COLMERS SCHOOL
& SIXTH FORM COLLEGE

Supporting Pupils with Medical Conditions Policy

2026-27

Review frequency	Annually and after a serious incident or material change
Policy owner	B Carter
Approval body	Governing Body
Proposed approval	September 2026
Next review	September 2027
Version	2.4

Policy status

This policy supports the Governing Body in meeting its duty under section 100 of the Children and Families Act 2014. The school will have regard to the Department for Education's statutory guidance when making arrangements for pupils with medical conditions.

Key legislation and statutory guidance

- Children and Families Act 2014, section 100, as amended
- Equality Act 2010; Education Act 1996, section 19; Human Medicines Regulations 2012
- DfE Supporting pupils at school with medical conditions (statutory guidance)
- DfE Arranging education for children who cannot attend school because of health needs (December 2023)
- SEND Code of Practice: 0 to 25 years (updated September 2024)
- DfE Allergy safety in schools (statutory guidance, July 2026)
- DfE guidance on emergency inhalers, emergency adrenaline auto-injectors and AEDs
- UK GDPR, Data Protection Act 2018 and relevant health and safety legislation

Linked policies

Administering Medication; Allergy and Anaphylaxis; Asthma; Attendance; Child Protection and Safeguarding; Complaints; Educational Visits; Equality, Diversity and Inclusion; First Aid; Health and Safety; Records Management; SEND; and Pupils with Additional Health Needs Attendance.

1. Purpose and principles

Colmers School and Sixth Form College is an inclusive school. Pupils with physical or mental health conditions will receive appropriate support so that they can access education, participate fully in school life and achieve their potential. Medical conditions will not be used to deny admission or unnecessarily restrict attendance, participation, examinations, educational visits or work-related learning.

- The needs, dignity, privacy and voice of the pupil will be central to decisions.
- Reasonable adjustments will be made where a condition amounts to a disability.
- Clinical advice will be considered alongside the pupil's and parent's knowledge of the condition.
- Support will be proportionate to risk and will avoid unnecessary barriers or stigma.
- No pupil will be penalised for their medical condition or for treatment-related absence.

2. Roles and responsibilities

2.1 Governing Body

The Governing Body remains legally accountable even where functions are delegated. It will:

- ensure suitable arrangements are in place and sufficient resources are available;
- approve and annually review this policy and the separate published Allergy and Anaphylaxis Policy;
- ensure staff are properly informed, trained and supported, and that insurance is appropriate;
- receive assurance on implementation, training, incidents, near misses and improvement actions; and
- ensure no pupil is denied admission or normal school opportunities solely because arrangements are inconvenient or costly.

2.2 Headteacher and named lead

The Headteacher has overall operational responsibility and may appoint a named lead. The Headteacher will ensure that this policy is implemented, sufficient trained staff are available (including for absence and contingency), risk assessments are completed, relevant staff are briefed, and the Senior First Aider or other healthcare professional is engaged when required.

2.3 Staff

Staff may volunteer or be appointed to support a pupil with a medical condition, including administering medicines. Only staff who have agreed to undertake the responsibility, or for whom it forms part of their agreed role, will administer medicines or provide individual healthcare support. They must receive appropriate information and, where necessary, pupil-specific training, and be confirmed as competent before undertaking the task. All staff must know how to summon help, respond to an emergency and access the relevant healthcare plan.

2.4 Parents, pupils and healthcare partners

- Parents must provide accurate, up-to-date information, medicines and devices, consent and replacement supplies; they should notify the school promptly of changes.
- Pupils will be involved according to age, maturity and capability and should tell an adult if they feel unwell or their needs change.
- Healthcare professionals should provide timely clinical advice, training or competency assessment where needed. Integrated Care Boards and NHS providers may support commissioning and clinical governance.
- The local authority is responsible for suitable education under section 19 of the Education Act 1996 where a compulsory-school-age child would otherwise not receive it because of illness or another reason.

3. Identification, notification and admission

Medical needs may be identified through admission and transition information, parent or pupil notification, attendance monitoring, a diagnosis or change in condition, hospital discharge, or advice from a healthcare professional. The school will not wait for a formal diagnosis before considering reasonable interim support where credible information shows a need.

- For a new pupil, arrangements should normally be in place before admission or at the start of the school year.
- For a new diagnosis or change, arrangements should be implemented as soon as reasonably practicable, normally within two weeks where an IHP is required.
- Urgent interim controls will be agreed where waiting would expose the pupil to avoidable harm.
- Transition information will be sought and shared securely in advance, including between schools, phases and post-16 settings.

4. Individual Healthcare Plans (IHPs)

An IHP records the support required for an individual pupil. It is normally needed where a condition is long-term or complex, may fluctuate, carries a risk of emergency, affects access or attendance, requires staff action or reasonable adjustments, or where roles need to be coordinated. Not every pupil will need an IHP. The Headteacher/named lead will decide after consultation; where the school decides not to use one, the reasons and alternative arrangements will be explained to the parent and recorded.

4.1 Developing and reviewing the plan

- The pupil, parent, relevant staff, Senior First Aider and other healthcare professionals will contribute as appropriate.
- The plan will be readily accessible to those who need it while respecting confidentiality.

- It will be reviewed at least annually and sooner after a medical review, change in condition/treatment, incident or near miss, prolonged absence, transition or concern about effectiveness.
- A clinician's advice informs the plan, but the school remains responsible for its arrangements. Where individual healthcare support is assigned to a member of staff, the task, authorisation, training, competence, accountability and contingency arrangements must be agreed and recorded.

4.2 Minimum content

Area	The IHP should record
Condition	Diagnosis/needs, symptoms, triggers, warning signs and likely impact on learning, attendance and wellbeing.
Support	Medication, dose/timing, procedures, equipment, dietary requirements, environmental controls, rest/recovery and reasonable adjustments.
Emergencies	What constitutes an emergency; immediate actions; 999 instructions; contacts; hospital transfer; pupil-specific action plans.
People	Named responsibilities, consent, training/competency, cover, information for supply/agency staff and contact details.
Participation	PE, exams, trips, transport, clubs, placements, attendance/reintegration and self-management arrangements.
Review	Author/date, review date, change triggers, record keeping and confidentiality arrangements.

5. Staff information, training and competence

All staff will receive induction and periodic awareness information proportionate to their role, including emergency procedures and how to obtain help. Supply, agency, temporary, catering, premises and trip staff will receive the information they need before responsibility begins.

- Staff authorised to administer medicines or provide individual healthcare support will receive training appropriate to the pupil and task. Training will be delivered or endorsed by a suitably competent person and refreshed when required.
- The named lead will record each member of staff's agreed responsibilities, authorisation, training and, where the task requires it, confirmation of competence in the school's training and competence records.
- Where a pupil requires healthcare support beyond ordinary first aid, the school will agree appropriate arrangements with the pupil's parents or carers and relevant healthcare professionals. Being a qualified first aider does not, by itself, authorise a member of staff or make them responsible for administering medicines or providing individual healthcare support.
- Unless the responsibility forms part of an agreed role or contractual duty, staff will not be required to administer medicines or provide individual healthcare support. A concern about agreement, training, competence or safety must be escalated immediately so that suitable alternative cover can be arranged.
- All staff will receive allergy-awareness and emergency-response training in line with the separate Allergy and Anaphylaxis Policy.

6. Managing medicines and medical devices

6.1 Consent and acceptance

Medicines will normally only be administered by authorised staff when it would be detrimental to health or attendance not to do so. Written parental consent is required, except where a competent young person can lawfully consent or in an emergency where acting is necessary to protect life. The school will accept only medicines that are in date, in the original labelled container as dispensed, with clear written instructions. Insulin may be provided in a pen/pump or container as normally supplied.

- Non-prescription medicines will only be administered under the school's agreed procedure and with written consent; aspirin will not be given to a person under 16 unless prescribed.
- The school will not change a prescribed dose on verbal instruction alone unless an agreed written protocol permits this and the instruction is verified and recorded.
- The authorised member of staff will check the pupil, medicine, dose, route, time, expiry date and instructions; a second check will be used where the IHP, risk assessment or local procedure requires it.
- Parents are responsible for replenishing and replacing medicines/devices before expiry. The school will monitor stock and notify parents in good time.

6.2 Storage, access and disposal

Medicines will be stored safely, at the required temperature and in accordance with product instructions. Emergency medicines and devices must be immediately accessible and must not be locked away in a way that delays treatment. Other medicines will be secured against unauthorised access. Controlled drugs will be stored and recorded in accordance with legal requirements but accessible promptly to authorised staff.

- Pupils will know where their medicines are. Refrigerated items will be in a labelled, closed container in a monitored refrigerator.

- Needles and sharps will be placed immediately in an approved sharps container.
- Unused or expired medicines will be returned to parents for pharmacy disposal; they will not be put in general waste or poured away.
- Devices will be checked, maintained and cleaned in line with manufacturer and clinical instructions.

6.3 Self-management

Capable pupils will be encouraged to carry and manage their own medicines and devices, particularly reliever inhalers, glucose treatment and adrenaline auto-injectors. The decision will be recorded in the IHP or consent record, taking account of maturity, clinical advice and risk. The school may hold a spare supply where lawful and appropriate. An authorised member of staff will supervise or assist where this is agreed; no member of staff will prevent a pupil from accessing prescribed treatment.

7. Records, confidentiality and information sharing

The school will keep accurate records of consent, IHP decisions and reviews, medicines received/returned, each administration or refusal, training and competency, incidents, near misses and communications. Records will identify the pupil, medicine/procedure, date, time, dose/action, outcome and staff member.

- A parent will be informed as soon as practicable of an error, refusal, missed dose, emergency or significant concern, and medical advice sought where needed.
- Medical information is special-category personal data. It will be shared only with those who need it for care, safety, safeguarding or legal duties, stored securely and retained under the school's records schedule.
- Emergency responders will be given relevant information without delay. Consent is not required where sharing is necessary to protect vital interests or meet another lawful duty.
- Photographs/summary information used for rapid identification will be proportionate, secure and covered by an appropriate lawful basis and privacy information.

8. Emergency procedures

In an emergency, staff must stay with the pupil, follow the IHP/action plan, summon a trained colleague if available, administer emergency treatment they are trained and authorised to give, and call 999 without delay where symptoms are serious, worsening or uncertain. Treatment must not be delayed while trying to contact a parent.

- Give the school name, full address (Bristol Road South, Rubery, Birmingham B45 9NY), telephone number 0121 453 1778, exact location, pupil details and nature of the emergency.
- Send an adult to direct the ambulance, keep access clear and bring the IHP, medicines and relevant records.
- A suitable adult will accompany the pupil to hospital where necessary and remain until a parent arrives. Staff will not routinely transport a seriously ill pupil in a private vehicle.
- Record the event, inform the parent and Headteacher, preserve relevant devices/records and complete safeguarding, RIDDOR or other statutory reporting where applicable.
- Following an incident or near miss, review the IHP, policy, risk controls, training and communication and record learning/action.

8.1 Condition-specific response

The pupil's IHP and current clinical action plan take priority. All staff will follow the emergency information appropriate to their role, while treatment or individual healthcare support will be provided only by a pupil who is able to self-manage or by staff who are trained and authorised for the task. If there is any concern about airway, breathing, circulation, consciousness or rapid deterioration, call 999.

9. Allergy and anaphylaxis

The school maintains a separate, published Allergy and Anaphylaxis Policy, reviewed at least annually, in accordance with the July 2026 statutory guidance. That policy governs allergen-risk reduction, food provision, all-staff awareness, prescribed and spare adrenaline devices, trips, serious incidents and near misses. A pupil whose allergy requires supportive arrangements will have these captured in an IHP, normally incorporating an Allergy Action Plan and, where relevant, an Asthma Plan.

- All staff must be able to recognise anaphylaxis and know how to summon help and access adrenaline.
- Prescribed adrenaline devices must be immediately accessible; the school will maintain spare devices in accordance with law, statutory guidance and its allergy policy.
- For suspected anaphylaxis, a member of staff trained and authorised under the school's allergy arrangements should administer adrenaline without delay in accordance with the device instructions and pupil's action plan, and 999 must be called. If symptoms do not improve, a second device should normally be given after five minutes in line with current medical guidance.
- Serious allergy incidents and near misses will be recorded, reported to parents and Governors as appropriate, investigated and used to improve arrangements.

10. Participation, trips and wider school activity

Pupils with medical conditions will be supported to participate in lessons, PE, examinations, trips, residentials, clubs, placements and other activities. A proportionate risk assessment will identify adjustments, trained cover, access to medicines/equipment, transport, food/allergen controls, emergency communications and a contingency plan. The IHP and essential information will accompany the pupil securely and remain accessible.

Residential or overseas visits may require early clinical advice, additional supplies, travel letters, insurance confirmation and local emergency information. A pupil will only be excluded where a current, individual risk assessment shows that no reasonable adjustment can make participation safe; the reasons and alternatives will be recorded and discussed with the family.

11. Attendance, education during illness and reintegration

The school will monitor health-related absence, maintain supportive contact and act early where a pupil is missing education. Short-term absence will normally be supported by the school through suitable work and liaison. The school will not demand inflexible medical evidence in every case; evidence will be proportionate and may come from a range of appropriate professionals.

- Where it appears that a compulsory-school-age child cannot access suitable full-time education because of physical or mental health needs, the school will liaise promptly with the local authority so that it can consider its section 19 duty. There is no automatic rule that support starts only after a fixed number of consecutive days.
- Provision should be suitable to age, ability, aptitude and SEND and, so far as health permits, equivalent to mainstream education. The pupil and parent will be involved.
- The school will remain involved while alternative provision is arranged, share curriculum and safeguarding information, monitor progress and avoid unnecessary disruption.
- A reintegration plan may include a phased timetable, reasonable adjustments, pastoral support and review dates. A reduced timetable will be time-limited, agreed, regularly reviewed and used only in the pupil's best interests.

12. Unacceptable practice

Although each case will be considered individually, it is generally unacceptable to:

- prevent capable pupils from carrying or accessing their medicines and devices;
- assume every pupil with the same condition needs identical treatment, or ignore the views of the pupil or parent;
- send an unwell pupil to the medical room or school office alone, or leave them without appropriate supervision;
- penalise attendance, attainment or participation for medical appointments or treatment-related absence;
- require parents to attend school to administer medication or provide routine support as a condition of attendance;
- prevent drinking, eating, taking toilet breaks or acting to manage a condition where needed;
- create unnecessary barriers to trips, sport, examinations, clubs or normal school activity; or
- ignore clinical evidence or fail to seek timely advice where arrangements are unclear or unsafe.

13. Insurance, liability and complaints

The Governing Body will ensure that insurance/indemnity arrangements are appropriate for agreed activities and that staff follow their training, the IHP and school procedures. Staff acting in good faith within agreed arrangements will be supported. Any concern that a task falls outside cover or competence must be raised before it is undertaken, except where immediate action is necessary to preserve life.

Concerns should first be raised with the named lead or Headteacher. Formal complaints will be handled under the school's published Complaints Policy. If unresolved, the complainant may use the relevant external route for the school's legal status, including the local authority or Department for Education/ESFA as applicable. Safeguarding concerns must be referred immediately under the safeguarding policy.

14. Transport and AED arrangements

Where home-to-school transport is arranged, relevant medical information, emergency action and training needs will be shared lawfully with the local authority/provider. The school will contribute to transport healthcare planning and ensure handover arrangements are clear.

The school's automated external defibrillator (AED) will be accessible, signposted and maintained in accordance with manufacturer and DfE guidance. Designated staff will complete and record regular readiness checks, including status indicator, pads, battery and accessories, arrange replacements, and follow post-use procedures. In a cardiac arrest, staff should call 999, start CPR and use the AED as soon as available, following its prompts.

15. Monitoring and review

The Headteacher/named lead will monitor implementation through audits of IHPs, medicine records, expiry checks, staff training, incidents/near misses, complaints, attendance and off-site arrangements. Findings and improvement actions will be reported to the Governing Body at least annually, without unnecessary personal data. This policy will be reviewed annually and sooner following legislation/guidance changes, a serious incident, identified weakness or material change in provision.