



Support for Students with Medical Conditions Policy (including First Aid Policy)

STATUS: STATUTORY

Review Cycle: Annual

Governors/ School Committee Responsible: Education

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Date of Next Review: Autumn 2026



Introduction and aims

[Section 100 of the Children and Families Act 2014](#) places a statutory duty on schools to make arrangements for supporting students at school with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

The aim is to ensure that all students with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

This policy explains the School's policy and procedures regarding

- A. Support for students with Medical needs and IHPs
- B. Administration of medicines at school
- C. First Aid

The implementation of this policy is the responsibility of the designated member of SLT (in this case the DSL) and the SENCo to ensure that this policy is implemented.

This policy is written in line with the requirements of and may be read in conjunction with:-

- Children and Families Act 2014
- SEN Code of Practice 2014
- The Special Educational Needs and Disability Regulations 2014
- Supporting pupils with medical conditions at school (published 2014, last updated 2017)
- The Care Standards Act 2000
- The Equality Act 2010

Part A. Support for students with Medical needs and IHPs

1. 1. Medical needs and SEND

Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, we will comply with our duties under that Act.

Some students may also have special educational needs and may have a statement, or Education and Health Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. Any individual healthcare plan (IHP) should be linked to or become part of an existing EHCP.

If a student has a long-term medical condition, we aim to ensure that arrangements are in place to support them, and that such children can access and enjoy the same opportunities at school as any other child. We will work together with health professionals, parents/carers and other support services to ensure that students with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school, in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how students will be reintegrated back into school after long periods of absence. In appropriate cases a "Return to School" plan will be made between school, pupil and parents/carers.

2. Roles and responsibilities

Supporting a child with a medical condition during school hours will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare

professionals (and, where appropriate, social care professionals), local authorities, and parents/carers and students will be critical. All those involved should work in partnership to ensure that the needs of students with medical conditions are met effectively.

The Headteacher will ensure:

- sufficient staff are suitably trained
- staff are aware of pupils' conditions, where appropriate
- there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- supply teachers are provided with appropriate information about the policy and relevant pupils
- the development and monitoring individual healthcare plans (IHPs)
- appropriate level of insurance or the DfE's Risk Protection arrangement is in place and appropriately reflects the School's level of risk.

The Headteacher/delegated member of SLT (DSL) and SENCo will:

- a) ensure the policy is developed and effectively implemented.
- b) ensure that all staff members are aware of the policy for supporting students with medical conditions and understand their role in its implementation.
- c) ensure that all staff members who need to know are aware of the student's condition (including briefing for supply and support teachers where appropriate).
- d) ensure that sufficient trained numbers of staff are available to implement the policy and deliver all individual healthcare plans, including cover arrangements in case of staff absence and in contingency and emergency situations.
- e) Have the overall responsibility for the development of individual healthcare plans.
- f) make sure that school staff are appropriately insured and are aware that they are insured to support students in this way.
- g) contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the Local Authority and allocated a school nurse.
- h) be clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so, in line with the Equalities Act.
- i) consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.
- j) complete risk assessments so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.
- k) Hear parental/carer complaints about the school's actions in regard to their child's medical condition if it cannot be resolved with the SENCo, before directing parents to the complaints procedure.

School staff:

- a) Will note students they teach with Medical Needs as recorded on Arbor. When recorded on Arbor, seating plans will use a discreet code and it must not be shared publicly with students/classes.
- b) Staff will receive regular (often weekly) reminders at staff briefing about student medical needs from the SENCo.
- c) Staff will be notified via email of new medical needs relating to students they teach. This will also be added to Arbor and identified at staff briefing.
- d) Any member of staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.
- e) Although administering medicines is not part of teachers' professional duties, they must take into account the needs of students with medical conditions that they teach.
- f) School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- g) Any member of the school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

The School Nurse (where allocated to an individual student)

- a) Is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school and has been allocated a school nurse.
- b) Where allocated to an individual student, may support staff on implementing that child's individual Health Care Plan and provide advice and liaison, for example on training.
- c) Can liaise with lead clinicians locally on appropriate support for that child and associated staff training needs.

Other healthcare professionals, including GPs and paediatricians

- a) Should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- b) May provide advice on developing healthcare plans.
- c) May be able to provide support in schools for children with particular conditions e.g. asthma, diabetes, epilepsy, allergies.

Students

- a) Are often best placed to provide information about how their condition affects them and should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and compliance with, their individual healthcare plan.
- b) Students who are competent should be encouraged to take responsibility for managing their own medicines and procedures.
- c) Wherever possible, students should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, relevant staff should help to administer medicines and manage procedures for them.
- d) If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Individual Health Care Plan. Parents/carers should be informed so that alternative options can be considered.
- e) Other students will often be sensitive to the needs of those with medical conditions and should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

Parents/carers

- a) Should provide the school with sufficient and up-to-date information about their child's medical needs. This includes completing the relevant information on Arbor (the school MIS) Parents are prompted to ensure medical information is up to date when registering for school trips.
- b) Should be involved in the development and review of their child's Individual Healthcare Plan, and may be involved in its drafting.
- c) Should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- d) Must ensure all medicines (including over the counter products – OTC) are prescribed by a healthcare professional, i.e. GP. Medicines which have not been prescribed by a healthcare professional for a child, will only be administered at school in exceptional circumstances and in the case of an emergency. If a child requires an OTC medicine on a regular basis, it must be prescribed by a GP and will then be managed as part of a short term medical requirement.
- e) Must ensure that all prescribed medicines are supplied to the school in the original packaging, with a pharmacy label containing the child's details, including dosage etc. Parents/carers should note that antihistamines (ie, Piriton or Piritize) will not be administered at school unless prescribed by a GP.
- f) The medicine must be in date and any contents also labelled with a pharmacy label, for example, inhalers.

Local Authorities

- a) Are commissioners of school nurses.

- b) Under section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as schools, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- c) Must make joint commissioning arrangements for education, health and care provision for children with SEN or disabilities.
- d) Should provide support advice and guidance, including suitable training for school staff, to ensure that the support specified within Individual Health Care Plans can be delivered effectively.
- e) Should work with schools to support students with medical conditions to attend full time.
- f) Where a student would not receive suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities, sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

3. Procedures

New Admissions

- a) Medical needs will be identified as part of the admissions, transition and induction process into Tiffin school.
- b) Parents/carers will be asked to complete the relevant sections on Arbor (MIS) and an Individual Health Care Plan will be created and agreed where appropriate.
- c) Parents/carers and students will be invited to meet with either the designated member of SLT, the SENCo, the Head of Year or the form tutor who will oversee the transition to Tiffin and sharing of medical need information.
- d) Copies of reports from medical professionals should be brought to this meeting or shared with the school via post/email.
- e) The information should be updated with parents annually.
- f) The information should be recorded on Sims and then transferred to CPOMS

New Diagnoses

- g) New diagnoses should be reported to the school via the tutor or Head of Year who will pass to the designated Medical Needs person of responsibility and the parent/carer will be asked to complete the relevant sections on Arbor (MIS).

Long term conditions requiring support

- h) Tiffin does not have to wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgments will be needed about what support to provide based on the available evidence. This would normally involve some sort of medical evidence and consultation with parents/carers.
- i) Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. The Headteacher or designated lead on medical needs, School Nurse (where allocated to that individual student) or SENCo will usually lead this. Additionally, an Education Welfare Office may also be involved.
- j) The school will make every effort to ensure that arrangements are put in place as soon as possible.
- k) The school will ensure that staff members are properly trained to provide the support that student's need. Suitable training should have been identified during the development or review of individual healthcare plans.
- l) The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents/carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.
- m) The school will ensure that arrangements are clear and unambiguous about the need to support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so, unless it would not be in their best interest owing to their health needs.

- n) Tiffin School will make arrangements including risk assessments for the inclusion of students in such activities, with any adjustments, as required; unless evidence from a clinician such as a General Practitioner (GP) states that this is not possible.
- o) Tiffin will ensure that no child with a medical condition is denied admission or prevented from attending because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, Tiffin will ensure that students' health is not put at unnecessary risk from, for example, infectious diseases. The school will therefore not accept a child in school or on educational visits at times where it would be detrimental to the health of that child and/or others.
- p) Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff members are aware of emergency symptoms and procedures.
- q) Other students should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- r) It may be necessary to make special arrangements for a student on reintegration, following illness; or whenever a student's needs change, including arrangements for any staff training and support.
- s) If a student with a long-term medical condition transfers to another school, arrangements will be made, in consultation with parents/carers, to ensure that all the relevant information is communicated to the new school.

4. Individual Healthcare Plans (IHPs)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENCo. This duty is carried out in conjunction with the parent(s)/carer(s), form tutor and Head of Year, and any other Healthcare Professionals involved in providing care to the student. Whenever appropriate, the student should also be involved.

It is the responsibility of **all** members of staff supporting the individual child to ensure that the Individual Health Care Plan is followed.

Individual Health Care Plans:

- Help to ensure that Tiffin School effectively supports students with medical conditions.
- Will capture the key information and actions that are required to support the student effectively.
- Provide clarity about what needs to be done, when and by whom.
- Should mention if a student has, in addition, special educational needs.
- Will be easily accessible to all who need to refer to them, while preserving confidentiality.
- Should be taken on all school outings and off-site activities.
- Are reviewed annually, or when a child's needs change.

Tiffin, Healthcare Professionals and Parent/Carers should agree, based on evidence, when an Individual Healthcare Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

5. Following Notification of a Short-term Medical Condition

If medication for a short term illness is required during the school day, e.g. antibiotics, then a parent or carer will be required to provide evidence of consent at the same time as handing in the medicine to the School Office.

6. Personal Emergency Evacuation Plan

Personal Emergency Evacuation Plans (PEEPs) are developed for students who may require additional support to safely evacuate the school in the event of an emergency, such as a fire alarm. These plans are tailored to the individual's specific medical needs and outline the practical steps, equipment, and staff support required to ensure a safe and timely evacuation. PEEP reviews will be conducted regularly and updated promptly if the student's health, mobility, or location within the school changes. Staff

involved in the implementation of PEEPs will receive appropriate training to carry out their roles effectively.

Part B. Administration of medicines at school

1. Policy for managing medicines on school premises

- a) Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- b) No child under 16 should be given prescription or non-prescription medicines without their parents/carers written consent except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents/carers.
- c) A student under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- d) Medication, e.g. paracetamol for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers will be asked for consent first.
- e) We will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- f) All medicines will be stored safely in the main office. Students should be able to access them immediately.
- g) Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to students in the main office and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips. These will also be available at The Sports Hall, Boat House, Grist, Music Department and Drama Department.
- h) All medication is sent home with students at the end of the school year. Medication is not stored over the Summer Holidays.
- i) Sharps boxes should always be used for the disposal of needles and other sharps.
- j) A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. We will otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff will have access.
- k) School staff may administer a controlled drug to the child for whom it has been prescribed.
- l) Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with SENCo. Training will be kept up to date.

Part C. First Aid

1. Aim

a. The school aims to respond quickly and effectively to medical crises, delivering first aid where appropriate, and ensuring that regulations and guidelines are followed scrupulously.

2. First Aiders

a. The school will ensure that sufficient qualified first aid trained personnel (first aiders) and appointed persons are on duty for all school activities.

b. Personnel will be trained to one of three levels:

1. *First aid at work* - 3 day course, 2 day update after three years to give immediate help to casualties with injuries and illnesses and those arising from specific hazards at school within the scope of their training ensure that an ambulance or other professional medical help is called when necessary

2. *Emergency first aid at work* - 1 day course, renewed after three years to give immediate help to casualties with injuries and illnesses and those arising from specific hazards at school within the scope of their (more limited) training ensure that an ambulance or other professional medical help is called when necessary

3. *Appointed person* (NOT NECESSARY FIRST AID TRAINED) look after the first aid equipment and ensure that first aid kits are always fully stocked and take charge when someone is injured or becomes ill, ensure that an ambulance or other professional medical help is summoned when appropriate from Reception.

c. The school will maintain and display a list of trained first aiders in the main office/reception.

d. Through induction and annual briefing, the school will ensure that all staff are aware of:

- When to summon first aid assistance
- How to summon first aid assistance
- Who is trained to give first aid

3. Trips and Activities

a. All off-site trips and activities for school staff and students will have first aid staff at the levels detailed in the educational visits policy and procedures.

b. On site activities taking place outside school hours will normally have access to first aid staff in the main office until 4.30pm. For trips and activities beyond these hours a suitable assessment will be made of first aid requirements.

c. The responsibility for first aid for on-site activities not involving school staff or students is the responsibility of the outside agents organising it and this will be clear in the letting arrangements / contract.

d. All accidents occurring on school premises or on school activities will be recorded in the accident book whether involving staff, students, visitors or other site users.

4. First Aid Accommodation and Equipment

- a. The school maintains a medical room equipped with a washbasin, bed and nearby WC. The main office has access to the medical needs of each student on Arbor and locked cupboards for the storage of medication and spare first aid equipment for re-stocking.
- b. First Aid Containers stocked to HSE recommendations are kept in clearly signed accessible locations.
- c. All containers are marked with a white cross on a green background.
- d. Restocking is done on a regular basis and staff are required to inform the school office when they have used items from a first aid box. Extra stock is stored in the medical room. All items are safely discarded after expiry date.
- e. Eye wash solutions are kept in Science, Design & Technology and the School office/reception..
- f. Travelling First Aid Containers are available in the school reception for offsite activities.
- g. Single use disposable gloves are provided in all first aid boxes. All staff must take precautions to avoid infection and must follow basic hygiene procedures and must wash their hands after any incident.
- h. The maintenance staff are trained to deal with spillage of blood and other bodily fluids. There are bodily fluid disposal kits in the medical room. All materials used in these incidents are disposed of as directed in their instructions.
- i. Defibrillators are kept in a) The Main Office b) The Sports Hall c) Grist's Harper Pavillion and Dean Pavillion d) The Boat House e)The kit storeroom for taking on the minibus f) the dining hall. First Aiders are trained in Defibrillators. Defibrillators are checked by a designated member of staff (Reception/Main Office HCO).

5. Risk Assessment of First Aid Needs

- a. All areas deemed to be of higher risk due to hazardous substances, dangerous tools and machinery or the nature of the activity have at least one first aid box.
- b. The medical register on Arbor informs staff of any students with special health needs or disabilities. This information is gathered and maintained by the SENCo. Form tutors contact the SENCo when tutees needs change and the SENCo will contact the parents/carers for information and to develop an IHP when required.
- c. Staff working regularly with students who have particular first aid or medical needs will be separately briefed in appropriate detail (e.g. anaphylaxis)

6. Accident recording

- a. All accidents are recorded in the school accident books held locally in the main office.
- b. Information on accident reporting is given to new staff during their induction sessions.
- c. Accident books and records are kept indefinitely.
- d. All reported accidents to both staff and students are to be checked by the Chief Operations Officer (COO) within three days. This enables a risk assessment to be carried out if needed and a RIDDOR

report to be made where applicable. The COO will investigate if necessary and a report will be made to the Premises Manager if applicable.

e. Recording and reporting accidents to contractors at the school is the responsibility of their employer. The school will note them but has no responsibilities under RIDDOR. If any injury could be attributed to a failure on the part of the school, a civil claim may follow, and so records should be kept.

f. Accidents on the way to or from school, to students or to staff, are not reportable unless it is on school business.

g. Accidents during activities which are not part of the school's operations are not normally reportable, even if they occur on the school premises, but will be noted by the school.

7. Treatment Book

a. The Treatment Book collates reports of interactions between a first aider and a student, member of staff or other person seeking attention.

b. It is kept securely and maintained by the reception staff.

8. Sport injuries and Return to Play

a. Sports injuries are recorded on the Return to Play database

b. Depending upon the injury, it may lead to an online consultation with a medical professional regarding the recovery and appropriate time to Return to Play.

c. The database links to SOCS, to make coaches and staff aware of students unavailable for selection due to injury.

9. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) requires reporting the following incidents:

a. Death or major injury

b. Over three-day injury - one which does not allow a person to return to work for three days or more (including days they are not expected to work such as weekends) or to return but only for "light duties" for more than three days.

c. Disease - when a doctor informs the school of a notifiable disease.

d. Dangerous Occurrences – when an incident occurs which does not result in a reportable injury but clearly could have done.

e. Sports Injuries - are reportable to RIDDOR if the student goes straight to the doctor, hospital or dentist following the injury, within ten days.

10. Procedures

a) If a student becomes ill in a lesson and the teacher feels that medical treatment is required, reception should be called and/or the student escorted to reception where there is a qualified first aider.

b) The School has a strict policy that no medication or treatment will be given orally or externally unless permission has been given by the parent. Parents will be contacted depending upon the nature of the medical problem.

- c) If the teacher feels that the student is too ill or injured to be moved, then a designated First Aid member of staff should be called. First Aid should be administered, as appropriate. If it is thought that follow-up treatment is required, the parent will be contacted.
- d) In more serious cases, where hospital attention is deemed necessary, the School will contact parents, who will be expected to take their child to hospital.
- e) In an emergency, an ambulance must be called and the parent contacted by the School. In the absence of a parent, a member of staff must accompany the student to the hospital and remain there until the parent arrives.
- f) If a parent cannot be contacted, the School will act in loco parentis and give permission for any emergency treatment.

Pyramid of First Aid responders

1. Designated First Aider in Main Office - Heather Cox - Emergency First Aid at Work qualified
2. Other main office staff (Tonia Hickman, Zahra Mahamdallie, Torgun Phillips) - Emergency First Aid at Work qualified
3. A record of qualified first aiders is held in Reception..