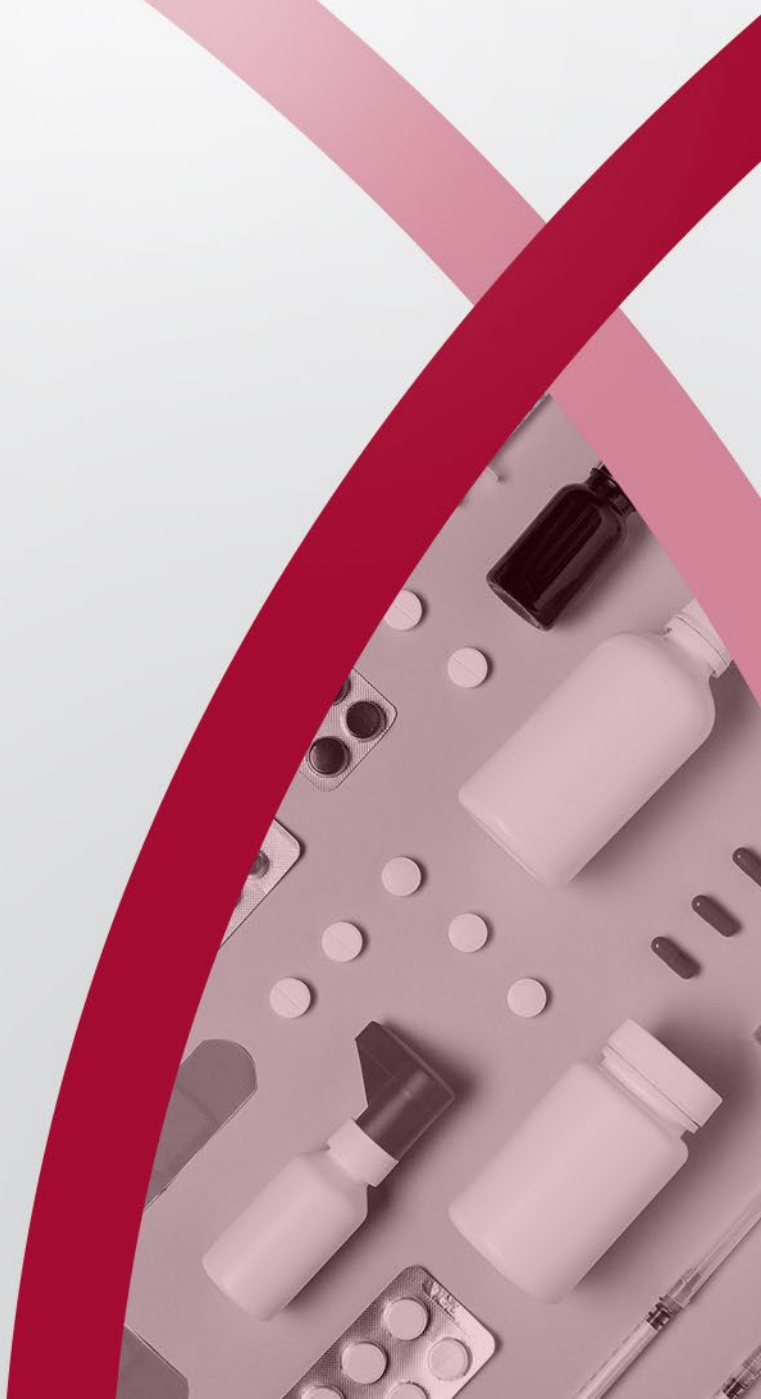
PUPIL MEDICAL CONDITIONS

POLICY



THE BISHOP FRASER TRUST
A CHURCH OF ENGLAND MULTI-ACADEMY TRUST

Pupil Medical Conditions Policy

Policy type	Trust Mandatory Supports safe, inclusive and well-managed arrangements for pupils with medical conditions across the Trust.
Author Owner In Consultation With	Chris Green, Director of Estates and Facilities Director of Safeguarding Don Jones, CISCO Tuesday Humby, CEO Representative Headteachers, school medical conditions leads, school business operations managers, first aiders and SENDCOs
Approved by	Trustees, 27/08/2026
Review date	Annual, and earlier where required by legislative or regulatory change, significant incident learning, audit findings, changes to national guidance or identified operational need
Description of changes	• New standalone policy, issued alongside the Trust's Allergy Safety Policy. Establishes the Trust framework for supporting pupils with medical conditions, Individual Healthcare Plans, medicines, medical treatment, emergency medication, inclusion, records, assurance and escalation

Contents

1 Introduction & Definitions 4
2 Purpose, Scope and Application 5
3 Pupil Medical Conditions Framework 7
4 Roles and Responsibilities 8
5 Identification, Assessment and Individual Healthcare Plans 11
6 Medicines, Treatment and Emergency Medication and Medical Equipment 13
7 Participation, Attendance and Wider Activity 14
8 Training, Competence, Communication and Local Readiness 15
9 Records, Information Governance and Assurance 16
10 Incidents, Emergencies, Review and Escalation 17
11 Related Policies, Standards and Guidance 19
12 Contact and Escalation 19

1 Introduction & Definitions

1.1 The Bishop Fraser Trust, referred to as "the Trust", is committed to ensuring that pupils with medical conditions can attend school safely, participate fully and receive suitable support throughout the school day and in wider Trust activities.

1.2 Medical conditions may affect a pupil's health, attendance, learning, confidence, wellbeing, ability to participate in activities or need for medication, treatment, monitoring or emergency support. Poorly planned arrangements can result in avoidable harm, exclusion from education, safeguarding concerns, disruption to learning and loss of confidence.

1.3 This policy establishes the Trust's framework for identifying, planning, delivering, monitoring and reviewing support for pupils with medical conditions. It includes Individual Healthcare Plans, medicines, medical treatment, emergency medication, staff competence, information sharing, participation, incident learning, assurance and escalation.

1.4 The Trust operates a model of central standards with local implementation. Trust-wide expectations, policy oversight, assurance requirements and cross-functional support are coordinated centrally. Schools remain responsible for ensuring that local arrangements are in place, understood, implemented and kept under review.

1.5 This policy should be read alongside the Trust's Health, Safety and Welfare Policy, safeguarding arrangements, first aid arrangements, Allergy Safety Policy, educational visits arrangements, emergency planning arrangements, data protection and information security policies, records-retention arrangements and relevant local procedures.

1.6 Where a pupil's medical condition is an allergy, this policy applies to the pupil's wider medical support, Individual Healthcare Plan, medication, inclusion and information-sharing arrangements. The Trust's Allergy Safety Policy establishes the additional requirements for allergen exposure, food and catering, emergency adrenaline auto-injectors, activity-specific controls and allergy incident learning.

1.7 This policy will be reviewed annually and may also be updated earlier where required by legislative change, regulatory guidance, significant incident learning, audit findings, organisational change or identified operational need.

1.8 In this policy:

1.8.1 "Medical condition" means a physical or mental health condition, disability, injury, allergy or other health need that may affect a pupil's safety, attendance, learning, access to education or participation in Trust activities.

1.8.2 "Individual Healthcare Plan" means a documented plan setting out the support, medication, emergency action, adjustments, responsibilities and information-sharing arrangements required for an individual pupil.

1.8.3 "Medicine" includes prescribed medicine, non-prescription medicine, controlled drugs, emergency medication, medical equipment and supplies used to support a pupil's health condition.

1.8.4 "Emergency medication" means medication intended for urgent use in response to a medical emergency. This may include prescribed rescue medication, insulin, emergency salbutamol inhalers, seizure medication or other medication identified through an Individual Healthcare Plan or approved procedure.

1.8.5 "Healthcare procedure" means a procedure required to support a pupil's medical condition, including monitoring, feeding, administration of medication, use of medical equipment or other agreed care activity.

1.8.6 "Medical Conditions Lead" means the senior member of staff appointed by each school to coordinate local implementation of this policy.

1.8.7 "Approved system of record" means the Trust-approved system, controlled repository or record location designated for a defined type of medical, medicines, training, incident or assurance information.

1.9 This policy applies proportionately according to the nature, duration, severity and impact of a pupil's medical condition and the support required during Trust activities. Short-term or acute illness does not ordinarily require the formal arrangements described within this policy where the pupil's needs can be safely managed through normal absence, first aid, infection prevention or other established school procedures. Where a short-term condition nevertheless requires medication, treatment, adjustments, emergency arrangements or coordinated support, the relevant provisions of this policy will apply.

2 Purpose, Scope and Application

Purpose

2.1 This policy sets out how the Trust manages support for pupils with medical conditions across its schools and central services.

2.2 The Trust must make arrangements to support pupils with medical conditions and have regard to the applicable statutory guidance. Effective arrangements protect pupils from avoidable harm, promote attendance and inclusion, support staff to act confidently, maintain reliable emergency arrangements and demonstrate appropriate governance and assurance.

2.3 This policy provides the Trust's framework for identifying medical needs, developing Individual Healthcare Plans, administering medicines, managing treatment and medical equipment, supporting participation, maintaining staff competence, protecting medical information and responding to incidents.

2.4 It does not duplicate the Trust's overarching Health, Safety and Welfare Policy. That policy establishes the wider health, safety and welfare framework. This policy defines the specific requirements for supporting pupils with medical conditions.

2.5 Where a pupil has an allergy, this policy applies to their wider medical support, Individual Healthcare Plan, medicine, inclusion and information-sharing arrangements. The Trust's Allergy Safety Policy establishes the additional requirements for allergen exposure, food and catering, emergency adrenaline auto-injectors, activity-specific controls and allergy incident learning.

Scope

2.6 This policy applies to Trustees, Governors, employees, volunteers, agency workers, contractors, transport providers, educational visits providers and other persons whose actions may affect the safe support of a pupil with a medical condition.

2.7 It applies to all Trust activities involving pupils, including lessons, breaks, lunchtimes, breakfast clubs, after-school provision, enrichment, sporting activity, practical subjects, educational visits, transport, residential activities, events and other off-site learning.

2.8 It covers pupils who require medication, medical equipment, health monitoring, emergency treatment, specialist support, adaptations to routine, trained support, access arrangements, planned adjustments or other medical-condition support.

2.9 Where a medical condition affects food, drink or dietary provision, the pupil's Individual Healthcare Plan must identify the support required. Operational allergen and catering arrangements are set out in the Trust's Allergy Safety Policy and associated procedures.

2.10 This policy does not replace the Trust's arrangements for staff health conditions, occupational health, workplace adjustments, staff medication, first aid, safeguarding or clinical services. Where responsibilities overlap, the Trust will ensure that relevant arrangements operate together.

Trust Operating Model

2.11 The Trust operates a model of central standards with local implementation.

2.12 The Trust will set the policy framework, minimum expectations, assurance requirements, record standards and escalation routes. It will provide central oversight, governance support and cross-functional coordination where issues affect more than one school or require specialist input.

2.13 Headteachers are responsible for ensuring that local arrangements are workable and effective. Each school must appoint a Medical Conditions Lead with sufficient seniority, authority and capacity to coordinate day-to-day implementation.

2.14 Schools may maintain local procedures suited to their pupil population, premises, staffing model and operating context. Local variation must not weaken the standards set by this policy or create unmanaged risk.

2.15 Where historic practice, informal arrangements or local custom conflict with this policy, this policy will ordinarily take precedence unless an alternative arrangement has been formally approved by the Trust.

2.16 The Trust will make this policy readily accessible to parents, carers, pupils and staff through approved Trust and school communication arrangements.

Supporting Documents and Procedures

2.17 This policy forms part of the Trust's wider governance and operational-control framework and should not be read in isolation.

2.18 The Trust will maintain supporting procedures, templates, protocols, checklists, records and local plans where these are necessary to translate this policy into practical arrangements. These may include arrangements for Individual Healthcare Plans, medicines administration, emergency medication, medical equipment, healthcare procedures, educational visits, emergency response, training, local readiness and assurance.

2.19 Staff and others working for or on behalf of the Trust must follow any supporting document that applies to their role, activity, pupil or site.

2.20 Where a supporting document sets out more specific operational requirements, those requirements must be followed in addition to this policy. Supporting documents provide further detail on how the requirements of this policy are to be implemented and must not reduce, override or conflict with any legal requirement or expressly stated Trust standard. Where an apparent inconsistency or uncertainty arises, the matter must be

escalated to the Director of Estates and Facilities before an alternative approach is adopted.

Individual Responsibility

2.21 Everyone working for or on behalf of the Trust has a role in supporting pupils with medical conditions safely.

2.22 Staff must follow relevant Individual Healthcare Plans, local procedures, training, emergency arrangements and instructions that apply to their role. They must report concerns about a pupil's medical support, medicine, equipment, emergency arrangements or ability to participate promptly.

2.23 No member of staff should administer medication, undertake a healthcare procedure or give medical assurance beyond their competence, authority and documented arrangement. Where there is uncertainty, urgent advice must be sought through approved local or Trust routes.

Proportionality and Practical Application

2.24 This policy will be applied in a practical, proportionate and risk-based manner.

2.25 Greater planning, higher levels of training, stronger assurance and earlier escalation will normally be required where a pupil has a life-threatening or unstable condition, requires emergency medication or a healthcare procedure, has fluctuating needs, attends off-site or residential activity, requires specialist equipment, or may be affected by staff absence, transition or a failure of normal arrangements.

2.26 Where a risk cannot be removed immediately, the Trust may require interim plans, increased supervision, alternative arrangements, additional training, medical advice, restriction of a specific activity, emergency contingency or central escalation. Temporary arrangements must be documented, time limited, assigned to an identified owner and monitored until a suitable longer-term arrangement is in place.

2.27 Cost, convenience, staffing pressure, informal practice or delay in obtaining a preferred solution must not be relied upon to justify unmanaged risk to a pupil with a medical condition.

3 Pupil Medical Conditions Framework

3.1 The Trust will maintain an integrated framework for identifying, planning, delivering, monitoring and reviewing support for pupils with medical conditions.

3.2 The framework brings together health information, parent and pupil engagement, Individual Healthcare Plans, staff competence, medication management, medical equipment, emergency response, records, assurance and incident learning. Its purpose is to ensure that needs are identified early, responsibilities are clear, information reaches those who need it and control measures work in practice.

3.3 The Trust will support pupils to participate fully in education and wider school life. A medical condition, disability or health need must not result in routine exclusion from lessons, trips, clubs, sport, practical subjects, residential activities or other school opportunities.

3.4 The Trust standard is that a pupil must not be denied admission or prevented from taking up a place solely because arrangements for their medical condition have not yet been completed. Schools must put proportionate interim arrangements in place while

fuller support is agreed, unless attendance would be detrimental to the pupil's health or the health of others on the basis of appropriate clinical or public-health advice.

3.5 Where a pupil cannot safely participate in an activity without adjustments, the school must consider reasonable and proportionate changes to the activity, staffing, supervision, timing, venue, transport, medication access, medical equipment or emergency arrangements before considering restriction.

3.6 Any decision to restrict a pupil from an activity must be evidence-led, proportionate, recorded and reviewed. It must be authorised by the Headteacher or an appropriately delegated senior leader, with relevant parent, pupil and specialist advice considered where appropriate.

3.7 Schools must not require parents or carers, or make them feel obliged, to attend school to administer medicine, undertake a healthcare procedure or provide routine medical support where the Trust should make suitable arrangements.

3.8 Where a pupil's medical condition meets the definition of disability, the Trust must meet its duties under the Equality Act 2010, including the duty to make reasonable adjustments. Medical-condition arrangements must also align with any special educational needs provision, Education, Health and Care Plan, accessibility plan, attendance plan or pastoral support plan that applies to the pupil.

3.9 The Trust will work in partnership with parents or carers, pupils, relevant health professionals and other persons with a legitimate role in supporting the pupil. The absence of a formal diagnosis or delayed health-professional input must not prevent the school from putting interim safety and inclusion arrangements in place where credible information indicates that a medical need affects the pupil's safe participation.

3.10 The Trust will maintain arrangements that are resilient to foreseeable absence, changes in staffing, transition, off-site activity and loss of normal access to records or systems. Safe support must not depend on the presence of one individual or the availability of a single system or location.

3.11 Schools must support effective reintegration where a pupil returns after hospital education, alternative provision, home tuition, prolonged illness, surgery or significant absence connected with a medical condition. This must include consideration of attendance, learning, peer relationships, emotional wellbeing, medication, practical access and any revised support arrangements.

4 Roles and Responsibilities

Trust Board and Relevant Committees

4.1 The Trust Board holds overall accountability for ensuring that appropriate arrangements are in place to support pupils with medical conditions across the Trust.

4.2 The Trust Board must satisfy itself that the Trust maintains an effective policy framework, suitable leadership accountability, appropriate resources, suitable insurance or risk-protection cover and reliable assurance.

4.3 The relevant committee, identified through the Trust's Scheme of Delegation, will receive assurance on significant medical-condition risks, incidents, audit findings, training, insurance concerns, unresolved actions, inclusion issues, recurring weaknesses or matters of material reputational significance within its remit. Committees of the Trust Board include the Finance and Resources Committee, the Education and Standards

Committee, the People Committee and the individual Local Governing Bodies of each school.

4.4 Trustees do not ordinarily direct individual medical arrangements. They must ensure that governance, reporting and escalation arrangements enable appropriate challenge and oversight.

Chief Executive Officer

4.5 The Chief Executive Officer is responsible for ensuring that material medical-condition risks receive appropriate executive attention.

4.6 This includes ensuring that the Trust maintains suitable leadership capacity, governance arrangements, cross-functional coordination and resources for the safe implementation of this policy.

Director of Safeguarding

4.7 The Director of Safeguarding is the policy owner and central strategic lead for the pupil-safety, inclusion and safeguarding aspects of this framework.

4.8 This includes maintaining policy oversight, supporting consistent implementation, identifying themes and material risk, coordinating escalation where pupil safety may be affected, and reporting to the Chief Executive Officer, relevant committees and the Trust Board as appropriate.

4.9 The Director of Safeguarding does not replace the need for clinical, pharmacy, first aid, SEND, occupational health, legal or other specialist advice where it is required.

Director of Estates and Facilities

4.10 The Director of Estates and Facilities provides professional support where a pupil's medical condition intersects with health and safety, premises, emergency arrangements, contractor activity, equipment, accessibility, hygiene, food provision or estate-related risk.

4.11 This includes supporting appropriate arrangements for medical-equipment storage, safe premises use, access, emergency planning and escalation of material risks that affect wider Trust operations.

Chief Information, Security and Compliance Officer

4.12 The CISCO provides executive oversight, information-governance alignment, systems assurance and cross-functional escalation support.

4.13 This includes supporting reliable approved systems of record, appropriate access controls, records management, information security, assurance reporting, business-continuity coordination and response where an incident has information-governance implications.

4.14 The CISCO does not determine clinical support, medicine administration or healthcare-procedure arrangements.

Headteachers and Central Service Leaders

4.15 Headteachers are responsible for ensuring that this policy is implemented effectively within their school.

4.16 This includes appointing a Medical Conditions Lead, ensuring local arrangements are workable, ensuring staff understand their responsibilities, maintaining and reviewing

Individual Healthcare Plans, supporting access to training, addressing local concerns promptly and escalating matters that cannot be resolved safely at school level.

4.17 Headteachers must ensure that sufficient trained and competent staff are available to implement Individual Healthcare Plans, including during foreseeable absence, emergency situations, educational visits and other activities outside the normal timetable.

4.18 Headteachers may delegate specific tasks to appropriate staff. Delegation does not remove responsibility for ensuring that suitable arrangements remain in place and operate effectively.

4.19 Headteachers must ensure that staff providing support operate within the Trust's appropriate insurance or risk-protection arrangements and can access advice about those arrangements where needed.

Medical Conditions Lead

4.20 Each school must appoint a Medical Conditions Lead. The role must be held by a suitably senior member of staff, or by a designated colleague with clear senior oversight, authority and access to the Headteacher.

4.21 The Medical Conditions Lead is responsible for coordinating identification of pupils with relevant needs, ensuring that Individual Healthcare Plans and consents are in place where required, maintaining suitable local communication, coordinating training and competence records, monitoring medicines and emergency-device arrangements, and reviewing incidents, near misses and actions.

4.22 The Medical Conditions Lead must ensure that local arrangements do not depend on one individual being present. Suitable cover, handover and continuity arrangements must be in place.

4.23 The Medical Conditions Lead must ensure that new, changing or returning pupil needs are assessed promptly, that interim controls are used where required, and that actions remain open until a safe and sustainable arrangement is confirmed.

School Business Operations Managers, First Aiders, Catering Leads and Other Relevant Staff

4.24 School business operations managers, first aiders, pastoral leaders, SENDCOs, attendance leaders, educational visits coordinators, trip leaders, curriculum leaders and other relevant staff must carry out the responsibilities allocated to them through this policy, Individual Healthcare Plans and supporting procedures.

4.25 These responsibilities may include maintaining records, checking medicine and equipment, coordinating training, planning off-site activity, maintaining access to emergency equipment, implementing agreed adjustments, reporting concerns and supporting assurance activity.

Staff, Volunteers and Agency Workers

4.26 All staff, volunteers and agency workers must understand the local arrangements relevant to pupils with whom they work. They must follow Individual Healthcare Plans and emergency procedures, act promptly where a pupil may be unwell or at risk, and report concerns without delay.

4.27 Staff must not assume that another colleague is responsible for an immediate concern where delay may place a pupil at risk.

4.28 A member of staff may be asked to provide support to a pupil with a medical condition, including administration of medicine, but cannot be compelled to do so. Before undertaking such a role, the member of staff must have agreed to it, received suitable training, demonstrated appropriate competence and understood the relevant support, emergency and insurance arrangements.

Parents, Carers and Pupils

4.29 Parents and carers are expected to provide accurate, current information about a pupil's medical condition, medication, treatment plan and emergency needs. They must provide medication, equipment and replacements as agreed, notify the school promptly of relevant changes and participate in the development and review of Individual Healthcare Plans.

4.30 Where essential information, consent, medication, equipment or agreement about medical arrangements is absent, disputed or unreliable, the school must assess the immediate risk and put proportionate interim controls in place. The matter must be escalated promptly where it may prevent safe participation, indicate a safeguarding concern or require advice about parental responsibility, consent or emergency action. See Sections 10 and 12 for further information about escalation and contacts.

4.31 Pupils should be involved in planning and decision-making in a way that reflects their age, maturity, understanding and condition. Where appropriate, pupils should understand their condition, know how to seek help, participate in self-management arrangements and understand any agreed limits on self-administration or self-carrying of medication.

4.32 Parent or carer responsibilities do not remove the Trust's duty to make appropriate arrangements to support pupils safely while they are in its care.

Healthcare Professionals and Third Parties

4.33 The Trust will seek appropriate clinical advice where a pupil's support needs require it. Health professionals may contribute to Individual Healthcare Plans, identify training requirements, provide competency confirmation and advise on changing needs.

4.34 Transport providers, educational visits providers, alternative-provision providers and other third parties must cooperate with Trust arrangements that affect pupil medical conditions, medication, emergency access, information sharing and incident response.

4.35 The Trust must ensure that contractual, commissioning or local arrangements are sufficient to support these requirements.

5 Identification, Assessment and Individual Healthcare Plans

5.1 Schools must maintain suitable arrangements to identify pupils with medical conditions, injuries, medical dietary requirements or other health needs that may affect safe participation.

5.2 Information must be sought at admission and reviewed when a parent or carer provides new information, when a pupil's condition changes, after an incident or near miss, at transition points and through planned review arrangements.

5.3 The Medical Conditions Lead must ensure that support arrangements for pupils joining a school are in place by the start of the relevant term wherever reasonably practicable.

5.4 Where a pupil develops a condition, receives a new diagnosis, transfers mid-year or experiences a material change in needs, the school must act promptly. The Trust

standard is that a suitable initial arrangement should normally be agreed within two school weeks of notification, unless the complexity of the condition requires longer and effective interim controls are in place.

5.5 Schools do not need to wait for a formal diagnosis before providing support. Where a condition is unclear, information conflicts or clinical input is delayed, the school must assess the available evidence, consult relevant parties and put proportionate interim arrangements in place.

5.6 A pupil with a medical condition must be considered for an Individual Healthcare Plan where the condition is long-term, fluctuating, life-threatening, requires medication or equipment during the school day, affects safe participation, requires emergency action, requires trained support or otherwise needs coordinated arrangements.

5.7 An Individual Healthcare Plan is a Trust requirement where a pupil's condition creates a credible risk of serious harm without documented support and emergency arrangements. It is also required where a linked policy, including the Allergy Safety Policy, identifies the need for one.

5.8 Not every pupil with a medical condition requires an Individual Healthcare Plan. Where a plan is not needed, the Medical Conditions Lead must be satisfied that the pupil's needs can be met through less formal but reliable arrangements, and that the basis for that decision is recorded proportionately.

5.9 Where a full Individual Healthcare Plan cannot be completed immediately, the school must put interim arrangements in place without delay. These must identify the immediate risk, the actions required, named responsible staff, emergency contact arrangements, medication or equipment access, review date and actions needed to finalise the plan.

5.10 Individual Healthcare Plans must be developed in partnership with the pupil, parents or carers, relevant school staff and health professionals where appropriate. The plan must be based on current information and should incorporate relevant clinical or specialist advice where this is available.

5.11 Responsibility for ensuring that an Individual Healthcare Plan is finalised, implemented, communicated and reviewed rests with the school, even where another person contributes to its content.

5.12 Each Individual Healthcare Plan must contain sufficient information for staff to act safely. This will normally include the pupil's condition and triggers, medication and equipment arrangements, emergency action, day-to-day support and adjustments, relevant dietary or personal-care requirements, named responsibilities, training requirements, consent and information-sharing arrangements, cover arrangements and arrangements for visits, transport, transition and review.

5.13 Individual Healthcare Plans must be reviewed at least annually and sooner where there is a change in diagnosis, symptoms, medication, treatment, risk, attendance, emergency arrangements, transition, significant incident or other material change.

5.14 The plan must be accessible to those who need it to support the pupil safely, while the full medical record remains appropriately controlled. Schools must ensure that relevant staff know the information needed for safe action and do not rely on staff locating or interpreting a full record during an emergency.

5.15 Self-management, self-administration and self-carrying of medication or equipment may be appropriate where agreed with parents or carers, reflected in the Individual Healthcare Plan and suitable for the pupil's age, understanding, condition and safe access needs. Such arrangements must not remove the need for staff awareness, emergency support or safeguarding oversight.

5.16 Where a pupil seeks to limit the sharing of information about their medical condition, the school must consider the pupil's age, maturity, understanding and wishes. Information must nevertheless be shared on a minimum-necessary basis where this is required to protect the pupil or others from foreseeable harm, enable safe emergency action or meet a legal safeguarding obligation.

5.17 Where a pupil has an Education, Health and Care Plan, the Individual Healthcare Plan must be linked to, or form part of, the relevant plan and wider support arrangements.

5.18 Individual Healthcare Plans must be reviewed before educational visits, residential activity, significant transition, changes in provision, alternative provision, return from hospital education or other circumstances that may materially affect safe participation.

6 Medicines, Treatment and Emergency Medication and Medical Equipment

6.1 The Trust will maintain practical, safe and proportionate arrangements for medicines, medical treatment and equipment required by pupils during Trust activities.

6.2 Medicines must only be administered at school where it would be detrimental to the pupil's health or school attendance not to do so, and where the school has appropriate written consent, clear authorised instructions and a safe arrangement for administration. This does not prevent emergency action where delay would place a pupil at risk.

6.3 Medicines supplied to school must be provided and handled in accordance with approved procedures and clear authorised instructions. The school must not alter dosage, frequency or administration arrangements without clear written authority from an appropriate prescriber or an updated Individual Healthcare Plan informed by suitable clinical advice.

6.4 The Trust will not routinely administer non-prescription medicine. Any exception must be specifically authorised through an approved procedure, supported by written parent or carer consent and based on clear instructions. A pupil under 16 must not be given medicine containing aspirin unless it has been prescribed by a doctor.

6.5 Prescribed medicines should normally be accepted only where they are in date, clearly labelled and supplied in accordance with approved procedures. The medicines procedure must set out appropriate exceptions and arrangements for equipment such as insulin pens, pumps, feeding devices or other equipment not ordinarily held in original packaging.

6.6 Controlled and/or prescription drugs must be managed in accordance with the Individual Healthcare Plan and relevant medicines procedure. They must be stored securely where required, access must be limited to authorised staff, administration must be recorded and arrangements must allow access without unsafe delay in an emergency.

6.7 Medicine, medical equipment and emergency devices must be stored safely, securely and in a way that does not delay access when needed. Medication that is required

urgently must not be locked away or stored in a manner that could delay emergency treatment.

6.8 Each school must maintain reliable arrangements to check medicine and emergency-device expiry, condition, storage, availability and replacement. Expired, damaged, unavailable or missing emergency medication or equipment must be treated as a risk requiring immediate local action and, where relevant, central escalation. See Sections 10 and 12 for further information about escalation and contacts.

6.9 Administration of medicine, treatment or a healthcare procedure must be recorded promptly in the approved system of record. The record must be factual and sufficient to show what was administered or undertaken, when, by whom, the outcome and any follow-up required.

6.10 Staff must not undertake a healthcare procedure unless they have the necessary information, training, practical competence, authority and support arrangements. Where support involves a specialist procedure or formal delegation from a health professional, the Trust must obtain appropriate advice and ensure that the agreed arrangements are documented, safe and kept under review.

6.11 Where a pupil refuses to take medicine or undertake a necessary procedure, staff must not force them to do so. Staff must follow the agreed Individual Healthcare Plan or emergency arrangement, take proportionate action to protect the pupil and inform parents or carers where appropriate.

6.12 The Trust standard is that each school must maintain a spare emergency salbutamol inhaler in line with current national guidance, unless a documented alternative arrangement has been approved by the Director of Safeguarding and the Headteacher following risk assessment.

6.13 A spare emergency inhaler is an additional safeguard. It does not replace the need for pupils to have access to their own prescribed inhaler or equipment where this is required by their Individual Healthcare Plan.

6.14 Each school must maintain an approved emergency inhaler protocol. The protocol must provide clear arrangements for procurement, storage, access, eligibility, consent where required, staff awareness, training, expiry checking, replacement, administration records, parent or carer notification and post-use review.

6.15 Arrangements for emergency adrenaline auto-injectors are set out in the Trust's Allergy Safety Policy and related emergency medication protocol.

6.16 Medical equipment, consumables and sharps must be stored, used, maintained and disposed of safely in accordance with approved procedures, relevant clinical advice and the Individual Healthcare Plan. Medicines that are no longer required must be returned to the parent or carer for safe disposal unless another approved route applies.

7 Participation, Attendance and Wider Activity

7.1 Pupils with medical conditions must be supported to participate as fully as possible in all aspects of school life.

7.2 Schools must not make blanket assumptions that pupils with the same diagnosis require the same support, restrictions or treatment. Arrangements must reflect the individual pupil's needs, abilities, medical advice, wishes and current Individual Healthcare Plan.

7.3 Schools must not routinely send pupils home, prevent them staying for normal school activities, require a parent or carer to accompany them, or impose avoidable restrictions solely because of a medical condition.

7.4 Pupils must be allowed appropriate access to food, drink, toilets, rest, medication, medical equipment and other adjustments required to manage their condition safely. Such arrangements must be reflected in the Individual Healthcare Plan where relevant.

7.5 Attendance arrangements must recognise the impact of medical appointments, treatment, recovery, fluctuating symptoms, hospital attendance and other legitimate health needs. Pupils must not be disadvantaged through attendance, behaviour or reward arrangements because they have followed agreed medical support arrangements.

7.6 Medical conditions must be considered as part of planning for educational visits, residential activity, sport, physical education, practical subjects, transport, enrichment and activities outside the normal timetable.

7.7 Educational visits coordinators and trip leaders must ensure that relevant Individual Healthcare Plans are reviewed, medication and equipment are available, staff understand emergency action, transport and accommodation requirements are considered, and access to emergency services is understood.

7.8 Pupils with medical conditions must not be excluded from a visit, club, residential activity, sport or transport arrangement merely because the planning requires additional work. Where significant risk cannot be controlled, the decision must be evidence-led, proportionate, authorised and reviewed in line with this policy and the Trust's educational visits arrangements.

7.9 Where a pupil's medical condition affects learning, attendance, access, mobility, fatigue, concentration, medication timing or emotional wellbeing, schools must consider appropriate adjustments, including reasonable adjustments where required by law.

7.10 Schools must work with pupils, parents or carers, health professionals and relevant education providers to support reintegration after hospital education, alternative provision, home tuition or prolonged absence. Arrangements must address learning, attendance, practical access, peer relationships, medication, emergency support and emotional wellbeing.

7.11 Where a school commissions alternative provision or another provider to deliver education, it must ensure that medical-condition arrangements, medication access, emergency information, safeguarding expectations and information-sharing arrangements are understood and recorded before attendance begins.

8 Training, Competence, Communication and Local Readiness

8.1 Effective support depends on informed staff, appropriate competence, clear communication and workable local arrangements.

8.2 The Trust standard is that all staff must receive suitable baseline awareness of medical conditions, emergency response, Individual Healthcare Plans, medicine escalation and local reporting routes. This must be completed at induction and refreshed annually.

8.3 Staff with a specific responsibility for a pupil's medication, treatment, emergency device, healthcare procedure or Individual Healthcare Plan must receive role-specific

information, instruction, training and, where appropriate, practical competency assessment before carrying out that responsibility.

8.4 Completion of e-learning or attendance at a briefing will not ordinarily be treated as sufficient evidence of competence for practical emergency response, medicine administration or healthcare procedures. Managers must ensure that staff understand the arrangement, can apply it safely and have access to appropriate supervision or support.

8.5 Relevant healthcare professionals should normally advise on the type and level of training required for specialist support. Where appropriate, the Trust must obtain confirmation that staff are proficient to undertake the relevant procedure or provide the required support.

8.6 A first aid certificate alone does not establish competence to support a pupil with a specific medical condition, administer medicines or undertake a healthcare procedure.

8.7 Schools must maintain a current local medical conditions readiness plan. This must identify the Medical Conditions Lead, deputy or cover arrangements, first aid provision, medicine and equipment locations, communication methods, process for updating staff, access arrangements for temporary or agency staff, and escalation contacts.

8.8 Relevant information must be communicated to staff in a way that is clear, proportionate and accessible. Information must not be treated as communicated merely because it has been stored on a system or made available in a location that staff are unlikely to access.

8.9 Schools must maintain secure contingency arrangements for access to essential emergency information during a system outage, internet failure, evacuation, off-site activity or other disruption to normal records access. Those arrangements must protect confidentiality while enabling timely action by staff who need to respond.

8.10 Schools must ensure that emergency arrangements do not depend on a single individual, a single copy of an Individual Healthcare Plan or one physical location for vital information, medication or equipment.

8.11 The Trust will communicate with parents and carers in a way that encourages early disclosure, accurate updates and collaborative planning. Schools must make clear how families should notify a medical condition, provide medication, report a change, request review of an Individual Healthcare Plan and raise concerns.

9 Records, Information Governance and Assurance

9.1 Medical, medicines and medical-condition information is special category personal data. It must be handled lawfully, securely, accurately and only for legitimate educational, health, safety, safeguarding, legal or operational purposes.

9.2 The Trust will maintain approved systems of record for Individual Healthcare Plans, parent or carer consent, medicine administration, medical equipment, training, stock checks, incidents, near misses, assurance activity and related actions.

9.3 The relevant supporting procedure or evidence schedule will identify the approved system of record for each type of information. Different approved systems may be used where this supports safe operational delivery, access control, retention and assurance.

9.4 Access to detailed medical information must be limited to those with a legitimate need to know. However, confidentiality must not be used to withhold information required by staff to take safe and timely action in an emergency.

9.5 Information shared with transport providers, educational visits providers, alternative-provision providers, supply staff, volunteers or other third parties must be limited to what is necessary for the relevant activity. Sharing arrangements must be secure, controlled and consistent with the Trust's data protection and information security requirements.

9.6 Medical information displayed, carried or communicated for operational reasons must be proportionate and avoid unnecessary disclosure. Schools must use controlled summaries, accessible emergency information or other practical arrangements where these are needed to support immediate action.

9.7 Schools must ensure that Individual Healthcare Plans, medicine records, emergency-device information and related arrangements are current. Plans and records must be reviewed and updated promptly following a change in condition, medication, contact details, school routine, incident, transition or other relevant change.

9.8 Records must be retained in accordance with the Trust's records-retention schedule, legal requirements, insurer requirements and the need to support safe ongoing care, investigation or legal defence. Records must be securely disposed of when the relevant retention period has ended.

9.9 The Trust will maintain proportionate assurance arrangements to test whether local medical-condition controls are complete and operating effectively. This may include review of plan completion, training, medicine and equipment readiness, administration records, incident trends, near misses, action completion, audit findings and local assurance returns.

9.10 The absence of a record, plan, consent, training evidence, medicine, equipment check or other critical information does not automatically establish that harm has occurred. It does, however, require prompt assessment because it may mean that a critical control cannot be demonstrated.

9.11 Where the Trust replaces or materially changes a system used to manage medical-condition, medicines or emergency information, it must ensure continuity, record integrity, appropriate access, retention, audit trail and validation before withdrawing the existing system.

9.12 Medical incident reporting and personal-data breach assessment are connected but separate processes. A medical incident must not be treated as a personal-data breach unless the relevant information-governance assessment identifies a breach, and a personal-data breach assessment must not delay urgent medical action or incident reporting.

10 Incidents, Emergencies, Review and Escalation

10.1 The immediate priority in a medical emergency is to protect the pupil and obtain appropriate emergency help. Reporting and administration must not delay urgent action.

10.2 Staff must follow the pupil's Individual Healthcare Plan and relevant emergency procedure. Where emergency services are required, staff must contact them promptly and provide accurate information about the pupil, location, condition, actions taken and relevant access arrangements.

10.3 Emergency arrangements must identify what constitutes an emergency for the pupil, the action required, medication or equipment access, who should be contacted, staff responsibilities, contingency arrangements and information required by emergency services.

10.4 Where a pupil is taken to hospital or receives urgent medical attention, the school must ensure that appropriate supervision and communication arrangements are in place until the parent, carer, emergency service or another appropriate adult assumes responsibility, in accordance with the local emergency plan and any direction from emergency services.

10.5 Following a medical emergency, the school must ensure that parents or carers are informed promptly, relevant records are completed, medication or equipment is replaced where necessary and the Individual Healthcare Plan is reviewed before normal arrangements resume.

10.6 Medical incidents, medicine errors, missing medication, equipment failure, emergency-device use, near misses, unplanned restrictions, concerns about staff competence and other material weaknesses must be reported through approved Trust arrangements.

10.7 The level of investigation and record keeping must reflect the seriousness and complexity of the event. Records must be factual, proportionate and sufficient to show what occurred, the action taken, the people involved, the immediate controls, the learning identified and the basis for closing any actions.

10.8 Where proportionate, parents, carers and pupils should be offered the opportunity to discuss a significant incident or near miss, contribute relevant information and understand the resulting improvements to support arrangements.

10.9 Immediate escalation to the Headteacher and Medical Conditions Lead is required where there is a medical emergency, use of emergency medication, credible risk of serious harm, hospital attendance, significant medicine error, missing emergency medication, failure of a critical Individual Healthcare Plan control or a need to restrict participation.

10.10 The Director of Safeguarding must be informed promptly where a matter creates significant pupil-safety risk, repeated or systemic failure, material reputational concern, inability to evidence safe arrangements, significant exclusion from education, possible safeguarding concern or a need for wider Trust action.

10.11 The Director of Estates and Facilities must be informed promptly where a premises, equipment, access, hygiene, environmental or other health-and-safety factor may have contributed to the risk.

10.12 The CISCO must be informed where an incident may involve a personal-data breach, information-security concern, system failure, record-access issue or wider information-governance risk.

10.13 Where a medical incident identifies a potential safeguarding concern, including possible neglect, failure to provide necessary medication, unsafe family arrangements or a wider risk to a child, the safeguarding procedure must be followed without delay.

10.14 The Trust will review significant incidents, near misses, recurring themes and control failures to identify improvement actions, training needs, changes to procedures, assurance priorities or wider policy improvements.

10.15 The Trust must consider whether an incident requires notification to insurers, regulators, the local authority, health services or another body through the relevant Trust procedure. Incident reporting under this policy, RIDDOR assessment, insurer notification and personal-data breach assessment are separate but connected processes.

10.16 Concerns about support for a pupil with a medical condition should ordinarily be raised promptly with the school so that they can be resolved. Where concerns remain unresolved, parents, carers or pupils may use the Trust's complaints procedure.

10.17 The purpose of review is not merely to record events. It is to protect pupils, strengthen controls, improve inclusion, reduce the risk of recurrence and support a safe, learning culture.

11 Related Policies, Standards and Guidance

11.1 This policy forms part of the Trust's wider governance and operational-control framework. It should be read alongside relevant policies, procedures, standards, local arrangements and specialist guidance.

11.2 Relevant Trust documents include those relating to health, safety and welfare, allergy safety, safeguarding and child protection, first aid and incident management, educational visits and off-site activity, emergency planning, business continuity, SEND, inclusion, attendance, equality, data protection, information security, records retention, personal data incident management, procurement, contract management, insurance and complaints.

11.3 The legal and regulatory framework includes, where relevant, section 100 of the Children and Families Act 2014, statutory guidance on supporting pupils with medical conditions at school, the Equality Act 2010, the Human Medicines Regulations 2012, the Education (Independent School Standards) Regulations 2014 and current guidance from the Department for Education, Department of Health and Social Care, NHS bodies, the Information Commissioner's Office and other competent bodies.

11.4 Where a supporting document sets out more specific operational requirements, those requirements must be followed in addition to this policy. Where an apparent inconsistency arises, the more specific approved document will ordinarily apply to the subject matter concerned, provided that it does not reduce a legal requirement or an expressly stated Trust standard in this policy. Uncertainty must be escalated to the Director of Estates and Facilities before relying on an alternative approach.

11.5 The Trust will review this policy promptly when revised statutory guidance on supporting pupils with medical conditions is published or where a material change to the legal, clinical or regulatory position requires it.

12 Contact and Escalation

12.1 Questions about this policy or local medical-condition arrangements should ordinarily be raised through line management, the relevant Medical Conditions Lead, school business operations manager, Headteacher or central service leader.

12.2 Where there is an immediate medical emergency, staff must take urgent protective action and contact emergency services where necessary before completing reporting or administrative requirements.

12.3 Concerns about Individual Healthcare Plans, medication, emergency devices, medical equipment, training, records or safe participation must be escalated promptly where they cannot be resolved safely at school level.

12.4 Material pupil-safety, safeguarding, policy, assurance or cross-functional matters should be escalated to the Director of Safeguarding or the appropriate central Trust lead.

12.5 Premises, equipment, access, hygiene or related health-and-safety concerns should be escalated to the Director of Estates and Facilities or through approved Trust arrangements.

12.6 Information-governance, system, record-access or personal-data concerns should be escalated to the CISCO or through the Trust's personal data breach and incident-management arrangements.

12.7 Staff must not provide unauthorised external statements, admit liability, make formal notifications to regulators or insurers, or make commitments on behalf of the Trust unless authorised through the relevant Trust arrangements.

12.8 Current reporting routes, contact details, templates, emergency protocols and supporting guidance will be maintained through approved Trust communications, procedures and internal systems.