



1. Purpose and principles

Ponteland High School is committed to ensuring that pupils with medical conditions are properly supported so that they have full access to education, including physical education, educational visits, residential visits and extracurricular activities, and are able to play a full and active role in school life.

The school recognises that medical conditions may be physical or mental health conditions, may be long-term or short-term, and may change over time. Support will be based on the needs of the individual pupil and will seek to minimise disruption to education, promote inclusion, support wellbeing and enable pupils to develop appropriate independence in managing their own health.

This policy is written to support the school's duty under section 100 of the Children and Families Act 2014 and has regard to the Department for Education statutory guidance Supporting pupils at school with medical conditions. Where a pupil also has SEND, medical and SEND provision will be planned and delivered in a coordinated way, including alongside any Education, Health and Care Plan.

Allergy is a medical condition, but whole-school allergy safety is governed additionally by the school's separate Allergy Safety Policy. That policy addresses allergy risk management, staff awareness and emergency response, food and allergen management, prescribed and spare adrenaline devices, visits and trips, and allergy-related incidents and near misses. Individual arrangements required for a pupil with allergy will be captured through an Individual Healthcare Plan (IHP), informed by any Allergy Action Plan or other clinical advice.



2. Legal and guidance framework

This policy should be read alongside the following legislation, statutory guidance and school policies:

- Children and Families Act 2014, section 100.
- Department for Education: Supporting pupils at school with medical conditions.
- Equality Act 2010, including the duty to make reasonable adjustments for disabled pupils.
- Special Educational Needs and Disability Code of Practice: 0 to 25 years.
- Children's Wellbeing and Schools Act 2026 and Department for Education: Allergy Safety in Schools, where allergy is relevant.
- School First Aid Policy / procedures.
- School Allergy Safety Policy.
- School SEND Policy and SEN Information Report.
- School Attendance Policy.
- Educational Visits Policy and associated risk assessment procedures.
- Pele Trust Complaints Procedure.
- School data protection and records-management arrangements.



3. Governance and accountability

3.1 Governing Body / Academy Trust

The appropriate authority remains legally responsible and accountable for ensuring that arrangements are in place to support pupils with medical conditions. It will ensure that this policy is implemented effectively and that pupils with medical conditions can access and enjoy the same opportunities at school as other pupils.

- ensure that sufficient arrangements, policies, plans, procedures and systems are in place and are implemented effectively;
- ensure that the school has a named person with overall responsibility for implementation of this policy;
- ensure that sufficient staff are appropriately trained and competent to provide the support required by pupils' IHPs, including arrangements for cover and contingency;
- ensure that insurance and indemnity arrangements are appropriate for staff providing medical support;
- ensure that the policy is readily accessible to parents, pupils and staff and is reviewed regularly.

3.2 Headteacher

The Headteacher has overall responsibility for ensuring that this policy is implemented in school. This includes:

- ensuring that all relevant staff are aware of this policy and understand their role in implementing it;
- ensuring that sufficient appropriately trained staff are available to implement IHPs and emergency arrangements, including contingency and cover;
- ensuring that staff who need to know are appropriately informed about individual pupils' medical conditions and agreed support;
- ensuring that IHPs are developed where appropriate and that relevant healthcare advice is sought when needed;
- ensuring that risk assessments, educational visit arrangements and emergency procedures take account of pupils' medical needs;
- ensuring that school systems for recording, communicating and reviewing medical information are effective.



3.3 Medical Coordinator / designated medical lead

The school will identify an operational lead for medical arrangements. The operational lead will coordinate day-to-day arrangements, support the development and review of IHPs, oversee appropriate medical records and medication arrangements, liaise with parents and relevant professionals, and support staff in accessing the information they need.

3.4 Parents and carers

Parents and carers are key partners in supporting pupils with medical conditions. They should:

- provide the school with sufficient, accurate and up-to-date information about their child's medical needs;
- inform the school promptly when their child's condition, medication, treatment, clinical advice or emergency arrangements change;
- participate in the development and review of their child's IHP where one is required;
- provide medicines and devices in accordance with the school's procedures, ensuring that they are appropriately labelled and in date;
- provide relevant clinical plans or written advice supplied by healthcare professionals;
- work with the school and pupil to support appropriate self-management and independence.

Relevant communications with parents, including information about medical incidents, medication and IHP review, will be recorded through Medical Tracker.

3.5 Pupils

Pupils will be involved as fully as possible in discussions and decisions about their medical support. Pupils who are competent to manage aspects of their own condition will be encouraged to do so, with an appropriate level of support and supervision. Their views should inform their IHP and decisions about self-management, access to medicines and reasonable adjustments.

3.6 Healthcare professionals

Relevant healthcare professionals may provide clinical advice, identify the type and level of support or training required, provide or contribute to clinical action plans and, where appropriate, confirm staff competency in specific healthcare procedures. The school will seek and consider appropriate clinical advice but school staff will not make clinical diagnoses or alter prescribed treatment.



3.7 School staff

Any member of school staff may be asked to provide support to a pupil with a medical condition, although they will not be required to undertake healthcare procedures for which they have not received appropriate training. Staff must follow this policy, relevant IHPs, emergency plans and their training.

A first-aid qualification alone does not constitute appropriate training for a specific healthcare procedure. Staff undertaking specific procedures or administering prescription medication must have appropriate training where this is required by the pupil's IHP or clinical advice.

4. Medical Tracker, records and information sharing

Ponteland High School uses Medical Tracker as its central electronic system for recording and managing relevant pupil medical information. It will be used, as appropriate, to maintain and review IHPs, record medication administration or refusal, record first aid/medical incidents, record relevant parental consent and communication, and make appropriate information available to authorized staff.

Medical information will be shared on a need-to-know basis so that staff can support pupils safely. Information will be handled in accordance with data protection requirements and the school's records-management arrangements. Staff must maintain confidentiality while recognising that relevant information may need to be shared for safeguarding, emergency response and safe educational provision.

Parents should notify the school promptly of changes so that Medical Tracker and, where applicable, the pupil's IHP can be updated. Where an updated clinical action plan is supplied, the related IHP should be reviewed.

5. Individual Healthcare Plans (IHPs)

Not every pupil with a medical condition will require an IHP. The school, healthcare professional and parent should agree, based on evidence, when an IHP would be inappropriate or disproportionate. Where consensus cannot be reached, the Headteacher will take the final view, having considered the available evidence and the best interests of the pupil.



An IHP is a school planning and communication document describing the additional or different arrangements the school will put in place for an individual pupil. It does not replace a clinical care or treatment plan and school staff will not make clinical judgements. Clinical care plans, emergency plans, Allergy Action Plans, Asthma Action Plans or other plans supplied by healthcare professionals should inform and, where appropriate, be attached to the IHP.

An IHP may include, as appropriate:

- the medical condition, triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication, dose, side effects, storage, treatments, equipment, testing, access to food and drink, dietary requirements and environmental considerations;
- specific educational, social and emotional support, including management of absence, reintegration, rest breaks, catch-up support and examination arrangements;
- the level of support required, including what the pupil can manage independently and what supervision is required;
- emergency arrangements, including what constitutes an emergency and the action staff should take;
- the staff who will provide support, their training requirements and arrangements for cover;
- who in school needs to be aware of the pupil's condition and support arrangements;
- arrangements for written consent to administer medication or for self-administration;
- arrangements for school trips, residential visits, sport and other activities;
- separate arrangements or procedures required for confidentiality or dignity;
- what to do if the pupil refuses medication or a necessary procedure.

IHPs will normally be created, stored, shared with relevant authorized staff and reviewed through Medical Tracker. They will be developed collaboratively with the pupil, parents/carers and, where appropriate, relevant healthcare professionals.

IHPs will be reviewed at least annually and earlier where the pupil's needs, treatment, medication or circumstances change; updated clinical advice is received; concerns are raised by the pupil, parent, staff or healthcare professional; or a significant medical incident indicates that arrangements should be reviewed.

Where a pupil also has SEN or an EHC plan, medical and SEND arrangements will be coordinated so that provision is coherent and duplication is avoided.



6. Managing medicines on school premises

Medicines will be managed in a way that promotes safety, dignity, access to education and increasing independence where appropriate.

- Prescription medicines will only be administered where it would be detrimental to a pupil's health or school attendance not to do so.
- Medicines should normally be provided in the original container as dispensed by a pharmacist, with the pupil's name, prescriber's instructions, dose and relevant storage information clearly shown.
- The school will not alter dosage or treatment without appropriate written instruction.
- Where clinically appropriate, medicines should be administered in a way that minimises disruption to learning.
- No pupil under 16 will be given medicine containing aspirin unless prescribed by a doctor.
- Staff will not give a pupil prescription medicine or undertake a healthcare procedure without appropriate training where this is required.
- Medicines will be stored securely while remaining quickly accessible where emergency access is required.
- Controlled drugs will be managed and stored in accordance with legal requirements.
- Sharps and other clinical waste will be disposed of safely using appropriate containers and procedures.
- When medicines are no longer required, parents should normally collect them for safe disposal unless another lawful arrangement applies.

Administration of medication, or a pupil's refusal to take medication when staff are involved, will be recorded on Medical Tracker. Parents will be informed where appropriate and the pupil's IHP will be followed.

7. Self-management of medicines and medical needs

Following discussion with parents and the pupil, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, pupils should be able to carry their own medicines and relevant devices or have rapid and easy access to them.

Where self-management is not appropriate, relevant trained staff will support administration or procedures. The level of supervision and arrangements for access will be recorded in the pupil's IHP where an IHP is required.



If a pupil refuses medicine or a necessary procedure, staff will not force them. Staff will follow the arrangements in the IHP or agreed procedure and inform parents so that alternative options can be considered. Emergency action will be taken where required.

8. Non-prescription medicines

The school may administer non-prescription medicines where this is permitted by school procedures, appropriate consent has been obtained and the medicine is suitable for the pupil. Staff must follow the manufacturer's instructions and school procedures and must not exceed the recommended dose.

Any administration by school staff will be recorded on Medical Tracker. The school will use Medical Tracker or another agreed communication method to inform parents where this is required by school procedure or the circumstances of the administration.

Non-prescription medicines will not be given where staff have reason to believe this would be unsafe, inappropriate or contrary to known medical advice.

9. Emergency procedures

The school will have arrangements for dealing with medical emergencies during all school activities, wherever they take place. Where a pupil has an IHP, it should define what constitutes an emergency for that pupil and the action to be taken.

- Staff should summon appropriate help promptly and follow relevant emergency plans and training.
- Other pupils should know in general terms to alert an adult immediately if they believe someone needs medical help.
- Emergency medication and devices must be readily accessible in accordance with individual arrangements.
- Where emergency services are required, 999 will be called and appropriate information provided.
- If a pupil needs to be taken to hospital, a member of staff should remain with the pupil until a parent arrives, or accompany the pupil in the ambulance where appropriate and practicable.

Allergy/anaphylaxis emergency arrangements are set out in the separate Allergy Safety Policy and relevant individual Allergy Action Plans. Asthma emergency arrangements should follow the pupil's Asthma Action Plan where one has been supplied and the school's emergency inhaler procedures.



10. Educational visits, residential visits, sport and extracurricular activities

Pupils with medical conditions will be actively supported to participate in educational visits, residential visits, physical education, sport and extracurricular activities. They will not be excluded from participation simply because of a medical condition.

Staff planning activities must consider how a pupil's medical condition may affect participation and what reasonable adjustments are required. Relevant IHPs should inform visit and activity risk assessments. Planning should include access to medication and equipment, emergency arrangements, staff training and, where appropriate, consultation with the pupil, parents and healthcare professionals.

A pupil should only be prevented from participating where appropriate clinical evidence indicates that participation cannot be achieved safely even with reasonable adjustments. Parents will not routinely be required to accompany their child on a trip in order for the pupil's medical needs to be supported. The school will make reasonable arrangements to provide appropriate support.

11. Absence, reintegration and education

The school recognises that medical conditions can result in short-term, frequent or extended absence. Staff will seek to minimise the educational and social impact of absence and support effective reintegration.

Where a pupil's health needs mean that the school can no longer provide suitable education through its normal arrangements, the school will engage with the local authority at an appropriate stage regarding its duties for children who cannot attend school because of health needs.

Attendance decisions, support and recognition arrangements will take account of disability, medical needs and the school's duties under the Equality Act. Pupils should not be unfairly disadvantaged or penalized for absence arising from a long term medical condition.



12. Training and staff awareness

The school will ensure that staff who support pupils with medical conditions receive sufficient training to be competent and confident in carrying out the support required. Training needs should be identified through the development or review of IHPs.

The relevant healthcare professional should normally advise on the type and level of training required for specific healthcare support. Where appropriate, a healthcare professional may confirm staff proficiency in a medical procedure or administration of medication.

All staff will receive appropriate awareness of this policy and their role in implementing it. Arrangements will include induction for new staff and appropriate updates or refresher training.

Allergy awareness and emergency response training will be provided in accordance with the separate Allergy Safety Policy and current statutory allergy guidance. This is separate from, and is not replaced by, general first-aid training.

13. Specific medical conditions

This policy establishes the school's general arrangements for supporting pupils with medical conditions. Pupil-specific clinical detail should normally be contained within the pupil's IHP and any clinical action plan rather than reproduced as generic medical guidance within this policy.

13.1 Allergy and anaphylaxis

The school's arrangements for allergy awareness, risk reduction, food allergy, prescribed and spare adrenaline devices, allergy-related emergency response, visits and trips, information sharing, serious incidents and near misses are set out in the separate Allergy Safety Policy. Pupils requiring individual arrangements will have these captured through an IHP, informed by any Allergy Action Plan supplied by a healthcare professional.

13.2 Asthma

Pupils with asthma should have rapid access to their prescribed reliever inhaler and should be supported to self-manage where competent. Where a pupil requires additional or different school arrangements, these should be captured through an IHP and informed by any Asthma Action Plan supplied by a healthcare professional. The school may hold emergency salbutamol inhalers for use in accordance with current legal requirements and school procedures.



13.3 Diabetes

Pupils with diabetes will be supported in accordance with their individual needs and clinical advice. Arrangements may include access to medication, insulin, glucose monitoring, food and drink, equipment, privacy, rest, physical activity adjustments and emergency response. Where additional or different arrangements are required, these will be recorded in an IHP and staff providing specific support will receive appropriate training.

13.4 Epilepsy

Pupils with epilepsy will be supported in accordance with their individual needs and clinical advice. The IHP should identify known seizure presentation, triggers where known, emergency arrangements, prescribed rescue medication where relevant, and the support required for learning, activities and visits. Staff providing specific support or rescue medication will receive appropriate training.

14. Unacceptable practice

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

- prevent pupils from easily accessing their medicines or devices when they are required;
- assume that every pupil with the same condition requires the same treatment or support;
- ignore the views of the pupil or their parents, or ignore medical evidence or appropriate healthcare advice;
- send a pupil who becomes ill to the school office or medical room alone or with an unsuitable escort where supervision is required;
- penalise pupils for attendance where absence is related to their long term medical condition, including necessary appointments, in a way that is discriminatory or contrary to the school's duties;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever these are required to manage their medical condition;
- require pupils to take part in unnecessary repeated medical examinations or prevent them from participating in normal school activities without an appropriate reason;
- require parents, or make them feel obliged, to attend school to administer medication or provide medical support that the school should reasonably arrange;
- prevent pupils from participating, or create unnecessary barriers to participation, in school life, including trips and activities, for example by routinely requiring a parent to accompany them.



15. Liability and indemnity

The school will ensure that appropriate insurance and indemnity arrangements are in place for staff who provide support to pupils with medical conditions. Staff should act within the scope of their training, agreed school procedures and the pupil's IHP. Any concerns about whether an activity or procedure is covered should be referred to the Headteacher or appropriate Trust lead before it is undertaken, except where immediate reasonable action is required in an emergency.

16. Complaints

Parents or pupils who are dissatisfied with the support provided for a medical condition should raise their concerns with the school in the first instance. The school will seek to resolve concerns promptly and constructively.

Where the matter is not resolved, a formal complaint may be made through the current Pele Trust Complaints Procedure. Concerns about failure to implement an agreed IHP may also be raised through this process.

17. Review, monitoring and publication

This policy will be reviewed regularly and at least annually. It may be reviewed sooner where legislation or statutory guidance changes, local arrangements change, significant incidents identify learning, or monitoring indicates that procedures require improvement.

The policy will be made readily accessible to parents and staff. Relevant procedures will be communicated to pupils in an age-appropriate way and staff will be informed of changes that affect their responsibilities.

Annex A

Individual Healthcare Plans and Medical Tracker

The school uses **Medical Tracker** to support the development, recording, communication and review of Individual Healthcare Plans (IHPs). The school's current IHP templates, including condition-specific documentation where appropriate, are maintained separately from this policy and are therefore not included as appendices. Copies of the current templates are available from the school on request.



IHPs are developed in consultation with the pupil, their parent/carer and, where appropriate, relevant healthcare professionals. Completed plans and associated healthcare documentation are stored securely within Medical Tracker and made available to those members of staff who need the information to support the pupil safely and effectively. Medical Tracker is also used to support the ongoing review of IHPs. Plans will normally be reviewed at least annually and sooner where there is a change in the pupil's medical needs, medication or clinical advice, following a significant medical incident or near miss, or where the existing arrangements are no longer considered appropriate. Information recorded through Medical Tracker, together with feedback from the pupil, parents/carers, relevant staff and healthcare professionals where appropriate, will inform this review process.

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