

# **Supporting Students with Medical Conditions Policy**

## Policy document provenance

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**Policy author(s):** Assistant Headteacher

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**Summary of key changes made since last review:** Formatting updates to bring in line with the trust's policy template.  
Full revision of policy and process.

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Unless there are legislative or regulatory changes in the interim, this policy will be reviewed on an annual basis. Should no substantive changes be required at this point, the policy will move to the next review cycle.

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**Related policies:**

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## General Statement of Intent

Hailsham Academy aims to ensure that all students who are unable to attend school due to medical needs continue to have access to as much education, including physical education, and as many school trips as their medical condition allows.

Due to the nature of their health needs, however, some students may be admitted to hospital or placed in alternative forms of education provision and unable to attend school as normal. We recognise that, whenever possible, students should receive their education within their school, and the aim of the provision will be to help reintegrate students back into school as soon as they are well enough.

We understand that we have a continuing role in a student's education whilst they are not attending the school and will work with the LA, healthcare partners and families to ensure that all students with medical needs receive the right level of support to enable them to maintain links with the school.

## Wider School Aims/Ethos

This policy supports our aim to enable every student to achieve the absolute best of which they are capable in every realm of activity we can provide, so that they can leave Hailsham Academy not only with the best qualifications but also as well-rounded individuals; ready to succeed in the challenges and opportunities life has to offer.

## 1. Key Roles & Responsibilities

### 1.1 The Local Authority (LA) will be responsible for:

1.1.1 Arranging suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. The school will fulfil its duty to effectively collaborate and communicate with the LA as required.

1.1.2 In line with statutory guidance, the LA should:

- Provide such education as soon as it is clear that a student will be away from school for 15 days or more, whether consecutively or cumulatively.
- Liaise with the appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the student.
- Ensure the education students receive is of good quality, allows them to take appropriate qualifications, prevents them from falling behind their peers in school, and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual students in arranging provision.
- Have a named officer responsible for the education of students with additional health needs and ensure parents know who this is.
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs.
- Review the provision offered regularly to ensure that it continues to be appropriate for each student and that it provides suitable education.
- Have clear policies on the provision of education for children and young people under and over compulsory school age.
- Maintain good links with the schools in its area and put systems in place to promote co-operation between them when children cannot attend due to ill health.

1.1.3 To comply with statutory guidance, the LA should not:

- Have processes or policies in place which prevent a child from getting the right type of provision and a good education.
- Withhold or reduce the provision, or type of provision, for a child because of how much it will cost.

- Have policies based upon the percentage of time a student is able to attend school rather than whether the student is receiving a suitable education during that attendance.
- Have lists of health conditions which dictate whether they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

**1.2 The Local Governing Committee are responsible for:**

- 1.2.1 The overall implementation of the Supporting Students with Medical Conditions Policy and procedures of Hailsham Academy.
- 1.2.2 Ensuring that the Supporting Students with Medical Conditions Policy is written, does not discriminate on any grounds including, but not limited to; ethnicity/national origin, culture, religion, gender, disability, or sexual orientation and is fully compliant with the duties under the Equality Act 2010.
- 1.2.3 Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- 1.2.4 Ensuring that all students with medical conditions can participate fully in all aspects of school life.
- 1.2.5 Ensuring that relevant training to support staff members who take on responsibility to support children with medical conditions is made available.
- 1.2.6 Ensuring that information and teaching support materials regarding supporting students with medical conditions are available to staff with responsibilities under this policy.
- 1.2.7 Ensuring that written records of all medicines administered to individual students are held.
- 1.2.8 Ensuring that the level of insurance in place reflects the level of risk.

**1.3 The Assistant Headteacher for attendance, in liaison with the DSL and First Aid team is responsible for:**

- 1.3.1 The day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures of the academy.
- 1.3.2 Ensuring the policy is developed effectively with partner agencies.
- 1.3.3 Making staff aware of this policy.
- 1.3.4 Liaising with healthcare professionals regarding the training required for staff to support individual student needs.
- 1.3.5 Developing Individual Healthcare Plans (IHCPs) along with relevant year teams.
- 1.3.6 Making staff who need to know, aware of a child's medical condition.
- 1.3.7 Ensuring enough trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- 1.3.8 Ensuring the correct level of insurance is in place for staff who support students in line with this policy.

**1.4 Staff members are responsible for:**

- 1.4.1 Taking appropriate steps to support students with medical conditions.
- 1.4.2 Where necessary, making reasonable adjustments to include students with medical conditions in lessons, whilst noting that administering medicines is not part of a teacher's professional duties.
- 1.4.3 Administering medication if they have agreed to undertake that responsibility.
- 1.4.4 Undertaking training to achieve the necessary competency for supporting students with medical conditions if they have agreed to undertake that responsibility.

- 1.4.5 Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.
- 1.5 **Parents and carers are responsible for:**
- 1.5.1 Being involved in the development and review of their child's IHCP and to be involved in its drafting where possible.
- 1.5.2 Providing the academy with sufficient and up to date information about their child's medical needs and any changes to their child's/children's health.
- 1.5.3 Providing the academy with the medication their child requires and keeping it up to date.
- 1.5.4 Collecting any leftover medication at the end of the course or the year or when it becomes out of date, whichever is the sooner.
- 1.5.5 Discussing medications with their child/children prior to requesting that a staff member supplies or administers the medication if they have agreed to do so.
- 1.5.6 Ensuring that they or another nominated adult are always contactable and to immediately provide the academy with any changes to contact numbers and names.
- 1.5.7 Ensure, where school-based provision is in place, the regular and punctual attendance of their child at the school where possible.
- 1.5.8 Work in partnership with the school, LA and any LA arranged provision to ensure the best possible outcomes for their child.
- 1.5.9 Notify the school, or the relevant education provider, of the reason for any of their child's absence without delay.
- 1.5.10 Attend meetings to discuss how any school-based support, including reintegration, for their child should be planned.
- 1.6 **Students are expected to:**
- 1.6.1 Provide any member of staff supporting them with any information about how their condition specifically affects them.
- 1.6.2 Fully involved in any discussions about their medical support needs.
- 1.6.3 To contribute as much as possible to the development of and to comply with their IHCP.
- 1.6.4 To be sensitive to the needs of those with medical conditions.

## 2. Definitions

- 2.1 "Medication" is defined as any prescribed or over the counter medicine.
- 2.2 "Prescription Medication" is defined as any drug or device prescribed by a Medical Practitioner.
- 2.3 "Controlled Drug" is a prescription medication controlled under the Misuse of Drugs legislation for example morphine.
- 2.4 A staff member is defined as any member of staff employed at Hailsham Academy to include teaching staff unless otherwise stated.
- 2.5 "LA -arranged education", for the purpose of this policy, is defined as education provision arranged by the LA where the student cannot attend school full time due to medical reasons for a period of 15 school days or more, whether consecutive or cumulative.

### **3. Training of Staff**

- 3.1 Where applicable staff will receive training on the Supporting Students with Medical Conditions Policy as part of their new starter induction.
- 3.2 Where applicable staff will receive regular and ongoing training as part of their development.
- 3.3 Where applicable staff who undertake responsibilities under this policy will receive the following training:
- First Aid at Work
  - Emergency First Aid
  - Diabetes Awareness Training
  - Care and Control of Medicines
  - Administration of Medicines
  - Specific training as identified in an IHCP if not covered in the above delivered by a clinical lead professional
- 3.4 No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering.
- 3.5 No staff member may administer drugs by injection unless they have received training in this responsibility.
- 3.6 The Health and Safety Coordinator will keep a record of the training undertaken and a list of all staff qualified to undertake responsibilities under this policy.

### **4. The Role of the Child**

- 4.1 Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- 4.2 Where it is identified as necessary on the IHCP, students will be allowed to carry their own medicines and devices. If this is not appropriate, then the child will be made aware of the location of their medicines.
- 4.3 If a student refuses to take their medication or to carry out a necessary procedure, parents will be informed the same day so that alternative options can be explored.
- 4.4 Where appropriate, students will be encouraged to take their own medication under the supervision of a designated member of staff.

### **5. Individual Healthcare Plans (IHCPs)**

- 5.1 Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the student, parents/carers, healthcare professionals and designated staff at the academy and finalised and implemented by staff at the academy.
- 5.2 IHCPs will be easily accessible, whilst preserving confidentiality. A list of students with significant health/medical issues is available and forwarded to all staff to make them aware should there be any emergencies.
- 5.3 IHCPs will be reviewed at least annually or whenever a child's medical circumstances change, whichever is the sooner.
- 5.4 Where a child has an Educational Health Care Plan the IHCP will be linked to it or be part of it.

### **6. Support for students**

- 6.1 Where a student has a complex or long-term health issue, the academy will discuss the student's needs and how these may be best met with the LA, relevant medical professionals, parents and, where appropriate, the student.

- 6.2 The LA expects the academy to support students with health needs to attend full-time education wherever possible, or for the academy to make reasonable adjustments to students' programmes of study where medical evidence supports the need for those adjustments.
- 6.3 The academy will make reasonable adjustments under students' individual healthcare plans (IHCPs).
- 6.4 Students admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.
- 6.5 During a period of absence, the academy will work with the provider of the student's education to establish and maintain regular communication and effective outcomes.
- 6.6 Whilst a student is away from academy, the academy will work with the LA to ensure the student can successfully remain in touch with their academy using the following methods:
- Academy newsletters
  - Emails
  - Invitations to academy events
- 6.7 Where appropriate, the academy will provide the student's education provider with relevant information, curriculum materials and resources.
- 6.8 To help ensure a student with additional health needs can attend academy following an extended period of absence, the following adaptations will be considered:
- A personalised or part-time timetable, drafted in consultation with the Assistant Headteacher leading attendance
  - Access to additional support in academy
  - Online access to the curriculum from home
  - Movement of lessons to more accessible rooms
  - Places to rest at academy
  - Special exam arrangements to manage anxiety or fatigue

## **7. Reintegration**

- 7.1 When a student is considered well enough to return to the academy, the academy will develop a tailored reintegration plan in collaboration with the LA.
- 7.2 The academy will work with the LA when reintegration into the academy is anticipated to plan for consistent provision during and after the period of education outside the academy.
- 7.3 As far as possible, the child will be able to access the curriculum and materials that they would have used in the academy.
- 7.4 If appropriate, the Year team and Attendance Officer will be involved in the development of the student's reintegration plan and informed of the timeline of the plan by the appointed named member of staff, to ensure they can prepare to offer any appropriate support to the student.
- 7.5 The academy will consider whether any reasonable adjustments need to be made to provide suitable access to the academy and the curriculum for the student.
- 7.6 For longer absences, the reintegration plan will be developed near to the student's date of return, to avoid putting unnecessary pressure on an ill student or their parents in the initial stages of their absence.
- 7.7 The academy is aware that some students will need gradual reintegration over a lengthy period and will always consult with the student, their parents and key staff about concerns, medical issues, timing, and the preferred pace of return.
- 7.8 The reintegration plan will include:
- The date for planned reintegration, once known
  - Details of regular meetings to discuss reintegration
  - Details of the named member of staff who has responsibility for the student

- Clearly stated responsibilities and the rights of all those involved
- Details of social contacts, including the involvement of peers and mentors during the transition period
- A programme of small goals leading up to reintegration
- Follow up procedures

7.9 The academy will ensure a welcoming environment is developed and encourage students and staff to be positive and proactive during the reintegration period.

7.10 Following reintegration, the academy will support the LA in seeking feedback from the student regarding the effectiveness of the process.

## **8. Medicines**

### **8.1 Administration and Storage of Medicines**

8.1.1 Medicines should be prescribed in frequencies that allow the student to take them outside of academy hours, i.e. three times a day, breakfast, dinner and bedtime, and medicines should be only brought to academy where it would be detrimental to the child's health not to administer them during the academy day.

8.1.2 If this is not possible and it would be detrimental to the child's health then prior to administering them or holding them on the academy premises the parents/carers of the child must complete and sign a parental agreement and provide clear written instructions which should specify the medication involved, the circumstances under which it should be administered, its frequency and levels of dosage.

8.1.3 No child will be given any prescription or non-prescription medication without written parental consent and clear written instructions except in exceptional circumstances where telephone authorisation and guidance will be obtained from the parent/carer and accepted for one day only.

8.1.4 Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.

8.1.5 No child under 16 years of age will be given medication containing aspirin without a prescription from a medical practitioner.

8.1.6 Medicines MUST be in date, labelled and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines that do not meet these criteria will not be administered.

8.1.7 A maximum of six weeks (one term) supply of the medication may be provided to the academy at one time and parents are responsible for ensuring that there is sufficient medication available, and it has not passed its expiry date.

8.1.8 Controlled drugs may only be taken on the academy premises by the individual to whom they have been prescribed. Controlled drugs must be kept in a locked non portable container in the reception and only named staff given access. Misuse of a controlled drug, such as passing such drugs to another young person for use is an offence which will be dealt with under our Behaviour Policy.

8.1.9 All non-emergency medications will be stored securely in First Aid in a locked cabinet used only for that purpose in accordance with product instructions. Controlled drugs are kept in a locked non-portable container and only the First Aid team, DSL or designated deputy can have access. Emergency medicines e.g. asthma inhalers, adrenaline pens are stored safely in First Aid but are not locked away and are readily available. Medicines that need to be refrigerated are stored in separate clearly labelled closed containers. The fridge is kept in First Aid.

- 8.1.10 Students are encouraged wherever possible to self-administer their medication under the supervision of staff.
- 8.1.11 Written records will be kept of any medicines administered to students.
- 8.1.12 Only one member of staff at any one time will administer the medication and records to always be checked before their administration to limit the risk of double dosing. In the case of administering a controlled drug, a second member of staff should witness that the correct medication and dosage is being administered where possible.
- 8.1.13 Staff will only administer medication if they clearly understand the administration instructions. If they are in any doubt, then the advice of the parent will be immediately sought.
- 8.1.14 Students will never be prevented from accessing their own medication.
- 8.1.15 Any side effects to medication observed should be recorded and parents informed however Hailsham Academy cannot be held responsible for side effects that occur when medication is taken correctly and in accordance with instructions.

## 8.2 Disposal of Medicines and Hygiene/Infection Control

- 8.2.1 Any medications left over at the end of the course will be returned to the child's parents for safe disposal and parents should collect medicines left over at the end of each term.
- 8.2.2 Any medications that have date expired must be collected by parents/carers who are responsible for their safe disposal.
- 8.2.3 Sharps boxes must always be used for the safe disposal of needles. Parents can obtain sharps boxes on prescription from the relevant healthcare professional. The academy will arrange for disposal with the registered special waste contractor.
- 8.2.4 All staff involved in the supervision of or administration of medicines to students should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff have access and must wear protective vinyl gloves and must take care when dealing with the spillages of blood or other bodily fluids and disposing of dressings and equipment. Please see our Health and Safety policy and our academy First Aid policy.

## 9. Adrenaline auto-injectors (AAIs)

- 9.1 A register of Adrenaline Auto-injectors (AAIs) will be kept of all the students who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in First Aid for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- 9.2 Where a student has been prescribed an AAI, this will be written into their IHCP.
- 9.3 Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.
- 9.4 Students who have prescribed AAI devices can keep their device in their possession, provided the appropriate paperwork has been completed by the parent/carer.
- 9.5 Designated staff members will be trained in how to administer an AAI and the sequence of events to follow when doing so. AAIs will only be administered by these members of staff.
- 9.6 Where there is any delay in contacting designated staff members or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 9.7 Where the AAIs are used, the following information will be recorded on the AAI record:
  - Where and when the reaction took place;
  - How much medication was given and by whom?

- 9.8 For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.
- 9.9 AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 9.10 The Headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) sold on the academy site meet the requirements of Natasha's Law, i.e. the product displays the name of the good and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a distinct colour.
- 9.11 The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to this can be found in Chartwell's Statement (held in HR).

## **10. Emergencies**

- 10.1 Medical emergencies will be dealt with in accordance with the emergency procedures as detailed in the academy's Health and Safety Policy and First Aid Arrangements.
- 10.2 Where an Individual Health Care Plan (IHCP) is in place it must clearly define the following:
- What constitutes an emergency for the individual student
  - Symptoms that could constitute an emergency
  - What to do in an emergency
  - Students will be informed in general terms of what to do in an emergency such as telling a member of staff
- 10.3 Other students should be aware of what to do in general terms, such as informing a teacher or member of staff immediately if they think help is needed.
- 10.4 If a child needs to be taken to hospital, a member of staff will remain with the child until a parent arrives or will accompany that child in an ambulance.

## **11. Off –site activities, residential visits, and sporting activities**

- 11.1 When arranging off site educational and enrichment visits and sporting activities full consideration is given as to how a child's medical needs may impact on their participation.
- 11.2 All activities are carefully risk assessed and consideration and reasonable adjustments are given to the requirements in the IHCP to enable sufficient flexibility to allow all children to participate according to their own abilities.
- 11.3 It is expected that all students will be able to participate in off site and sporting activities unless evidence from a healthcare professional such as a GP state that this is not possible.
- 11.4 Parents, students and healthcare professionals will be consulted to ensure that all students with medical conditions are able to participate in these opportunities. Please see our Off Site and Educational Visits Policy.
- 11.5 Health care plans/medication. Consent to be discussed with the First Aider before the trip takes place.

## **12. Avoiding Unacceptable Practice**

Hailsham Academy understands that the following behaviour or practice is unacceptable:

- If students with the same condition require the same treatment.
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Ignore the views of child or their parents.
- Ignoring medical advice or opinion.

- Sending students with medical conditions home frequently or preventing them from taking part in normal activities at academy, including lunch or arranged by the academy off site, unless this is specified in their individual health care plans.
- Sending a student unaccompanied or with someone unsuitable to the First Aid room if they become ill.
- Penalise students with medical conditions for their attendance record where the absences relate to their medical condition e.g. hospital appointments.
- Making parents feel obliged or forcing parents to attend academy to administer medication or provide medical support, including toileting issues.
- Creating barriers for example by requiring parents to accompany the child or preventing children from participating in any aspect of academy life, including visits off site.
- Refusing to allow students to eat or drink or take toilet or other breaks in order to manage their medical condition effectively.
- To support both staff and students who suffer from asthma the use of roll-on deodorants is encouraged. The use of aerosols and non-aerosols is banned within the school site.

### **13. Insurance - Liability and Indemnity**

- 13.1 Staff who undertake responsibilities within this policy are covered by the academy's insurance.
- 13.2 The academy has an Insurance Policy with the School's Risk Protection Agency (RPA), [rpa@topmarkcms.com](mailto:rpa@topmarkcms.com)
- 13.3 Full written insurance policy documents are available to be viewed by the members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the finance department.

### **14. Complaints**

- 14.1 Details of how to make a complaint can be found on our Complaints Policy:
- Stage 1 – Informal with complaint discussed with Staff Member
  - Stage 2 – Complaint discussed with the Headteacher
  - Stage 3 – Complaint referred and discussed with Chair of Trustees
  - Stage 4 – Complaint heard by Trustees Complaints Appeal Panel

### **15. Defibrillators**

- 15.1 The academy has a Wallace Cameron Fully automated external defibrillator (AED).
- 15.2 The AED is stored in the First Aid Office.
- 15.3 All staff members and students are aware of the AED location and what to do in an emergency.
- 15.4 A risk assessment regarding the storage and use of AEDs at the academy has been carried out.
- 15.5 No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, first aiders are trained in cardiopulmonary resuscitation (CPR), as it is an essential part of first aid and AED use.
- 15.6 The emergency services will always be called where an AED is used or requires using.
- 15.7 Maintenance checks will be undertaken on the AEDs on a regular basis by Amanda Dennis, Head of Estates and the site team, with a record of all checks and maintenance work being kept up to date by the designated person.

## 16. Other Safeguarding Legislation

In the development and implementation of this policy the academy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting students at school with medical conditions'
- DfE (2022) 'First aid in schools, early years & further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2022) 'Working together to improve school attendance'