Cuddington Primary School

Supporting Pupils with Medical Conditions Policy (including those who cannot medically attend school)

Date policy last reviewed:	Autumn 2026		
Headteacher	Head of School - Sarah Potter	Date:	Sept 2026
Chair of Governors	Emma Zouhbi	Date:	Sept 2026

1. Purpose and scope

Cuddington Primary School is committed to ensuring that pupils with medical conditions, including physical and mental health conditions, are properly supported so that they can access education, participate fully in school life and achieve their potential. This policy applies during the school day and to school-led activities, clubs, educational visits and residential visits.

The school will take account of each pupil's individual needs. It will work in partnership with pupils, parents and carers, relevant healthcare professionals and the local authority. No pupil will be denied admission or prevented from taking up a place solely because arrangements for a medical condition have not yet been completed, although the school will not place a pupil or others at avoidable risk.

2. Legal framework and guidance

This policy has regard to the following legislation and statutory guidance:

- Children and Families Act 2014, section 100
- Equality Act 2010
- Education Act 1996, section 19
- Department for Education, Supporting pupils at school with medical conditions, December 2015
- Department for Education, Arranging education for children who cannot attend school because of health needs, December 2023
- Department for Education, Working together to improve school attendance, July 2026
- Statutory framework for the early years foundation stage, where applicable
- UK General Data Protection Regulation and Data Protection Act 2018.

3. Related school documents

This policy should be read alongside the following current school documents. Where a pupil has an individual healthcare plan or an Allergy Action Plan, that plan takes precedence for the pupil's individual arrangements.

- Administration of Medicines Risk Assessment
- Whole School Allergy Management Policy
- Health and Safety Policy
- First Aid arrangements and First Aid Needs Assessment
- Attendance Policy
- SEND Policy and Accessibility Plan
- Educational Visits procedures
- Intimate Care Policy, where applicable
- Complaints Policy.

4. Roles and responsibilities

4.1 Local Governing Board and Trust

- Ensure arrangements are in place to support pupils with medical conditions and that this policy is implemented effectively.
- Ensure sufficient staff receive suitable training and are competent before taking responsibility for medical support.
- Ensure appropriate insurance or Risk Protection Arrangement cover is in place for staff carrying out agreed duties.
- Review assurance that individual healthcare plans, medicines arrangements and associated risk controls are monitored.

4.2 Executive Headteacher and Head of School

- Hold overall responsibility for implementation, including naming an operational lead.
- Ensure all relevant staff, including supply and temporary staff, are aware of this policy and of the pupils whose conditions they need to know about.
- Ensure there are enough suitably trained staff and effective cover arrangements for absence, turnover, breaks, clubs and visits.
- Ensure individual healthcare plans are developed, implemented and reviewed.
- Ensure emergency arrangements are understood and tested where appropriate.
- Contact the school nursing service when a pupil has a condition that may require support and has not already been brought to its attention.
- Ensure incidents, errors and near misses are recorded, reviewed and used to improve practice.

4.3 Staff

- Understand this policy and know how to obtain help in a medical emergency.
- Know the relevant needs and emergency arrangements of pupils in their care while maintaining confidentiality.
- Complete required training and work only within their competence.
- Follow individual healthcare plans, medication instructions, emergency procedures and recording requirements.
- Make reasonable adjustments so that pupils can participate fully and safely.
- Report concerns, errors, adverse reactions and near misses promptly.

Any member of staff may be asked to support a pupil with a medical condition, including administering medicines, but staff cannot be required to do so unless this forms part of their contracted role. Teachers are not required to administer medicines as part of their professional duties. In an emergency, all staff must act reasonably within their duty of care and summon appropriate help.

4.4 Parents and carers

- Provide accurate, current information about the pupil's condition, needs, medicines, devices and emergency contacts.
- Take part in developing and reviewing the individual healthcare plan and carry out agreed actions.
- Provide medicines and equipment in line with school requirements and replace them before expiry.
- Notify the school promptly of any change to the pupil's condition, treatment or contact details.
- Remain contactable, or provide an alternative nominated contact, while the pupil is in school.

4.5 Pupils
Pupils will be involved in decisions about their support in a way that reflects their age, maturity and understanding. Where competent, they will be encouraged to manage aspects of their own condition and medicines, subject to an agreed and recorded assessment of risk.

5. Notification and initial arrangements

Parents and carers should tell the school about a medical condition on admission and whenever a new diagnosis or change arises. The school may also be notified by a healthcare professional or previous setting. Support will not be delayed unnecessarily while awaiting a formal diagnosis if reasonable evidence indicates that provision is needed.

The operational lead will decide, with the pupil, parent or carer and relevant healthcare professional as appropriate, what support is required and whether an individual healthcare plan is needed. Arrangements should be ready for the start of a new term wherever possible and, for a new diagnosis or mid-year admission, put in place as soon as practicable, normally within two weeks.

6. Individual healthcare plans

An individual healthcare plan provides clarity about what must be done, when and by whom. A plan will usually be needed where a condition is long-term, complex, fluctuating, requires ongoing support, or presents a risk that emergency intervention may be needed. Not every medical condition requires a plan; the decision will be proportionate and based on evidence. If agreement cannot be reached, the Headteacher will make the final decision in the pupil's best interests.

Plans will be developed in partnership with the pupil, parents or carers, school staff and an appropriate healthcare professional. The school is responsible for ensuring the plan is finalised and implemented. Plans will be reviewed at least annually and sooner after a change in need, treatment, staffing or school circumstances, or following an incident.

Depending on need, a plan should cover:

- the condition, triggers, signs, symptoms and treatment;
- medicines, dose, route, timing, side effects, storage and access;
- other treatment, testing, equipment, dietary or environmental needs and access to food, drink, toilets or rest;
- educational, social and emotional support, including management of absence and reintegration;
- the level of support required, self-management arrangements and monitoring;
- named staff, training and competence requirements, and cover arrangements;
- information-sharing and confidentiality arrangements;
- arrangements for trips, clubs, PE, evacuation and other activities;
- what constitutes an emergency, immediate action, emergency contacts and contingencies.

Where a pupil has an Education, Health and Care plan, the individual healthcare plan will be linked to or form part of it where appropriate. Allergy Action Plans and clinician-prepared emergency plans may be attached to or incorporated within the individual healthcare plan.

7. Staff training and competence

All staff will receive awareness information about this policy, general emergency procedures and the medical conditions relevant to their role. New, temporary and supply staff will be briefed before taking responsibility for affected pupils.

Staff providing specific medical support will receive suitable training and must be competent before carrying out the task. Training needs will be identified through individual healthcare plans and reviewed when needs or procedures change. A first-aid qualification alone is not evidence of competence for a condition-specific procedure. Parents may provide helpful information but will not be the sole trainer for a clinical procedure. Training and competence records will be maintained.

8. Managing medicines

The detailed control measures are set out in the Administration of Medicines Risk Assessment. The following principles apply:

- Medicine will be administered in school only where it would be detrimental to the pupil's health or attendance not to do so.
- Written parental consent and school agreement are required, except where lawful confidentiality arrangements apply or immediate emergency action is required.
- Prescription medicine will be accepted only when in date, clearly labelled, in the original container as dispensed by a pharmacist, and supplied with administration, dose and storage instructions. Insulin may be supplied in a pen or pump.
- Non-prescription medicine may be accepted only where the Headteacher or delegate agrees that it is necessary, written consent and complete instructions are provided, and safe administration can be assured. A pupil under 16 will not be given aspirin unless prescribed by a doctor.
- Before every administration, staff will check the right pupil, medicine, dose, route and time against the label, consent and healthcare plan. Staff will not change a dose on verbal instruction.
- Pain relief will not be given without checking the maximum dose and when the previous dose was taken. Parents or carers will be informed.
- Administration, supervision, refusal, omission, error, adverse reaction and near miss will be recorded promptly and escalated as required.
- A pupil will never be forced to take medicine. Staff will follow the agreed plan and inform parents or carers promptly.
- Medicines will not be shared. Misuse will be treated as a safety incident and managed under the school's behaviour and safeguarding arrangements as appropriate.

9. Storage, access and disposal

- Emergency medicines and devices, including inhalers, glucose treatment and adrenaline auto-injectors, will be stored safely but will remain immediately accessible. They will not be locked away in a way that delays access.
- Routine medicines will be kept in designated secure storage, inaccessible to unsupervised pupils and stored at the temperature stated on the label.
- Controlled drugs held by the school will be kept in a secure, non-portable container accessible only to named staff, while remaining readily accessible in an emergency. A record of use and the amount held will be maintained.
- Refrigerated medicines will be labelled, kept in a sealed container and stored securely. Any required temperature monitoring will be recorded.
- Expiry dates and quantities will be checked at least termly and before visits. Parents or carers will be asked to replace medicines before expiry.
- Unused or expired medicine will normally be returned to parents or carers for safe disposal. Needles and other sharps will be placed immediately into an approved sharps container and disposed of through the agreed route.
- Exact storage locations, access arrangements and keyholders will be recorded in the school's local medicines arrangements and checked whenever circumstances change.

10. Self-management

Pupils who are competent will be encouraged to carry or quickly access and, where appropriate, self-administer their medicines and devices. The decision will be made with the pupil, parent or carer and relevant healthcare professional and recorded in the individual healthcare plan or other written agreement. Appropriate supervision and monitoring will be provided. Emergency access must not depend on one member of staff being available.

11. Emergency procedures

All staff will know how to summon assistance and contact the emergency services. Individual healthcare plans will identify the signs of an emergency, the action to take and any pupil-specific contingency. Staff will follow the plan, provide first aid within their competence, call 999 where indicated, notify senior leaders and contact parents or carers. Emergency treatment must not be delayed while trying to make contact.

If a pupil is taken to hospital by ambulance, a member of staff will accompany or remain with the pupil until a parent or carer arrives, as circumstances allow. Relevant healthcare information and medicines will be provided to ambulance or hospital staff. Staff will not normally transport a pupil to hospital in a private car unless advised by emergency services and suitable safeguards have been agreed.

All medical emergencies, medication errors, adverse reactions and significant near misses will be documented and reviewed. Allergy incidents will also be managed in accordance with the Whole School Allergy Management Policy and the pupil's Allergy Action Plan.

12. Educational visits, sport, clubs and extended provision

Pupils with medical conditions will be supported to participate fully in visits, PE, sport, clubs, wraparound care and residential activities. Planning and risk assessment will consider reasonable adjustments, trained or briefed staff, medicine quantities, secure and immediate access, storage, emergency arrangements, communication, consent and handover. Relevant medicines and healthcare information will accompany the pupil. A pupil will not be excluded merely because additional arrangements are required.

Where an external provider is responsible for an activity, the school will agree responsibilities and share the minimum necessary information securely so that the pupil can be supported safely.

13. Inclusion and reasonable adjustments

The school will consider the impact of a medical condition on learning, attendance, physical access, communication, behaviour, wellbeing and relationships. Staff will make reasonable adjustments and provide appropriate catch-up, rest, toilet, food, drink, testing and treatment access. A medical condition does not automatically mean that a pupil has special educational needs; where the condition creates a learning difficulty requiring special educational provision, the SEND framework will also apply.

14. Unacceptable practice

Unless supported by a pupil's individual healthcare plan and clinical advice, the school will not:

- prevent a pupil from accessing or using necessary medicines or devices;
- assume that pupils with the same condition need identical support;
- ignore the views of the pupil or parents and carers, or disregard medical evidence without proper consideration;
- send a pupil with a medical condition home frequently or exclude them from normal activities solely because of the condition;
- send an unwell pupil to the office or medical area unaccompanied or with an unsuitable person;
- penalise a pupil for absence related to their medical condition;
- prevent access to food, drink, toilets, rest or treatment needed to manage the condition;
- require or pressure a parent or carer to attend school to administer medicine or provide routine medical or toileting support;

- create unnecessary barriers to trips, clubs, PE or other aspects of school life, including routinely requiring a parent or carer to accompany the pupil.

15. Pupils unable to attend because of health needs

The school will continue to support a pupil who is absent because of physical or mental health needs and will maintain contact with the pupil and family. For a short absence, the school will normally provide appropriate learning and pastoral support. The school will work with healthcare professionals, attendance services and the local authority where absence becomes prolonged or recurrent.

As soon as it is clear that a pupil is likely to be unable to access suitable education at school for 15 school days or more because of health needs, whether consecutively or cumulatively across the school year, the school will contact the local authority's appropriate medical needs or education access service. For a planned absence, such as hospital treatment, this contact will be made as early as possible so that provision can be prepared. The local authority holds the duty under section 19 of the Education Act 1996 to arrange suitable education where the statutory test is met.

The school will:

- name a school contact for the pupil, family, local authority and education provider;
- share curriculum information and suitable work promptly, having regard to the pupil's health and agreed provision;
- keep the pupil connected with the school community where this is in their interests;
- work with the pupil, family, local authority and provider to plan suitable provision and review it regularly;
- support a planned and gradual reintegration, updating the individual healthcare plan and making reasonable adjustments;
- record attendance using the current statutory attendance guidance and local procedures.

Medical evidence will be considered alongside other available evidence. Support will not be delayed unnecessarily where formal evidence is not immediately available. The school will seek to avoid the pupil falling behind, rather than placing responsibility on the pupil or family to catch up alone.

16. Information sharing and records

Medical information is special category personal data and will be handled in accordance with data protection law and the school's privacy arrangements. Information will be accurate, current, securely stored and shared only with those who need it to protect the pupil and provide support. Relevant staff must still be able to access essential information promptly in an emergency.

The school will keep records of individual healthcare plans, consent, medicines received and returned, administration, refusals and omissions, training and competence, expiry checks, incidents and relevant communications. Records will be retained in line with the school's retention schedule.

17. Complaints

Concerns about support for a pupil with a medical condition should first be raised promptly with the class teacher, Head of School or operational lead so that they can be resolved. If the concern is not resolved, the school's published Complaints Policy should be followed. A concern involving immediate safety or safeguarding will be escalated without delay under the relevant procedure.

18. Monitoring and review

The Executive Headteacher and Head of School will monitor implementation through review of individual healthcare plans, training records, medicine records, expiry checks, incidents and near misses, attendance and reintegration arrangements, and feedback from pupils, parents and staff. The Local Governing Board will receive appropriate assurance without unnecessary disclosure of personal medical information.

This policy will be reviewed annually and sooner if legislation or guidance changes, local arrangements change, or an incident, near miss or evaluation identifies that amendments are needed.

19. Useful national guidance

Supporting pupils at school with medical conditions:
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Education for children with health needs who cannot attend school:
https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school

Working together to improve school attendance:
https://www.gov.uk/government/publications/working-together-to-improve-school-attendance