The Tiffin Girls' School

SUPPORTING CHILDREN AND YOUNG PEOPLE WITH MEDICAL CONDITIONS AND ALLERGIES POLICY

REVISED September 2026

1. This policy should be read in conjunction with the following policies:
- Allergy Safety Policy (September 2026)
- SEND
- Safeguarding
- Trips and Visits
- Single Equality Scheme
- First Aid Children with Health Needs who cannot attend School
- Behaviour for Learning Policy
- Anti Bullying Policy

2. The policy is informed by the Children and Families Act 2014, Equality Act 2010, DFE Statutory guidance 'Supporting pupils at school with medical conditions' December 2015 and the current SEND code of practice.

Introduction

3. At The Tiffin Girls' School we believe that students with medical conditions should be supported, as best we can, to play an active role in school life, enjoy the same opportunities as any other student and have full access to all aspects of education. The Governing Board has arrangements in place to see that this is achieved. It is important that parents/carers feel confident that the school will provide effective support for their child's medical condition and that students themselves feel safe. For these reasons, the school will liaise with health and social care professionals, students and their parents/carers to achieve this.

4. The focus is on the needs of each individual child and how their medical condition impacts on their school life.

Objectives and targets

5. The purpose of this policy is to explain how the school implements its procedures on dealing with students who have medical conditions, in line with government requirements, with a view that all students will receive the best education possible for them, despite any medical conditions that they may have to contend with.

6. Arrangements will demonstrate an understanding of how medical conditions impact on the student's ability to learn, as well as increase their confidence and promote self-care.

7. Staff will be properly trained to provide the support that students need.

Roles and responsibilities

8. The school's Governing Board is ultimately responsible for the implementation of this policy, ensuring that students with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

9. The Governing Board will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. Some will be more obvious than others. The focus is therefore on the needs of the individual child and how their medical condition impacts on their school life.

10. There will be a named member of the governing body who will be responsible for the medical conditions policy and the allergy safety policy.

11. The Governing Board, through the Headteacher, ensures that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions and that staff providing support to students with medical conditions are able to access information and other teaching support materials as needed

12. The Governing Board through the Headteacher, ensures that risks relating to students with medical conditions are explicitly included on the **school's risk register**.

13. The Headteacher is in charge on a day-to-day basis and named individuals are responsible for the provision of support to individual students with medical conditions.

The role of the Headteacher and delegated member of the Senior Leadership Team (SLT)

14. The Headteacher and delegated member of the SLT will ensure that:

- There is a named senior leader responsible for the medical conditions policy and the allergy safety policy
- Sufficient staff are suitably trained and available to implement the policy
- All staff are aware of the policy and their role in implementing it. Relevant staff will be made aware of any student with a medical condition
- Any supply teachers are made aware of medical conditions where appropriate
- Arrangements are made for cover in the case of staff absence or turnover
- Staff are appropriately insured and are aware that they are insured to support students with medical conditions
- The delegated member of SLT is aware of any student who has a medical condition that may require support at school, and is also aware of any student with a medical condition who has not yet had a formal diagnosis
- Risk assessments for school visits, residential trips, and other school activities outside of the normal timetable include considerations for any student with a medical condition
- The scope of the policy includes before-school provision, free breakfast clubs, and after-school clubs, whether delivered by the school or a third party.
- Individual healthcare plans (IHPs) are initiated, monitored and reviewed at least annually, or earlier if evidence is presented that the student's needs have changed
- The focus of support is on the needs of each individual student and how their medical condition impacts on their school life
- Consideration is given as to how students will be reintegrated back into school after periods of absence due to their medical condition
- The delegated member of staff will liaise with the school nursing service and other relevant health care professionals should there be any queries about how best to manage a particular medical condition in school or a phased return.

- Risks relating to students with medical conditions must be explicitly included on the school's risk register

The role of school staff

15. Any member of staff may be asked to provide support to students with medical conditions.

16. Administering medicines is not part of teachers' professional duties but they are expected to take into account the needs of students with medical conditions that they teach if it impacts on their learning during the day.

17. All school staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

18. Any member of staff should know what to do, and respond accordingly, when they become aware that a student with a medical condition needs help.
19. Report any incidents or near misses through the school IamCompliant without delay.
20. A member of our support staff will audit on a yearly basis that we hold on file two contact numbers for all students in case of a medical emergency. If we do not have the necessary two the office team will liaise with parents directly to rectify this matter.
21. Ensure that pastoral support extends to the siblings and friends of children with life-limiting or chronic conditions.

The role of other healthcare professionals, including GPs, school nurses and paediatricians

22. Healthcare professionals may notify the school when a student has been identified as having a medical condition that will require support at school and they will be involved in drawing up Individual Healthcare Plans (IHPs). Documentation from professionals may also be disseminated via parents to inform the IHP as an alternative to direct involvement in this process.

23. Specialist local health teams are also available to provide support for students with particular conditions (e.g. asthma, diabetes, anaphylaxis).

24. The school nursing service will liaise between medical practitioners and school staff on implementing a child's IHP and provide advice and training. The school nursing service can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

The role of the individual student

25. Students with medical conditions will be fully involved in discussions about their medical support needs and expected to comply with their IHP.

26. After discussion with parents/carers, students who are competent are encouraged to take responsibility for managing their own medicines and procedures and this will be reflected within their IHP.

27. Wherever possible, students will be allowed to carry their own medicines and relevant devices or will 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 will help to administer medicines and manage procedures for them.

28. If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the IHP. Parents/carers will be informed so that alternative options can be considered.

The role of the parents/carers

29. Parents/carers are expected to provide the school with sufficient and up-to-date information about their child's medical needs. Parents/carers are key partners and will be involved in the drafting, development and review of their child's IHP. They are expected to carry out any action they have agreed to as part of its implementation, e.g. provide medicines (which must always be within their expiry date) and equipment, and must ensure they or another nominated adult are contactable at all times.

The role of the local authority and clinical commissioning groups

30. Local authorities (LAs) provide school nurses for maintained schools and academies. The LA provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHPs can be delivered effectively.

31. LAs and clinical commissioning groups must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities.

32. The LA works with the school to support students with medical conditions to attend full time but has a duty to make other arrangements when it is clear that a student will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Procedure to be followed when notification is received that a student has a medical condition

33. Where possible the school will not wait for a formal diagnosis before providing support to a student with medical needs. Support will be provided based on the available medical evidence and after consultation with parents/carers.

34. For students starting at the school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or changed circumstances, every effort will be made to ensure that arrangements are put in place within two weeks.

35. The school may require parents and professionals to provide us with documentation that details the nature and severity of a student's medical condition and its impact on their schooling. Such documents are always kept securely on the student's file.

36. For children moving on to another school, relevant information will be passed to the new school as soon as possible.

Individual healthcare plans (IHPs)

37. Most student medical needs can be managed without them having an IHP. However, there are some students with medical conditions that will require an IHP which will help to ensure that their medical conditions are supported whilst they are in school. The school, healthcare professionals and parents/carers will agree, based on evidence, when an IHP would be appropriate and/or proportionate. If consensus cannot be reached, the Headteacher will take a final view.

38. IHPs may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the student. Those involved will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school, and in particular with the designated member of the SLT.

39. Where a student has a medical need that doesn't require an IHP this can be managed through the Medical Concern form which is for children with mild allergies. This process is completed in partnership with the family.

40. IHPs will:

- Be developed with the student's best interests in mind
- Ensure that the school assesses and manages risks to the student's education, health and social well-being and minimise disruption
- Be drawn up in partnership between the school, parents/carers, and where possible a named relevant healthcare professional who can best advise on the particular needs of the student. Students will also be involved whenever appropriate
- In conjunction with the LA and education provider, identify the support the student will need to reintegrate effectively when returning to school following a period of hospital education or alternative provision (including home tuition)
- State the steps which the school will take to help the student manage their condition and overcome any potential barriers to getting the most from their education. The format of IHPs will vary to enable the school to choose what is most effective for the

specific needs of each student, and the level of detail within plans will depend on the complexity of the student's condition and the degree of support needed.

- Show the arrangements for maintaining educational progress during absences. (how work will be communicated, what catch-up support will be provided, and expectations regarding workload upon return.)

- Include a current photo of the student.

- Be easily accessible to all who need to refer to them while preserving confidentiality.

When deciding what information should be recorded on IHPs, the designated member of the SLT will consider the following:

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues (e.g. crowded corridors), travel time between lessons
- Environmental issues that may affect the student. The IHP should specifically reference indoor/outdoor air quality (ventilation and filtration) and potential "fragrance-aware" practices for sensitive students, where appropriate.
- Specific support for the student's educational, social and emotional needs – e.g. how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions may be detailed in other documents like IEPs, access arrangement information staff guidance documents and records from parent meetings.
- Where a student has a special educational need identified in an Education, Health and Care Plan (EHCP), the IHP will be linked to or become part of an EHCP.
- The level of support needed including in emergencies. If a student is self-managing their medication this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional
- Cover arrangements for when the usual support person is unavailable
- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours. Parents/carers will be sent a copy of the procedures to be followed when administering medicines
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including whom to contact, and contingency arrangements. (Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP)

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

42. A flow chart for identifying and agreeing the support a student needs and developing an IHP is provided at Appendix A. Initially a google form is sent to parents/carers inviting them to contribute key information that will go into an IHP. Following communications with parents about medical conditions it may be appropriate for there to be a more detailed meeting to agree a plan of support which underpins the IHP. A template email/letter is provided at Appendix B.

43. The template for the school's IHPs is provided at Annex C.

Staff training

44. Annual training for all staff is undertaken so that all staff are aware of the school's policy for supporting students with medical conditions and allergies and their role in implementing that policy and to keep them up-to-date with procedures to be followed. A first-aid certificate is not sufficient for supporting children with medical conditions.

45. New staff will receive training through their induction process.

46. The named relevant healthcare professional advises the school on training that will help ensure that all medical conditions affecting students in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. In such instances, staff would immediately refer to trained first aiders where possible.

47. During the development or review of IHPs, suitable training requirements for staff who will be involved with individual students will be discussed. The relevant healthcare professional will normally lead on identifying, and agreeing with the school, the type and level of training required, and how this can be obtained. Once trained, the healthcare professional will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

48. The family of a student will be able to provide relevant information to school staff about how their child's needs can be met, and parents/carers will be asked for their views. However, they will not be the sole trainer.

Managing medicines in the school

49. The school manages the administration of medicines in line with the Medicines Act 1968. Medicines are carefully labelled and stored. Access is readily available when the need arises. The school ensures that written records are kept of all medicines administered to students and parents/carers are informed if their child has been unwell at school.

50. Students must be allowed access to mobile phones when they are used as a **medical adjustment** (e.g., for continuous glucose monitoring). This can be arranged with the school through the DHT Pastoral, SENCO or Head of Year.

51. A student under 16 will not be given medication containing aspirin unless prescribed by a doctor. Medication e.g. for pain relief, will not be administered without being checked for maximum dosages and when the previous dose was taken. Parents/carers will be informed before the medication is given.

52. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

53. The school will only accept prescribed medicine if it is in date, labelled, provided in the original container as dispensed by a pharmacist and includes instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen rather than its original container.

54. The school will not administer medication without parental consent except in exceptional circumstances. Medicines will only be administered at school when it would be detrimental to a student's health or school attendance not to do so.

55. Students who are self-medicating will know where their medication is kept at all times and should be able to access it immediately.

56. Students who have severe allergies should carry their own medicines and relevant devices, or will be able to access their medicines for self-medication quickly and easily. Students who have been prescribed an automatic adrenaline injector (AAI) (often referred to as epipens) are advised to keep a spare device in school. Where parents/carers have agreed to this and provided the school with this medication, the spare AAI is kept in the l medical cabinet in the school office in clearly labelled student pouches. Such AAIs must be in date, labelled and provided in the original container as dispensed by a pharmacist

57. The school holds a supply of AAIs for use only in emergencies. These AAIs may only be used if:

- the student's prescribed AAI is unavailable because it is broken or empty or out of date
- emergency services have instructed the school to administer multiple doses
- if their prescribed device is unavailable or misfires,
- a spare AAI can be used if a student does not have a prescribed AAI, or
- an emergency spare AAIs may be used without prior consent.

58. The school may also administer an AAI to a student not on the AAI register if instructed to do so by the emergency services.

59. Students who are asthmatic should carry their own medicines and relevant devices, or will be able to access their medicines for self-medication quickly and easily. Students may keep a spare reliever inhaler in school. Where parents/carers have agreed to this and provided the school with this medication, the spare reliever inhaler is kept in the unlocked medical cabinet in the school office in clearly labelled student pouches. Such inhalers must be in date, labelled and provided in the original container as dispensed by a pharmacist.

60. The school holds a supply of salbutamol inhalers and spacers for use only in emergencies. These inhalers and spacers may only be used if:

- the student's prescribed inhaler is unavailable because it is broken, empty or out of date **AND**
- written parental consent has been received and entered on the school's asthma register

61. If the student is known to us as having asthma that is treated with an asthma inhaler, we may seek verbal parental consent to make use of a school inhaler in an emergency if the criteria in paragraph 57 above cannot be met.

62. Furthermore, where a parent/carer cannot be reached for verbal consent in such an emergency, the school may make the decision to allow use of the school inhaler and parents/carers will be informed afterwards.

63. The school and affiliated health professionals will liaise with parents/carers regarding out of date medicines with the goal of ensuring that we are best equipped to cope with medical emergencies. If after repeated unsuccessful attempts to liaise with parents/carers about held medication for life threatening conditions, it may become necessary for the school to risk assess the danger to that student being in school. This could result in a safeguarding referral and the student being asked to stay at home until appropriate medication is supplied.

64. The Lead First Aider is responsible for ensuring that the school's own generic auto adrenalin injectors, asthma inhalers are in date and held in sufficient quantities. Likewise, they will manage the upkeep and servicing of medical equipment like defibrillators to ensure that they are in good working order.

School trips and sports activities

65. Students with medical conditions are encouraged to participate in school trips and visits, or in sporting activities, and will not be prevented from doing so wherever possible. Teachers will be aware of how a child's medical condition will impact their participation. A risk assessment will be undertaken so that planning arrangements, with any reasonable adjustments, take account of any steps needed to allow all students to participate according to their own abilities.

66. Parents/carers and students will be consulted and advice taken from the relevant healthcare professional to ensure that students can participate safely, if at all.

Emergency situations

67. Students in the school will know to inform a member of staff immediately if they think help is needed.

68. Where a student has an IHP, it will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

69. If a student needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or, if an ambulance needs to be called, will accompany the student to hospital and stay until a parent/carer arrives there.

Unacceptable practice

70. The school considers it as unacceptable to:

- Prevent students from easily accessing their inhalers and medication and from administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents/carers; or ignore medical evidence or opinion, (although this may be challenged)
- Send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP

- Send a student with a medical condition to the school office or medical room without being accompanied, or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Exclude children from attendance rewards if their absence was due to a medical condition.
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. (No parent/carer should have to give up working because the school is failing to support their child's medical needs)
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child

Complaints

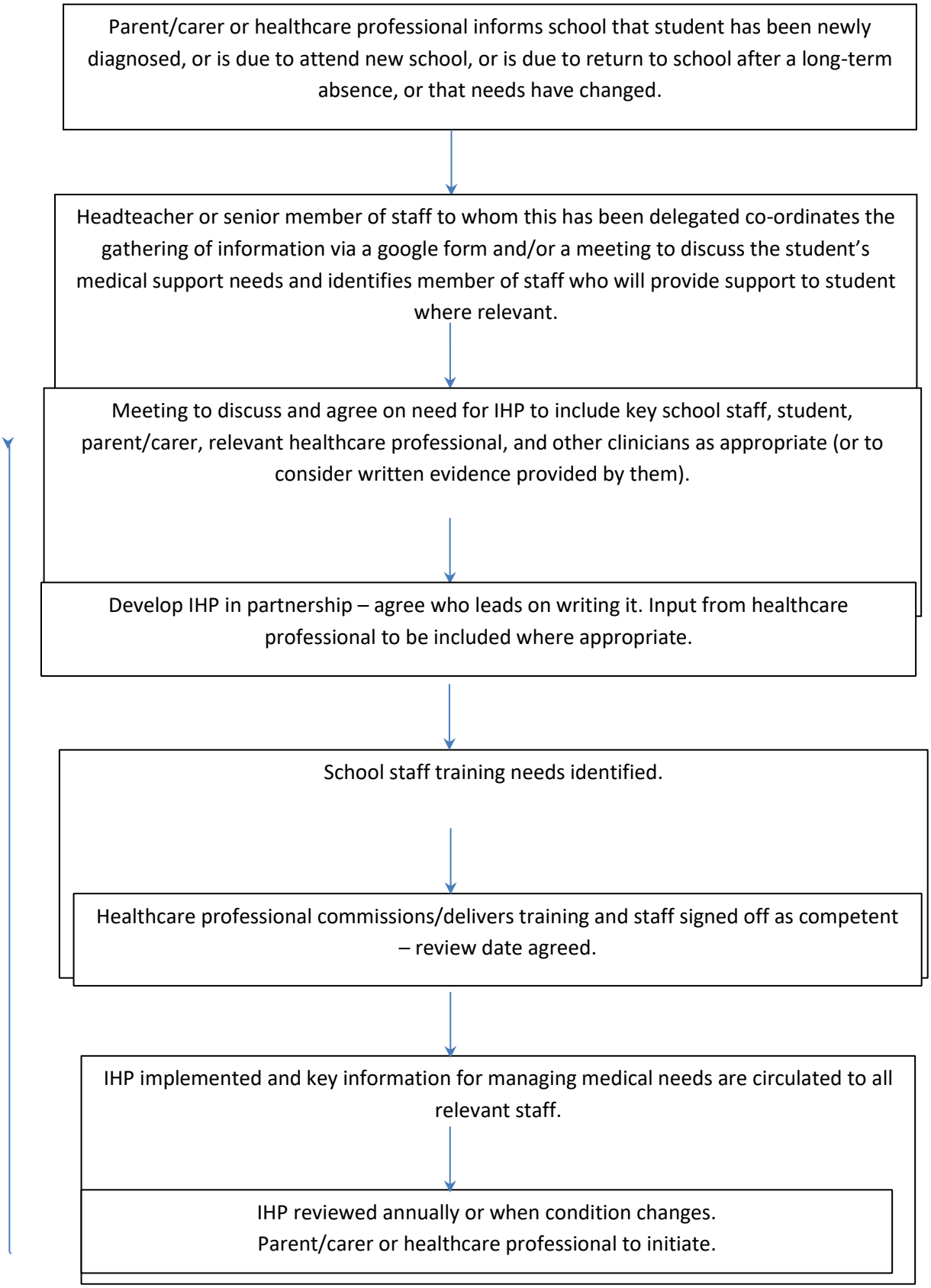
71. If parents/carers or students are dissatisfied with the support provided they should discuss their concerns informally with the appropriate member of staff. If, however, this does not resolve the situation then they should make a formal complaint using the school's complaints procedure.

Monitoring, evaluation and review

72. The policy will be monitored by the designated member of SLT, Headteacher and governors for its effectiveness in implementation, and evaluated and reviewed regularly or in the light of any incidents that may occur, including any incidents of bullying specifically related to medical conditions and allergies, near misses, or any changes to legislation.

APPENDIX A:

Process for developing individual healthcare plans



APPENDIX B – LETTER/EMAIL INVITING PARENT/CARER TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent/Carer

Thank you for informing us of [child's name]'s medical condition. For your information I enclose a copy of the school's policy for supporting pupils with medical conditions.

An individual healthcare plan (IHP) may need to be prepared, setting out what support [child's name] needs and how this will be provided. IHPs are developed in partnership between the school, parents/carers, pupils, and the relevant healthcare professional who can advise on [child's name]'s case. The aim is to ensure that we know how to support [child's name] effectively and to provide clarity about what needs to be done, when and by whom. Although IHPs are likely to be helpful in the majority of cases, it is possible that [child's name] will not require one. We will need to consider how [child's name]'s medical condition impacts on his/her ability to participate fully in school life, and the level of detail within the plan will depend on the complexity of [child's name]'s condition and the degree of support needed. To inform this process, please complete the google form via clicking on the below link.

Yours sincerely

[FOLLOW UP – EMAIL]

Dear Parent/Carer

Developing an individual healthcare plan for [child's name]

Thank you for completing the google form regarding your daughter's medical condition. Having looked at the information you shared with us, I would like to meet with you to discuss in more detail a plan to support your child. A meeting to start the process of developing [child's name]'s IHP has been scheduled for [date]. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist. Please provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached IHP template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you to contact me [them] by email or telephone if this would be helpful.

Yours sincerely

APPENDIX C

Tiffin Girls' School - Individual healthcare plan

Student name	
Current Photograph of the student	
Form	
Date of birth	
Medical diagnosis or condition	
Date of completion	
Planned review date	

Family contact information

Name	
Phone numbers	work
	home
	mobile
Name	
Phone numbers	work
	home
	mobile

Clinic/hospital contact

Name	
Phone number	
GP	
Name	
Phone number	

Student Medication

Name of medication	
Method of administering	Student managed/managed at home/support required at school
Dosage	
Held on school site?	Y/N
Expiry date of held medication?	
Consent for generic school medication to be used	NA / Y / N

Describe medical needs and give details of student's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the student, and the action to take if this occurs

Follow-up care

Who is responsible in an emergency (state if different for off-site activities)

Arrangements for **maintaining educational progress** during absences. (how work will be communicated, what catch-up support will be provided, and expectations regarding workload upon return.)

Information disseminated to

Parental agreement

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of (insert child's name)
.....

I am responsible for ensuring that any medicine I provide for my child's needs will be within its expiry date

Signed ..... Date / /

Parent or Guardian (or student if above age of legal capacity)