions Policy

Type of document:

- ☒ Trust-wide document
- ☐ Trust operational plan template tailored by school
- ☐ School-specific document

Reviewed and Approved by:

Trust Board

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October 2027*

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2.0

**Or earlier when the DfE publishes revised statutory guidance on supporting pupils with medical conditions.*

Supporting Pupils with Medical Conditions

This policy has been updated to align with the Trust Allergy Safety Policy and current national guidance. It will be reviewed again when the Department for Education publishes revised statutory guidance on supporting pupils with medical conditions.

Document control	
Policy owner	Trust Board
Approval body	Trust Board
Named Academy Medical Conditions Leads	Recorded by each academy in Appendix A
Status	Approved
Effective date	1 October 2026
Review date	October 2027, or earlier following revised DfE guidance, significant legal change, a serious incident or significant near miss
Applies to	All 19 BCWCAT academies

How this policy fits with the Allergy Safety Policy

This policy covers the Trust's wider arrangements for pupils with medical conditions. Allergy-specific requirements, including whole-school allergy training, food-allergy controls, spare adrenaline auto-injectors and the emergency response to anaphylaxis, are set out in the separate BCWCAT Allergy Safety Policy. A pupil should have one IHP covering all relevant conditions, with clinical care or action plans attached.

Contents

Sections 1 to 7	Sections 8 to 11 / Appendices
1. Purpose, legal context and scope	8. Attendance, inclusion, wellbeing and SEND
2. Governance and responsibilities	9. Trips, visits and activities
3. Identifying pupils and agreeing support	10. Records, information sharing, incidents and assurance
4. Individual Healthcare Plans (IHPs)	11. Liability, complaints and unacceptable practice
5. Staff training, awareness and competence	Appendix A. Academy-specific arrangements
6. Managing medicines and medical devices	Appendix B & C. IHP process and flowchart
7. Emergency arrangements	Appendix D. Key national guidance

1. Purpose, legal context and scope

This policy sets the Trust-wide framework for supporting pupils with physical or mental health conditions so that they can access education safely, participate fully in school life and achieve their academic potential. Support must reflect the needs of the individual pupil and must not create unnecessary barriers to attendance, inclusion or participation.

The Trust Board, as proprietor of the academies, has the statutory duty under section 100 of the Children and Families Act 2014 to make arrangements to support pupils with medical conditions. The current DfE statutory guidance Supporting pupils at school with medical conditions remains in force. The DfE confirmed in July 2026 that it intends to revise that guidance, but the revised version has not yet been published.

Section 34 of the Children's Wellbeing and Schools Act 2026 introduced additional allergy-safety duties. These are implemented through the separate BCWCAT Allergy Safety Policy and the DfE statutory guidance Allergy safety in schools (July 2026).

This policy should also be read with the Equality Act 2010, SEND Code of Practice 0 to 25 years, Early Years Foundation Stage statutory framework, Working Together to Improve School Attendance, Education for children with health needs who cannot attend school, First Aid Policy, Educational Visits Policy, Attendance Policy, SEND Policy, Safeguarding Policy, Data Protection Policy and the BCWCAT Allergy Safety Policy.

Scope

This policy applies to all pupils attending BCWCAT academies and to all staff involved in supporting them during the school day, breakfast and after-school provision, wraparound care, educational visits, residentials, sports and academy-arranged transport. It covers long-term, complex, episodic and short-term medical needs where support is required in school.

Allergy, asthma, coeliac disease and food intolerance

Allergy is managed through both this policy and the separate Allergy Safety Policy. Asthma is a medical condition and is also relevant to allergy safety because asthma and anaphylaxis can overlap. Coeliac disease is an autoimmune condition and food intolerance is a non-immune condition; neither can cause anaphylaxis. They are supported under this policy and through appropriate catering controls, not treated as allergy emergencies.

2. Governance and responsibilities

Role	Responsibility
Trust Board	Retains legal accountability; approves and reviews this policy; ensures appropriate resources, insurance and assurance arrangements; and receives significant risks, serious incidents and themes.
Local Academy Council (LAC/LGB)	Provides local scrutiny under the Scheme of Delegation and receives assurance from the Headteacher. It does not replace Trust Board accountability.
Headteacher	Accountable for implementation within the academy; appoints a named Academy Medical Conditions Lead and deputy; ensures sufficient trained staff and cover; ensures IHPs and local procedures are in place; and decides, with parents and relevant professionals, whether an IHP is required where this is not clear.

Role	Responsibility
Academy Medical Conditions Lead	Coordinates local arrangements, IHPs, staff information, medication systems, training evidence, incident review and liaison with families and professionals under the Headteacher's authority. This may be the same person as the Academy Allergy Safety Lead.
School staff	Must know how to obtain help when a pupil with a medical condition needs it. Staff who provide specific support or administer medicines must follow the pupil's IHP or agreed procedure and must have suitable training and competence.
Parents / carers	Provide current information, prescribed medicines and clinical plans; notify the academy of changes; participate in IHP development and review; and provide required consent.
Pupils	Should be involved in decisions according to age and competence and supported to manage their own condition and medicines where safe and appropriate.
Healthcare professionals	Provide clinical advice, care/action plans and, where required, training or confirmation of competence. Clinical judgement remains with healthcare professionals; the academy determines its own educational and operational arrangements.

3. Identifying pupils and agreeing support

Each academy must have a clear process for identifying pupils who require medical support. Information must be gathered at admission, transition, when a new condition is diagnosed or suspected, after a significant change in need and when a pupil returns following a period of hospital education or prolonged absence.

For pupils starting a new academy, arrangements must be planned in time for the start of the relevant term. For an in-year admission, new diagnosis or significant change, the academy should aim to have agreed arrangements in place within 10 school days, with proportionate interim controls from the pupil's first day or from the point the need becomes known.

Support must not be withheld solely because a formal diagnosis or complete clinical paperwork is not yet available. The academy should use the best available information, involve the pupil and parent or carer, seek appropriate healthcare advice and put interim arrangements in place where needed.

When information or clinical documentation is not provided

Where the academy has credible information that a pupil has, or may have, a medical condition or allergy but the parent or carer does not provide the information, clinical plan, medication details or other documentation reasonably required, the Headteacher must not simply treat the condition as unconfirmed or take no action.

The academy must:

- record the information currently available and the attempts made to obtain further information;
- put proportionate interim arrangements in place based on the known risk;
- continue to engage with the parent or carer and explain why the information is required;
- seek appropriate advice from relevant healthcare professionals or school nursing services where this can lawfully and reasonably be obtained;
- ensure staff do not make clinical judgements beyond their competence; and
- review the arrangements as soon as further information becomes available.

Where the absence of essential information or medication means the academy cannot safely determine or provide the support required, the Headteacher must consider the matter as a safeguarding and risk-management concern and seek appropriate professional advice.

When an IHP is required

Not every pupil with a medical condition requires an IHP. An IHP will usually be required where the condition is long-term, complex, fluctuating, creates a risk of harm, requires emergency intervention, or requires support or adjustments that are additional to or different from those made generally. If agreement cannot be reached, the Headteacher is best placed to make the final school-level decision, taking account of the available evidence.

For allergy, the specific IHP threshold and arrangements in the BCWCAT Allergy Safety Policy apply. A single IHP should cover all of a pupil's medical conditions rather than separate IHPs being created for different conditions.

4. Individual Healthcare Plans (IHPs)

Core principle

An IHP is the academy's plan for how it will support the pupil. It is not a clinical document. Clinical care plans, Allergy Action Plans, Asthma Action Plans and other instructions issued by healthcare professionals must be attached or directly referenced and must not be rewritten in a way that could introduce error.

The Headteacher must ensure that a suitably trained member of academy staff coordinates the IHP process. The pupil and parent or carer must be involved and relevant healthcare advice must be considered. Responsibility for finalising and implementing the academy arrangements rests with the school.

An IHP should record, where relevant:

- the pupil's condition, triggers, signs, symptoms, treatment and the impact on health, learning, attendance and wellbeing;
- medication, dose, side effects, storage, access arrangements, self-management and any required monitoring;
- facilities, equipment, dietary or environmental requirements and reasonable adjustments;
- the support required, who will provide it, training or competence requirements and cover arrangements;
- which staff need to know and how information will be shared while preserving confidentiality;
- arrangements for lessons, breaks, meals, PE, exams, clubs, trips and other activities;
- what constitutes an emergency, what staff must do, who to contact and any contingency arrangements;
- any linked EHC plan, clinical care plan, Allergy Action Plan, Asthma Action Plan or other healthcare document;
- review dates and the circumstances that require earlier review.

IHPs must be reviewed at least annually and earlier following a significant change in the pupil's condition, medication or clinical advice; transition; a serious incident or significant near miss; or where the existing arrangements are not working effectively.

5. Staff training, awareness and competence

All staff must know that the Trust has this policy, understand their role in obtaining help and know how to access information about pupils they support. New staff must receive an appropriate induction and supply, cover and visiting staff must be given relevant information before they take responsibility for pupils.

Any member of staff providing specific medical support must receive suitable training and must be competent before undertaking the task. Training requirements should be identified through the IHP or agreed local procedure and refreshed when the pupil's needs or instructions change.

A first-aid certificate does not, by itself, constitute appropriate training for condition-specific healthcare support. Parents and carers are an important source of information but must not be the sole trainer where a healthcare procedure requires clinical instruction or competency assessment.

Allergy awareness and emergency response training is subject to the separate BCWCAT Allergy Safety Policy, which requires annual training for all staff present while pupils are scheduled to be on site.

6. Managing medicines and medical devices

Medicines should be administered in school where it would be detrimental to the pupil's health or school attendance not to do so. The academy must have written parental consent for medicines to be administered to a pupil under 16, except in exceptional circumstances permitted by law. Staff must follow the prescriber's instructions and any relevant IHP.

- Prescribed medicines must be in date, labelled and supplied in the original container as dispensed by a pharmacist, with instructions for administration, dosage and storage. Insulin may be supplied in a pen or pump rather than its original container.
- A pupil under 16 must not be given medicine containing aspirin unless prescribed by a doctor. Before giving pain relief, staff must check the maximum dose and when a previous dose was taken; parents must be informed when it is administered.
- Medicines and devices must be stored safely. Emergency medicines and devices, including asthma inhalers, blood-glucose monitoring equipment and prescribed adrenaline, must be readily accessible and must not be locked away where this could delay use.
- Controlled drugs must normally be stored securely in a non-portable container with access limited to named staff, while remaining accessible in an emergency. Records must show doses administered and the amount held.
- Pupils who are competent should be encouraged to carry and self-administer their own medicines or devices where appropriate, with any supervision or monitoring recorded in the IHP.
- If a pupil refuses medicine or a healthcare procedure, staff must not force them. Staff must follow the IHP or agreed procedure and inform the parent or carer so that alternatives can be considered.
- All medicines administered by staff must be recorded promptly. Medicines no longer required must be returned to the parent or carer for safe disposal. Needles and other sharps must be disposed of using an approved sharps container.

Emergency asthma inhalers and spare adrenaline

Academies may hold emergency salbutamol inhalers in accordance with DHSC guidance. An emergency inhaler may only be used for a pupil who has been prescribed a reliever inhaler and where the required written consent is in place.

Spare adrenaline auto-injectors are governed by the BCWCAT Allergy Safety Policy. They are additional to a pupil's prescribed adrenaline and may be used without delaying to check prior consent where this is necessary to save a life in a suspected anaphylaxis emergency.

7. Emergency arrangements

Every academy must have arrangements for medical emergencies during all school activities, including trips and off-site provision. Where a pupil has an IHP, it must identify what constitutes an emergency, the response required and the staff who need to know.

If a pupil becomes seriously unwell, staff must remain with them, obtain appropriate help and follow the IHP or clinical action plan. A pupil who is unwell must not be sent to the school office or medical room without suitable supervision.

If a pupil needs to be taken to hospital, a member of staff should remain with the pupil until the parent or carer arrives or accompany the pupil in the ambulance where necessary. The academy must ensure emergency services are given accurate access information and the correct site postcode.

Anaphylaxis

Suspected anaphylaxis must be managed exactly as set out in the BCWCAT Allergy Safety Policy: bring help and adrenaline to the person, give adrenaline without delay, call 999 and do not make the person stand or walk.

8. Attendance, inclusion, wellbeing and SEND

Pupils with medical conditions must be supported to access the same opportunities as other pupils, including lessons, school meals, PE, clubs, trips and residential, with reasonable adjustments where required. A medical condition must not be used to create unnecessary barriers to admission, attendance or participation.

Medical-related absence must be managed sensitively. Pupils must not be penalised for absences caused by their medical condition, treatment or appointments. The academy should plan for missed learning, reintegration and appropriate flexibility where health needs affect attendance.

Where a pupil is likely to be unable to attend school for 15 days or more, whether consecutive or cumulative across the school year, the academy should liaise with the local authority in accordance with statutory guidance on education for children who cannot attend school because of health needs.

Some pupils with medical conditions will be disabled under the Equality Act 2010 and/or have SEND. Where an EHC plan exists, the IHP should be linked to or form part of the wider planning for the pupil. Medical support must be coordinated with SEND, safeguarding, attendance and pastoral arrangements.

9. Trips, visits and activities

Academies must actively support pupils with medical conditions to participate in educational visits, residential, sports and other activities. Planning must consider the pupil's condition, IHP, medication, equipment, trained staff, transport, accommodation, access to medical help and any reasonable adjustments required.

A proportionate risk assessment must be completed where the pupil's medical condition creates additional risk. Required medicines and devices must remain readily accessible throughout the activity. A pupil must not be excluded or required to have a parent attend solely because of their medical condition unless there is clear evidence that participation cannot be made safe through reasonable arrangements.

For pupils with allergy or at risk of anaphylaxis, the specific trip requirements in the BCWCAT Allergy Safety Policy also apply.

10. Records, information sharing, incidents and assurance

Records and information sharing

Academies must keep accurate records of medicines administered, staff training and competence, IHPs and relevant medical incidents. IHPs and emergency information must be readily accessible to staff who need them, while preserving confidentiality.

Health information is special category personal data. It must only be shared where there is a lawful basis and where staff, caterers, transport providers or external providers need the information to keep the pupil safe and included. Relevant information must be shared during transition and handovers, including with supply and visiting staff where necessary.

Serious incidents and near misses

A serious medical incident is an event relating directly to a medical condition in which a pupil, staff member or visitor is harmed or placed at an immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or emergency services are required. A near miss is an error, omission or system failure that did not cause harm but clearly had the potential to do so.

Timescale	Action
Immediate	Protect the person, provide emergency treatment, call 999 where required, inform the parent or emergency contact and notify the Headteacher / Academy Medical Conditions Lead.
Same day	Record the incident factually, including what happened, the response and outcome. Preserve relevant medicine, equipment or evidence where appropriate.
Within 24 hours	Report any serious medical incident and significant near miss through the Trust's central reporting route. Allergy incidents must also follow the Allergy Safety Policy.
Following the event	Review what happened in a no-blame learning approach, involve the pupil and parent where appropriate, consider whether the IHP, training, policy or clinical plan needs review, and complete any statutory reporting required.

Assurance

Headteachers must maintain local assurance that named leads, IHPs, training, medication arrangements, emergency procedures and incident actions are current. Significant risks, serious incidents and recurring themes must be reported through local governance and Trust assurance routes.

11. Liability, complaints and unacceptable practice

Liability and indemnity

The Trust will maintain appropriate insurance or Risk Protection Arrangement cover for the support of pupils with medical conditions and the administration of medication. Staff acting reasonably, within their training and in good faith will be supported by the Trust.

Complaints

Concerns should normally be raised with the Headteacher in the first instance. Formal complaints will be managed under the Trust Complaints Policy. Complaints may also arise where agreed medical arrangements have not been put in place or delivered.

Unacceptable practice

It is unacceptable to:

- prevent a pupil from easily accessing their medicines or devices when needed;
- assume that pupils with the same condition require identical support;
- ignore the views of the pupil or parent, or disregard relevant clinical advice without a clear and justified reason;
- send a pupil home repeatedly, exclude them from lunch, clubs, trips or other normal activities solely because of their medical condition;
- send an unwell pupil to the office or medical room without suitable supervision;
- penalise a pupil for medical-related absence or prevent necessary food, drink, toilet or rest breaks;
- require a parent or carer to attend school to administer medication or provide routine medical support as a substitute for reasonable school arrangements; or
- create unnecessary barriers to participation, including requiring a parent to accompany a pupil on a trip solely because of their medical condition.

Appendix A. Academy-specific medical conditions arrangements

Each academy must complete and keep this information current, or maintain an equivalent local procedure covering the same points.

Local arrangement	Academy entry
Academy / phase / Headteacher	
Academy Medical Conditions Lead / deputy	
Academy Allergy Safety Lead / deputy (if different)	
Location of IHPs, care plans and action plans	
Medication storage locations	
Emergency medication / device locations	
Emergency asthma inhaler arrangements (if held)	
Controlled drugs storage and named access arrangements	
Staff training / competence records location	
How emergency help is summoned	
Ambulance access point and postcode	
Supply, wraparound and external-provider briefing arrangements	
Trip and activity medical risk-assessment arrangements	
Central Trust incident reporting route	
Date completed / reviewed / next review date	

Completed by	Role	Headteacher approval / date	LAC/LGB assurance / date

Appendix B. IHP process

The following process should be used whenever a pupil's medical condition may require additional or different arrangements in school.

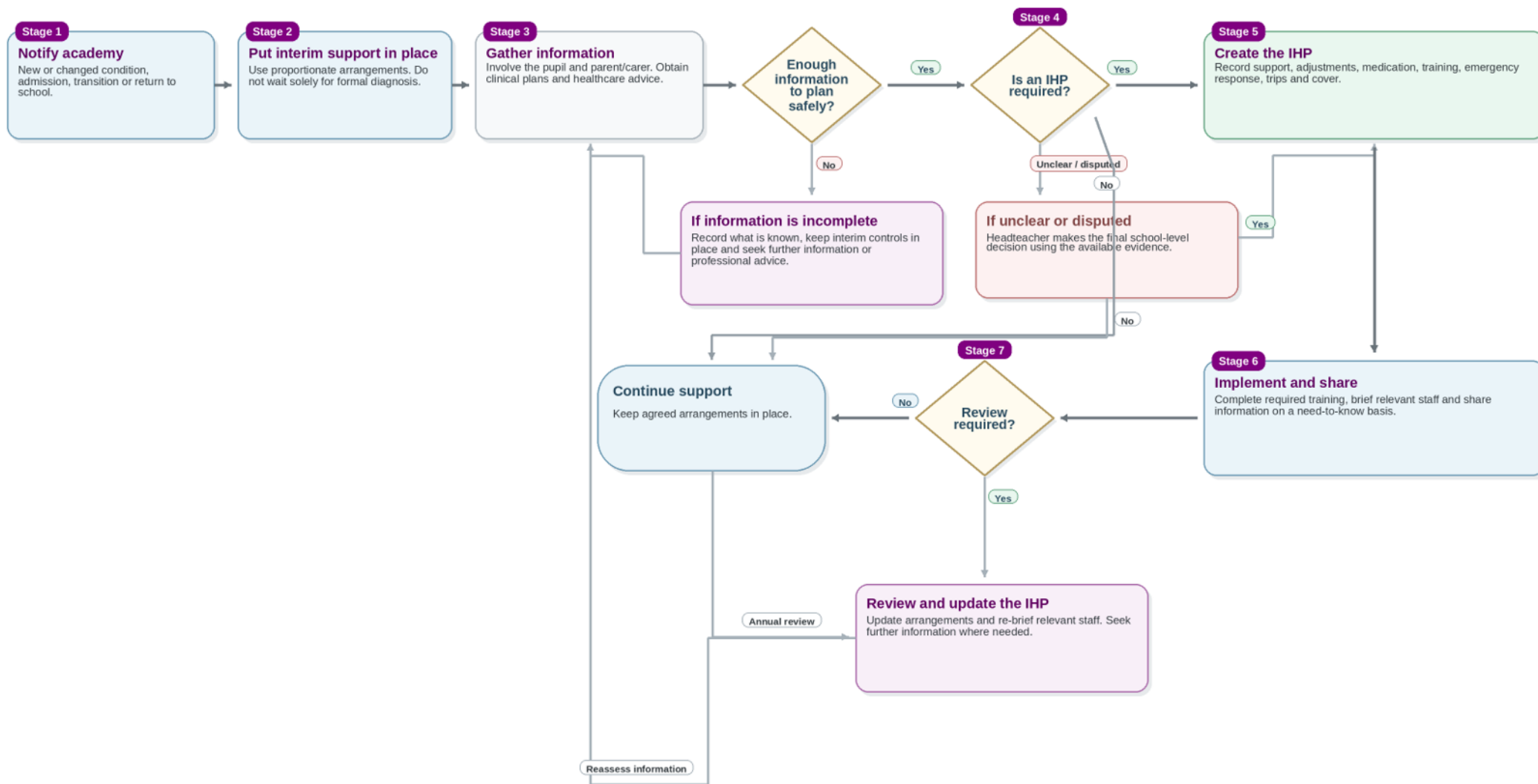
Stage	Requirement
1. Notification	The academy is notified of a new or changed medical condition, an in-year admission, transition, return from hospital education or other need for support.
2. Immediate arrangements	The Headteacher or Academy Medical Conditions Lead puts proportionate interim controls in place where needed. Support does not wait solely for formal diagnosis.
3. Gather information	The academy involves the pupil and parent or carer, obtains relevant clinical care/action plans and seeks healthcare advice where necessary. Where information is incomplete or not provided, the academy records what is known, puts proportionate interim arrangements in place and continues to seek the information or professional advice needed to manage the pupil safely.
4. Decide whether an IHP is required	Consider the condition's impact, risk of harm, complexity, emergency needs and whether additional or different school arrangements are required. The Headteacher takes the final school-level decision if agreement cannot be reached.
5. Draw up the IHP	The academy records the support, adjustments, medication, training, emergency response, trips and cover arrangements. Clinical plans are attached or referenced rather than rewritten.
6. Implement and share	Relevant staff are briefed, required training or competence is completed and the pupil and parent receive the agreed plan. Information is shared only on a need-to-know basis.
7. Review	Review at least annually and sooner after changed needs or clinical advice, transition, a serious incident or significant near miss, or where arrangements are not effective.

Allergy

Where the pupil has allergy, the IHP must also meet the requirements of the BCWCAT Allergy Safety Policy and include or reference the current Allergy and/or Asthma Action Plan where one has been issued.

Appendix C. IHP process flowchart

This flowchart summarises the IHP process. Appendix B provides the detailed requirements.



Review triggers

At least annually, and sooner after changed needs or clinical advice, transition, a serious incident or significant near miss, or where arrangements are not effective.

Appendix D. Key national guidance

- Department for Education, Supporting pupils at school with medical conditions (statutory guidance, published September 2014 and last updated August 2017): [Supporting pupils with medical conditions at school - GOV.UK](#)
- Department for Education, Allergy safety in schools (statutory guidance, July 2026): [Allergy safety in schools - GOV.UK](#)
- Department for Education, Education for children with health needs who cannot attend school (statutory guidance, December 2023): [Arranging education for children who cannot attend school because of health needs](#)
- Department of Health and Social Care, Emergency asthma inhalers for use in schools: [Guidance on the use of emergency salbutamol inhalers in schools](#)
- Department for Education, First aid in schools, early years and further education: [First aid in schools, early years and further education - GOV.UK](#)
- SEND Code of Practice: 0 to 25 years; Equality Act 2010; Early Years Foundation Stage statutory framework: [SEND Code of Practice January 2015.pdf](#)