New Seaham Academy

Supporting Pupils with Medical Conditions

New Seaham Academy wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full-time curriculum, or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 updated August 2017 – "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014 https://www.gov.uk/government/publications/supporting-pupils-at-school-withmedical-conditions--3

The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.

https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Signed by:

Headteacher	Mr S. Bilton	Date: September 2026
Chair of Governors	Mrs Angela Carling	Date: September 2026

The aims of the policy are to ensure that:

- All school staff understand that medical conditions should not be a barrier to learning and full participation in school life.
- Pupils at school with medical conditions should be properly supported to ensure they have full access to education, including school trips and physical education.
- The school ensures all staff understand their duty of care to children and young people and their expected actions in the event of an emergency.

1) Key roles and responsibilities

a) The Local Authority (LA) is responsible for:

1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.

2) Providing support, advice/guidance to schools and their staff to ensure Individual Healthcare Plans (IHP) are in place.

3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Board of Trustees of New Seaham Academy is responsible for:

1) Ensuring arrangements are in place to support pupils with medical conditions.

2) Ensuring the policy and procedures clearly identify roles and responsibilities and are implemented effectively in supporting children with medical conditions.

3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: disability, ethnicity, gender reassignment, pregnancy or maternity, religion or belief, sex, or sexual orientation.

4) Ensuring the policy covers arrangements for pupils who are deemed mature and competent enough to manage their own health needs.

5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting activities, remain healthy and achieve their academic potential.

6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions.

7) Ensuring procedures are in place which require written records are kept of all medicines administered to pupils.

8) Ensuring the policy sets out procedures in place for emergency situations, including evacuation of the building.

9) Ensuring the level of insurance in place reflects the level of risk.

10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

11) Ensuring there are adequate, safe storage methods in place for the storage of medication.

c) The Headteacher is responsible for:

1) Ensuring the implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of New Seaham Academy**.**

2) Ensuring relevant staff are made aware of this policy and any processes and procedures.

3) Working with the local authority to ensure pupils with a health need who will be/are out of school for more than fifteen days receive a suitable education.

4) Ensuring parents/carers and healthcare professionals are consulted regarding any training that may be required for staff.

5) Delegating at least one member of staff who will be responsible for the coordination of the medical conditions register and all associated paperwork, including medication expiry date checks.

6) Identifying staff who need to be aware of a child's medical condition.

7) Ensuring the regular sharing of aspects of the medical conditions register with relevant staff who may need to be aware.

8) Overseeing the development of Individual Healthcare Plans (IHPs) in partnership with parents/carers and relevant professionals.

9) Ensuring close liaison occurs, in conjunction with parents, when a child attends more than one educational setting, or an alternative provision.

10) Seeking consent to enable health professionals to have input into an IHP.

11) Gather information from health professionals and also share information for recording attendance.

12) Ensuring a sufficient number of trained members of staff are available to deliver the requirements of IHPs in normal, contingency and emergency situations.

13) Ensuring sufficient trained members of staff are available to administer all forms of prescription and non-prescription medication even where there is no IHP required.

14) If necessary, facilitating the recruitment of staff for the purpose of delivering the needs of this policy. Ensuring more than one staff member is identified to cover absences, school trips and emergencies.

15) Ensuring the correct level of insurance is in place for all staff who support pupils in line with this policy.

16) Facilitating continuous two-way liaison with parents/carers and relevant agencies in the case of any child who has or develops a medical condition.

17) Ensuring confidentiality and data protection.

18) Assigning appropriate accommodation for medical treatment/care and storage of medication and medical equipment.

19) Ensuring dignity is respected for each child.

20) Deciding which medication to purchase for school use and how much to purchase. This may include auto adrenaline injectors and salbutamol inhalers, as well as homely remedies such as paracetamol and antihistamine.

21) Ensuring all staff are regularly made aware of where the nearest defibrillator is located in relation to school and also any school-owned emergency medication.

22) Ensuring sufficient staff are delegated to regularly check the expiry dates and quantity of any medicines stored in school overnight.

23) Ensure school regularly self-audits it's procedures and processes linked to the support of medical conditions.

24) Ensure procedures are in place for emergency situations, including evacuation of the building. A Personal Emergency Evacuation Plan (PEEP) and Emergency protocol should be in place and reviewed regularly where a child's medical needs require this.

d) **Staff members are responsible for:**

1) Ensuring they understand the policy and related paperwork and procedures.

2) Know which pupils in their care have a medical condition and be familiar with the contents of the IHP.

3) Taking appropriate steps and making adjustments to support and meet the needs of children with medical conditions across the school day.

4) Familiarising themselves with procedures which detail how to respond when they become aware that any pupil with a medical condition in school needs help.

5) Undertaking training to support pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.

6) Being aware of how all different types of medication are stored and ensuring easy access right across the school day for any emergency medication.

e) **Parents and carers are responsible for:**

1) Keeping the school informed about any new medical condition or changes to their child's health.

2) Seeking and supporting consent for health professionals to share information regarding medical conditions with school.

3) Participating in the development and regular reviews of their child's IHP.

4) Completing a parental consent form to administer medicine or treatment as part of the process of bringing medication into school.

5) Providing the school with the medication within its original packaging that their child requires and keeping it up to date and within expiry dates.

6) Administering at least one dose of any new medication at home to ensure their child can tolerate the new medicine and monitor for any adverse reactions. Those adverse reactions would generally occur within the first 1-2 hours. Exceptions to this would generally include emergency medicines.

7) Ensuring timely collection of leftover medicine.

8) Ensuring at least one nominated adult is contactable at all times and emergency contact details are kept up to date.

f) **Pupils are responsible for:**

1) Providing information on how their medical condition affects them where possible.

2) Contributing to their IHP where possible.

3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so.

g) **Health professional may be involved in:**

1) Collaborating on developing an IHP where a child with a medical condition attends school.

2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.

3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.

4) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

2) Training of staff

a) Newly appointed teachers, supply or agency staff and support staff will be made aware of the 'Supporting Pupils with Medical Conditions' Policy as part of their induction. Staff will also be made aware of any medical conditions within school that the HT deems necessary, with particular consideration for children with life-threatening conditions.

b) As recommended within the DfE guidance, our staff will undergo training in handling medicines in order to administer prescription and non-prescription medicines.

c) If a health professional is delivering specific medical needs training, then they will be named on each IHP to certify that the member(s) of staff have attended the training.

d) School will keep an up-to-date record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy.

e) Where our school has children attending one or more alternative provision settings (AP), the school will consider the IHP and support the AP setting to arrange appropriate training in relation to those pupils which remain on the school roll .

f) School will ensure sufficient staff are trained to cover the medical and medication needs of pupils throughout the school day, and prepare for staff absence etc.

3) Medical conditions register/list

a) Initial school admissions forms and annual update requests should ask for information on medical conditions.

b) Parents must have an easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration should be given to seeking consent from relevant agencies to have input into the IHP.

c) A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. As a minimum each class/form tutor should have an overview of the list for the pupils in their care, within easy access. Consideration should be made around staff knowledge for activities such a breaktime duties where the care of pupils may be with someone other than class teachers.

d) Supply staff, support staff and lunchtime and extra-curricular staff should similarly have access on a need-to-know basis. Parents should be assured data sharing principles are adhered to.

e) Timely transition meetings should take place to allow the sharing of information and appropriate staff training and the sharing of IHP content.

4) Individual Healthcare Plans (IHPs)

a) Where necessary an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, a member of school staff and medical professionals. The Headteacher will ultimately make the decision as to whether an IHP is needed.

b) Careful consideration will be made by all involved in developing the child's IHP to consider maturity and competence in relation to 'preparation for adulthood'. It is good practice to support and encourage children to become part of the management of their own medical condition and medication as much as possible as they mature.

c) IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. In the case of conditions with potential life-threatening implications, information regarding pupils and their photographs could be displayed with parental understanding and agreement.

d) IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

e) School, parents/carers and medical professionals will discuss the appropriate course of action on the occasion where a child may not comply with their

health procedure, accept medication, or become distressed. The resulting procedures will be clearly written into the IHP.

f) Where a pupil has an Education, Health and Care plan or SEN Support Plan, the IHP will be linked to it or become part of it.

g) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA/AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

h) When developing or updating IHP's the base school should invite a representative from an alternative provision if they access education off-site. School should also consider whether it is worthwhile for a transition school to attend the review if pupils are moving from one school to another.

5) Transport Arrangements

a) If a pupil travels on school transport for their journey to and from school (e.g. school bus) it is the responsibility of the parents/carers to inform the local authority of their child's medical condition via the online application for School Transport Assistance.

b) When a pupil's transport is provided by the local authority due to the child having Special Educational Needs and/or Disabilities (SEND) or being a Child in Care (CiC) then the school must be involved in ensuring the Integrated Transport Team are aware of any medical conditions.

c) When a pupil's transport is provided by the local authority to an Alternative Provider of education, then the base school which the pupil remains on roll of should ensure the Integrated Transport Team are aware of any medical conditions.

d) When the transportation of medication is required on school transport parents will be responsible for handing them over to the adult in the car in a suitable bag or container unless the pupil is deemed competent and mature enough to be responsible for their own medication (e.g. Salbutamol inhalers).

e) When prescribed controlled drugs need to be sent in to school via transport, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc. Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival and quantities should be clarified with all parties involved.

6) Managing School Attendance for Children with Health Needs

a) All pupils of compulsory school age who because of a health need, lasting 15 days or more (concurrent or cumulative), would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision.

b) In order to provide the most appropriate provision for the condition, the EHN team will consider referrals from schools where there is medical confirmation of need.

c) The service will review each referral and identify an appropriate pathway of support to ensure education is provided whilst the child recovers.

d) The current pathways available include 1:1 tuition and small group provisions.

e) The provision will work with the school to develop an appropriate reintegration plan.

f) More information can be found within the schools' 'Children with Health Needs who Cannot Attend School' policy.

7) Short-term Illness

Schools have a duty and are therefore required to support pupils with a medical condition as diagnosed by a healthcare professional. However, many other illnesses, such as common childhood diseases or periods of being 'unwell', are not covered under this duty. Nevertheless, New Seaham Academy wishes to support families to make a child more comfortable in school and maintain good attendance. Therefore, school will voluntarily make arrangements to endeavour to support giving medication to these ill pupils even in instances following requests with non-prescription medicines.

New Seaham Academy have made the decision not to hold some over-the counter (OTC) medicines to support the treatment of short-term illness. Parents would be contacted should the school determine the need for their child to receive any such medicines.

School will contact parents/carers when their child is presenting with symptoms of a short-term illness.

8) Medicines

a) New Seaham Academy will carefully consider any request to administer prescribed medication. New Seaham Academy will also carefully consider any request to administer non-prescription medication.

b) If school is requested to administer any medication the parents/carers of the child must complete and sign a parental consent for the administration of medicine form in advance.

c) No child under 16 years of age will be given any prescription or non-prescription medicines without written parental consent, except in exceptional circumstances.

d) Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

e) No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

f) Medicines MUST be in date, and provided in the original container/packaging (except in the case of insulin which may come in a pen or pump) with dosage instructions.

g) Where medicines have a prescription, then school will follow the dosage instructions on the prescription label. Where medicines do not have a prescription label, school will adhere to the dosage instructions on the packaging.

h) Medication will be stored appropriately according to advice and instructions. In the case of emergency medications, children will know where their medication

is stored and will be able to access it as when required (with or without support as needed).

i) Usually **four** weeks' supply of the medication may be provided to the school at one time. In some cases a maximum of a term's supply may be provided for pupils with long-term conditions.

j) A child who has been prescribed a controlled drug may legally have it in their possession if they are deemed mature and competent to do so. School should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access.

k) Any medications left over at the end of the course will be returned to the child's parent/carer. If this is not possible, medication will be disposed of to a pharmacist and a receipt obtained.

l) Individual records will be kept of any medication administered to children.

m) New Seaham Academy is fully compliant with the new Allergy and Anaphylaxis statutory guidelines and hold 4 spare EpiPens in school for use in an emergency.

n) New Seaham Academy cannot be held responsible for side effects that occur when medication is taken correctly. It is advisable that parents/carers administer at least one dose of any new medication at home to ensure their child can tolerate the new medicine and monitor for any adverse reactions. Those adverse reactions would generally occur within the first 1-2 hours. Exceptions to this would generally include emergency medicines.

o) Staff will not force a pupil to accept their medication or comply with their health procedure. Procedures for dealing with this situation will be discussed in advance with parents/carers and possibly health professionals as part of the writing of an IHP. In the case of pupils who do not have an IHP, the parent/carer will be contacted to discuss next steps.

9) Emergencies

a) Medical emergencies will be dealt with under the school's emergency procedures which will be regularly communicated to all relevant staff so they are aware of signs and symptoms.

b) The school is responsible for ensuring that any emergency procedures are mindful of changes in daily routine and staffing levels.

c) Where medical emergencies could potentially arise, consideration will be made as to whether a child's peers should be informed of what to do in an emergency. This will be discussed in advance with the parent/carer and also the child where appropriate.

d) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

10) Day trips, residential visits and sporting activities

a) Clear arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residentials and sports activities

b) To comply with best practice, risk assessments should be undertaken in order to plan for including pupils with medical conditions on school trips/visits/residentials. Consultation with parents/carers, healthcare professionals etc. will be separate to the normal day to day IHP requirements for the school day.

c) Procedures will be put into place for the transportation and storage of medication during off-site visits and residentials.

11) Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable in New Seaham Academy:

a) Preventing children from easily accessing their medication and administering their medication when and where necessary.
b) Assuming that pupils with the same condition require the same treatment.
c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
d) Sending pupils home frequently or preventing them from taking part in activities at school
e) Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
g) Making parents feel obliged or forcing parents to attend school or school trips to administer medication or provide medical support, including toileting needs.
h) Creating barriers to children participating in school life, including school trips.
i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
j) Use a 'blanket policy' which could be perceived as discriminatory to the child and their specific medical needs.

12) Confidentiality

a) All school staff will treat medical information confidentially.

b) The school will agree with the parents/carers and the child (where appropriate) about who else should have access to the IHP and other medical paperwork or be notified about a child's medical condition.

c) School will consider carefully the storage of paperwork containing medical information relating to a child, as well as the storage of any medication or medical aids that may also contain sensitive information.

13) Insurance

a) The school has a duty of disclosure and is responsible for notifying insurers of medical conditions and medical procedures which require bespoke insurance cover. Failure to do so could invalidate insurance.

b) Staff who undertake responsibilities within this policy will be covered by the school's insurance.

14) Medication Incidents

a) School will immediately contact NHS111 or a healthcare professional (e.g. pharmacist or GP) to receive further medical advice in the case of a medication error.
b) School procedure is that the parent/carer and Headteacher must be informed of any medication incident as soon as is convenient.
c) School will have a procedure for subsequent investigation of any medication incident.

15) Complaints

a) All complaints should be raised with the school in the first instance.

b) The details of how to make a formal complaint can be found in the School Complaints Policy.

16) Definitions

a) 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.

b) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being 'unwell' and common childhood diseases are not covered.*

c) 'Medication' is defined as any prescribed or over the counter treatment.

d) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

e) A 'staff member' is defined as any member of staff employed at New Seaham Academy.

f) 'Health professionals' is inclusive of GP's, consultant paediatricians, schools nurse teams, health visiting and includes specialist nurses, e.g. diabetes and epilepsy.

Supporting Pupils with Medical Conditions

Flowchart

1. Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

2. Headteacher or delegated staff member co-ordinates meeting to discuss child's medical needs. Consideration made as to whether healthcare professionals need to be invited.

3. Meeting held to discuss and agree on the need for IHP to include key school staff, child, parent and relevant healthcare professionals and other medical/health clinician as appropriate (or to consider evidence provided by them).

4. Develop IHP in partnership. Input from healthcare professionals can be provided.

5. School staff who will support child are identified. Key training needs are identified.

6. Appropriate training sourced from a healthcare professional or approved training provider.
   - Staff complete training and review date agreed.

7. IHP implemented and circulated to all relevant staff.

8. IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate.