POLICY:
Supporting Pupils with Medical Conditions & Health Needs (including pupils who are unable to attend school due to health needs)

Review

Responsible Position:	Chief Executive Officer		
Approving Body:	Board of Trustees	**Effective Date:**	September 2026
Review Cycle:	Annual	**Next Review Due:**	July 2027

This policy is statutory and applies to all schools in the Trust.

Where this policy reflects statutory requirements, compliance is mandatory. Failure to comply may result in escalation in line with Trust governance and accountability arrangements.

Contents

Statement of Intent

The Equinox Learning Trust has a duty to ensure arrangements are in place within each school, to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The Trust believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an Education, Health and Care (EHC) plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils, and their parents.

PART A

1) Legal Framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

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

2) Roles & Responsibilities

The Board of Trustees will be responsible for:

- Ensuring that this policy is readily accessible to parents and school staff
- Fulfilling its statutory duties under legislation
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition
- Reviewing this policy alongside the Headteacher and the school designated medical needs lead
- Fulfilling its statutory duties under legislation.

The Governing Body will be responsible for:

- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

The Headteacher will be responsible for:

- Reviewing this policy alongside the trust board and the school designated medical needs lead.
- The overall implementation of this policy.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the local authority (LA), health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made, unless the board determines that it would be detrimental to the health of that pupil or others.
- Ensuring that the school's policy covers the role of individual healthcare plans (IHP), and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school designated medical needs lead where a pupil with a medical condition requires support that has not yet been identified.

Parents/Carers will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs and in-date prescribed medication
- Being involved in the development and review of their child's IHP
- Carrying out any agreed actions contained in the IHP
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School Medical Lead/SENCo will be responsible for:

- Reviewing this policy alongside the Headteacher
- Working with the local authority (LA), health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed
- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so

- Considering the needs of pupils with medical conditions when deciding whether or not to volunteer to administer medication
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help
- Ensuring that any medical support given to pupils is logged in Medical Tracker including the administering of any medications
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions
- Notifying the school teaching staff at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school support staff to implement IHP's and provide advice and training.

Clinical commissioning groups (CCGs) will be responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school designated medical needs lead when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school designated medical needs lead and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nurses for local schools
- Promoting cooperation between relevant partners
- Making joint commissioning arrangements for EHC provision for pupils with SEND
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

3) Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child or to others to admit them into the school setting.

4) Notification Procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school designated medical needs lead will inform the Headteacher. Following this, the school will arrange a

meeting with parents, healthcare professionals if required and the pupil, with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the Headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5) Staff Training & Support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school designated medical needs lead through the development and review of IHPs, on an annual basis for all school staff, and when a new staff member arrives. Staff who provide support to pupils with medical conditions may be included in meetings where this is discussed.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions if pupils require specialist support. Additional training may be required.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on an annual basis for all staff.

The school designated medical needs lead will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the School Business Partners or the school designated medical needs lead and provided by one of the following bodies:

- Commercial training provider
- The school nurse
- GP consultant
- The parents of pupils with medical conditions
- Kennet School Matron.

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary.

The Headteacher and the school designated medical needs lead will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Supply teachers will be:

- Provided with access to this policy
- Informed of all relevant medical conditions of pupils in the class they are providing cover for
- Covered under the school's insurance arrangements.

6) Self-Management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered and the details logged in Medical Tracker.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken.

7) Individual Health Care Plans (IHP)

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include some or all the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support
- Separate arrangements or procedures required during school trips and activities as required
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

The IHP will be developed with the child's best interests in mind. In preparing the IHP the school will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

8) Managing Medicines

In accordance with the school's Administering Medication Procedure, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional.

No pupil under the age of 16 will be given medicine containing aspirin or Ibuprofen unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed. If paracetamol is needed to support pain relief, one-off phone consent must be obtained and must be recorded in Medical Tracker unless parents have given previous written consent.

Parents will be informed any time medication is administered.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a secure container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the number of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room/reception area for primary schools, and their use will be recorded on Medical Tracker.

All medicines administered to individual pupils will be logged on Medical Tracker, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

Non-Prescription Medicines

The school is aware that pupils may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol, eyedrops for hay-fever and antihistamines.

The school works on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Pupils and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a pupil is deemed too unwell to be in school, they will be advised to stay at home, or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as i paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin and Ibuprofen will not be administered unless prescribed
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child can be written on the container by an adult if this helps with identification
- Only authorised staff who are sufficiently trained will be able to administer non-prescription medicines.

Paracetamol/Calpol
The school is aware that paracetamol is a common painkiller that is often used by adults and children to treat headaches, stomach-ache, earache, cold symptoms, and to bring down a high temperature; however, it also understands that it can be dangerous if appropriate guidelines are not followed and recommended dosages are exceeded.

The school is aware that paracetamol for children is available as a syrup from the age of two months; and tablets (including soluble tablets) from the age of six years, both of which come in a range of strengths.

The school understands that children need to take a lower dose than adults, depending on their age and sometimes, weight. The school will ensure that authorised staff are fully trained and aware of the NHS advice on how and when to give paracetamol to children, as well as the recommended dosages and strength.

Staff will always check instructions carefully every time they administer any medicine, whether prescribed or not, including paracetamol.

The school will ensure that they have sufficient members of staff who are appropriately trained to manage medicines and health needs as part of their duties.

The written consent or one-off telephone consent from parents will be required in order to administer paracetamol/Calpol to pupils.

Secondary Schools Only
To reduce the risk of pupils carrying medicines and avoid confusion over what can be administered, the school will keep its own stock of 500mg paracetamol tablets.

The school is aware of the NHS recommended dosages for secondary aged pupils and will adhere to the dosage instructions on medicine packaging.

The written or one-off telephone consent of parents will be required in order to administer paracetamol/Calpol to pupils. A 'permission to administer paracetamol section' will be included in the Medical Consent Form. This form will be completed as part of the pupil admission process, updated annually and logged on the school's management information system, Bromcom.

For pupils' health and safety, the school will adhere to the following protocols:

- The school will hold a supply of 500mg paracetamol securely in a locked medicine cabinet
- Before giving paracetamol, affected pupils will be encouraged to get some fresh air, and have a drink or something to eat. Paracetamol will only be considered if these actions do not work

- Parents and carers will be contacted by phone before any paracetamol is given to obtain verbal consent and to confirm whether any medicines have been taken before attending school
- Following consent, paracetamol may be administered by authorised members of staff in the event of a headache, toothache, period pain or any type of mild to moderate pain
- Paracetamol will not be issued without consent from the parent. If consent cannot be obtained, then paracetamol will not be given
- When a pupil is given medicine, the authorised member of staff will witness the pupil taking the paracetamol and record the information on Medical Tracker. This record will include:
  - Pupil's name
  - The name of the medicine
  - Dose given
  - Date and time of administration
  - Name of person administering
  - Medical tracker email will be sent to parents following the medication administration.
- Only standard paracetamol will be given, not combination medicines which may contain other drugs.

9) Allergens, Anaphylaxis & Adrenaline Autoinjectors (AAIs)

The Trust's Allergen & Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the Trust's Allergen & Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Autoinjectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in the medical room at Kennet School and in the school office at the primary schools for access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

All staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so.

In the event of anaphylaxis, a designated staff member will be contacted. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

Secondary Schools Only

Pupils who have prescribed AAI devices can keep their device on their possession. Pupils who have a prescribed AAI device will have a spare device stored in the medical room. The school will hold a spare AAI device in the case of emergencies and will be stored in the main school reception.

Primary Schools Only

Pupils who have prescribed AAI devices, and are in year 6, can keep their device in their possession. All other pupils who have prescribed AAI devices, will be stored in the pupil's classroom.

The school will keep a spare AAI for use in the event of an emergency, which will be checked to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the school office/ Kennet main reception ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

If an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on Medical Tracker.

Primary Schools Only

- For children under the age of six, a dose of 150 micrograms of adrenaline will be used.
- For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

Secondary Schools Only

- For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the Trust's policies and school procedures addressing allergens and anaphylaxis can be found in the Allergen & Anaphylaxis Policy.

10) Record Keeping

Records will be kept of all medicines administered to pupils using Medical Tracker. Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.

11) Emergency Procedures

Medical emergencies will be dealt with under the school's emergency procedures.

12) Day Trips, Residential Visits & Sporting Activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment and if required, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

13) Unacceptable Practice

The school will not:

- Assume that pupils with the same condition require the same treatment
- Prevent pupils from easily accessing their inhalers and medication
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion
- Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs
- Create barriers to pupils participating in school life, including school trips
- Refuse to allow pupils who have specific medical conditions to eat, drink or use the toilet when they need to in order to manage their condition.

14) Liability & Indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with the RPA covering liability relating to the administration of medication. All staff providing such support will be provided with access to the insurance policies if requested.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

15) Complaints

Parents or pupils wishing to make a complaint may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

16) Home-to-School Transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

17) Defibrillators

Each school has an automated external defibrillator (AED). The AED will be stored in the school office at primary schools in an unlocked, alarmed cabinet. Kennet School has an AED located in both reception and in PDR.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be given the

opportunity to be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first aid and AED use.

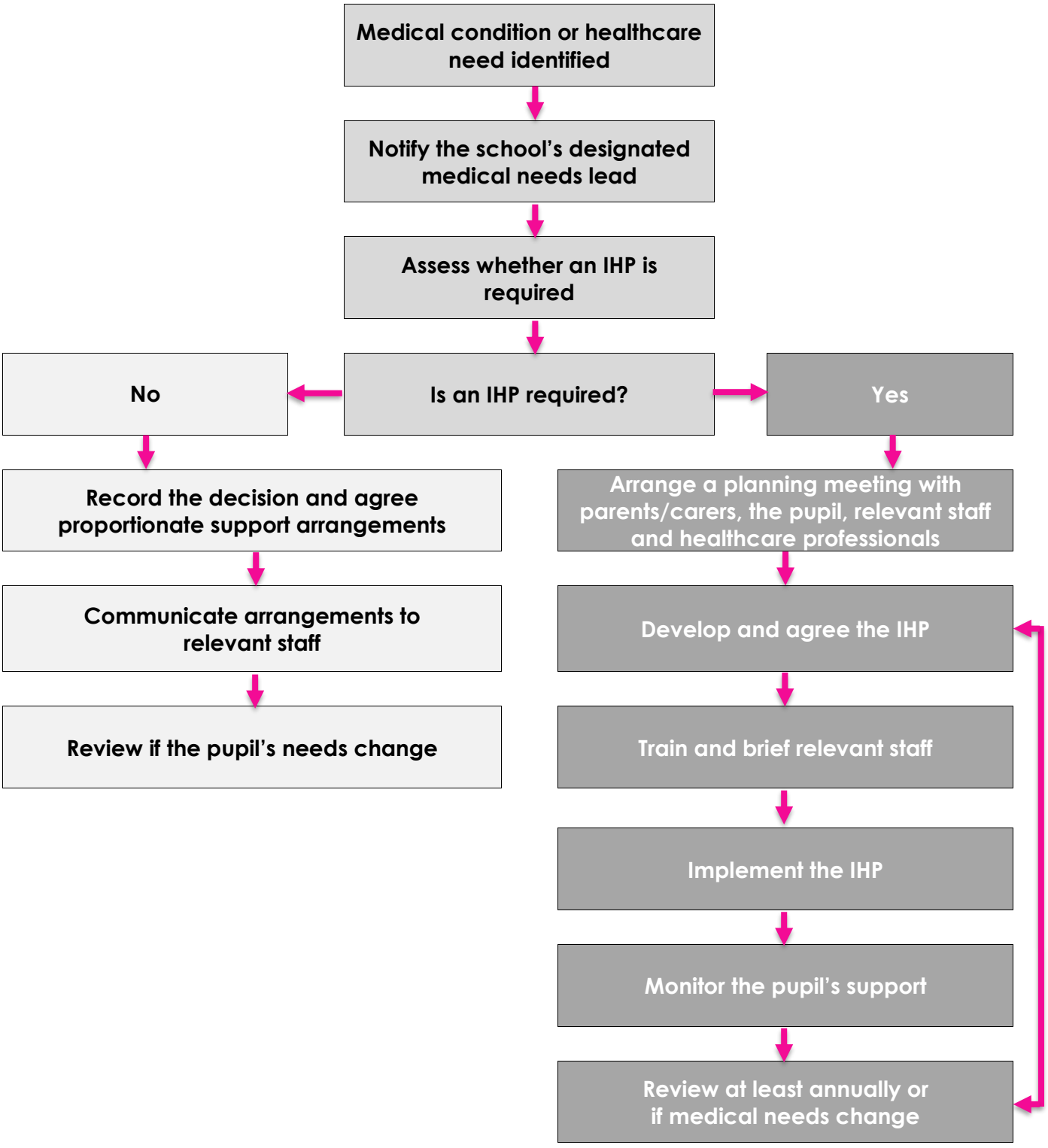
The emergency services will always be called where an AED is used or requires using.

Primary Schools Only
Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

18) Monitoring & Review

This policy is reviewed on an annual basis by the Board of Trustees. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Appendix A: Individual Healthcare Plan Implementation Procedure



Appendix B: Individual Healthcare Plan

Medical Advice Note - IHP

equinox Learning Trust

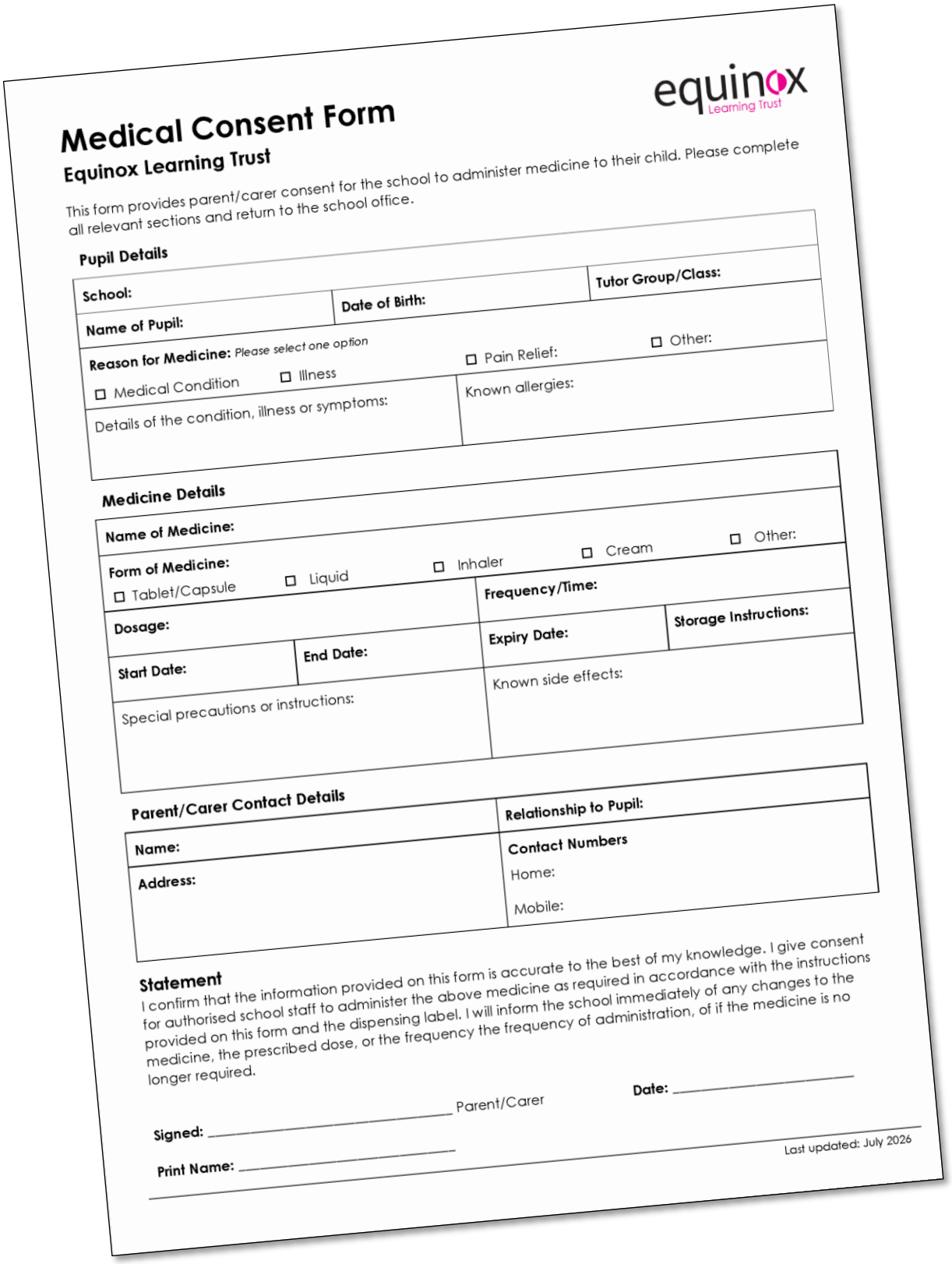
Key Information:
School:
Pupil Name:
Tutor Group/Class:
Medical Condition:
Parent / Carer Contact Details:
Health Professional:

Support:
Medication:

Difficulties	Strategies
Exams / Tests / Access Arrangements:	Trained Staff to Support:
Date:	Review Date:

Appendix C: Parent/Carer Agreement for the Trust School to Administer Medicine

The school will not give a pupil medicine unless a parent/carer completes and signs this form.



Medical Consent Form

Equinox Learning Trust

equinox Learning Trust

This form provides parent/carer consent for the school to administer medicine to their child. Please complete all relevant sections and return to the school office.

Pupil Details

School:		**Tutor Group/Class:**
Name of Pupil:	**Date of Birth:**	

Reason for Medicine: *Please select one option*

☐ Medical Condition ☐ Illness ☐ Pain Relief: ☐ Other:

Details of the condition, illness or symptoms:	Known allergies:

Medicine Details

Name of Medicine:

Form of Medicine:

☐ Tablet/Capsule ☐ Liquid ☐ Inhaler ☐ Cream ☐ Other:

Dosage:		**Frequency/Time:**	
Start Date:	**End Date:**	**Expiry Date:**	**Storage Instructions:**
Special precautions or instructions:		Known side effects:	

Parent/Carer Contact Details

Name:	**Relationship to Pupil:**
Address:	**Contact Numbers** Home: Mobile:

Statement

I confirm that the information provided on this form is accurate to the best of my knowledge. I give consent for authorised school staff to administer the above medicine as required in accordance with the instructions provided on this form and the dispensing label. I will inform the school immediately of any changes to the medicine, the prescribed dose, or the frequency the frequency of administration, of if the medicine is no longer required.

Signed: _____ Parent/Carer **Date:** _____

Print Name: _____

Last updated: July 2026

Note: Medicines must be in the original container as dispensed by the pharmacy. The only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

PART B: Children with Health Needs Who Cannot Attend School

This section should be read alongside Part A and sets out the Trust's responsibilities where a pupil's health needs prevent them from attending school.

19) Aims

A key principle of this policy is that successful reintegration to school begins at the point a pupil becomes unable to attend and relies on strong, coordinated partnerships between parents/carers, the school, health professionals, and external agencies.

The Trust expects schools to maintain proactive communication with families throughout any period of absence, ensuring that parents/carers are fully involved in planning, decision-making, and the sharing of relevant medical information. Parents are recognised as critical partners in supporting attendance, providing updates on a child's health needs, and working collaboratively with the school to identify appropriate support.

Where a pupil's medical needs result in prolonged absence, the school will work closely with external professionals, healthcare practitioners, mental health services, social care professionals (where appropriate), and other relevant agencies. Early engagement with these partners is emphasised to minimise delays in securing suitable educational provision and support.

Although alternative provision may be arranged, the home school retains overall responsibility for the pupil's educational progress, safeguarding, wellbeing, and eventual return to school. Schools are therefore expected to maintain regular liaison with external providers to monitor progress, contribute to individual learning plans, and ensure a shared understanding of the pupil's needs and goals.

Effective reintegration is viewed as a multi-agency process rather than a single event. Success depends upon timely information sharing, clear lines of accountability, regular review meetings, and a shared commitment from all stakeholders to support a sustainable return to full-time education. By maintaining strong partnerships between families, schools, health services, and alternative providers, the Trust aims to ensure that pupils with health needs remain connected to education and are well supported to re-engage with school life as soon as they are able.

20) Safeguarding

Staff will be alerted to safeguarding risks associated with prolonged absence. Concerns will be managed in line with the Trust's safeguarding policy and statutory guidance. These arrangements should be read in conjunction with the safeguarding and information-sharing requirements set out in Part A of this policy.

21) Information Sharing & Data Protection

Health information will be treated as special category data and handled in accordance with UK GDPR and the Data Protection Act 2018. Information will be shared on a need-to-know basis to support education and safeguarding. These arrangements should be read in conjunction with the safeguarding and information-sharing requirements set out in Part A of this policy.

22) Monitoring & Review

This section will be reviewed annually by the Board of Trustees alongside the main policy.