Supporting Pupils with Medical Conditions Policy

This Policy has been adopted and approved by Oxlip Learning Partnership and is to be used by all members of the Trust.

History of Document:

Issue No	Author/ Owner	Date Written	Approved by Trust on	Comments	Next Review
V.1	Central Exec. Team	July 2026	Trust Board on 4-Sept-2026	This is a new Trust-wide policy and will be reviewed annually, in line with the Trust's policy review cycle, or earlier following a serious incident/near miss that indicates the policy should be strengthened. Each school will also hold Local Operational Arrangements for Medical Conditions.	Annual Autumn 2027
			HR, H&S Committee		

Each school must also maintain Local Operational Arrangements for Medical Conditions which is approved by its Local Advisory Board (LAB), in line with the Trust's Scheme of Delegation.

Status

This is a statutory policy. It sets out the arrangements the Trust makes to meet its duty under section 100 of the Children and Families Act 2014, and is rooted in the Department for Education's statutory guidance, Supporting pupils at school with medical conditions (DFE-00393-2014).

Passages marked “Direction of travel — not yet statutory” reflect the July 2026 Government consultation response on proposed changes to this guidance. They are included so the Trust can adopt good practice ahead of publication, but they do not currently carry statutory force and will be reviewed once the Secretary of State issues updated guidance.

Governance roles and delegation levels in this policy follow the Trust's Scheme of Delegation (v3, September 2025). In particular: the Trust Board remains the statutory “appropriate authority” and cannot delegate away its section 100 accountability; oversight of this policy sits with the HR, Health & Safety Committee, consistent with its ownership of the Trust's Health and Safety Policy, under which each school maintains its own school-level First Aid Policy; and responsibility for local implementation — captured in each school's Local Operational Arrangements document — is delegated to that school's Local Advisory Board (LAB), consistent with the Scheme's allocation of “Support for pupils with medical conditions” to LAB level.

Contents

1. Aims

Oxlip Learning Partnership ("the Trust") understands that medical conditions requiring support at school can affect a pupil's quality of life and, in some cases, may be life-threatening. Medical conditions can also have a significant impact on a pupil's wellbeing, confidence and ability to participate fully in school life.

For the purposes of this policy, medical conditions include both physical and mental health conditions that require ongoing support, monitoring or intervention.

Every school within the Trust will support pupils with medical conditions so that they have full access to education, including school trips, physical education and extra-curricular activities.

This policy aims to:

- Set out the Trust's approach to meeting its statutory duty to make arrangements for supporting pupils with medical conditions, consistently across all school
- Clarify roles and responsibilities across the Trust, Local Advisory Boards (LABs), school and individuals
- Set out the procedure for identifying, creating, reviewing and managing Individual Healthcare Plans (IHPs)
- Set out the Trust's expectations for managing medicines, staff training, emergency procedures and record keeping
- Reassure pupils, parents/carers and staff that every school will provide safe, consistent and inclusive support
- Recognise the emotional and social impact of medical conditions alongside the physical, and embed pupil wellbeing throughout

Each school must, in addition to this Trust-wide policy, maintain a Local Operational Arrangements for Medical Conditions document, which sets out school-specific procedures, contacts and appendices. This is described further in section 15.

Scope: this policy does not cover allergy

Allergy (including asthma) is addressed in the Trust's separate, published Allergy Safety Policy, in line with the Department for Education's statutory guidance Allergy Safety in Schools (July 2026), issued under section 34 of the Children's Wellbeing and Schools Act 2026. Coeliac disease and food intolerances are not allergies and continue to be managed under this policy, as they are addressed through dietary avoidance rather than allergy management. See section 15 for further detail on how the two policies fit together.

Supporting pupils with medical conditions is an integral part of safeguarding. Staff must be alert to any concerns about unmet medical needs, neglect, or wider safeguarding concerns arising in this context, and report these in line with the Trust's safeguarding policy.

2. Legislation and statutory responsibilities

This policy meets the requirements of section 100 of the Children and Families Act 2014, which places a duty on the "appropriate authority" — in the case of school, the proprietor, which the Trust has determined sits with the Trust Board — to make arrangements for supporting pupils at school with medical conditions.

It is based on the statutory guidance Supporting pupils at school with medical conditions (Department for Education, DFE-00393-2014), and, where a school has an early years setting, the Early Years Foundation Stage (EYFS) statutory framework.

Section 34 of the Children's Wellbeing and Schools Act 2026 amended section 100 to place a further duty on schools to have an allergy safety policy, publish it, and keep it under review, with

regard to the DfE's statutory guidance Allergy Safety in Schools (July 2026). The Trust meets this duty through its separate Allergy Safety Policy — see section 15.

This policy also complies with each school's funding agreement and the Trust's articles of association. Where a school's funding agreement includes specific requirements relating to medical conditions, those requirements take precedence over any conflicting provision in this policy.

The Trust also has regard to:

- Section 21 and section 175 of the Education Act 2002 (promoting pupil wellbeing and safeguarding)
- The Equality Act 2010, including the duty not to discriminate against disabled pupils and the anticipatory duty to make reasonable adjustments
- The Special Educational Needs and Disability (SEND) Code of Practice 0 to 25
- The Health and Safety at Work Act 1974
- The Misuse of Drugs Act 1971 and the Medicines Act 1968
- Regulation 5 of the School Premises (England) Regulations 2012 (as amended), or the equivalent independent school standard
- UK GDPR and the Data Protection Act 2018, given that information about a pupil's health is special category data

Direction of travel — not yet statutory

The July 2026 Government consultation response confirms that DfE intends to use forthcoming legislation to extend the section 100 duty to further education colleges and post-16 institutions delivering DfE-funded 16-19 provision, non-maintained special schools, and independent schools. Where the Trust operates any post-16 or alternative provision, it should monitor this development.

3. Roles and responsibilities

Supporting a pupil with a medical condition is not the sole responsibility of one person. Effective support depends on partnership working between the Trust, Local Advisory Boards, school leaders, staff, healthcare professionals, parents/carers and pupils themselves.

3.1 The Trust Board (Trustees)

The Trust Board is the “appropriate authority” under section 100 of the Children and Families Act 2014 and is the accountable body for the performance of all schools within the Trust. This statutory accountability cannot be delegated away, although — in line with the Trust's Scheme of Delegation — review, oversight and implementation are delegated as set out below. The Trust Board will:

- Approve this Trust-wide policy, on the recommendation of the HR, Health & Safety Committee, and review it at least annually (Autumn term), or sooner if legislation, statutory guidance or a serious incident indicates it should be strengthened
- Ensure that a named Trust-wide lead is in place to oversee implementation of this policy across all schools
- Retain the right to review, intervene in, or recall any delegated responsibility relating to this policy where there is serious cause for concern, including where the safety of pupils or staff is threatened
- Ensure sufficient resource is available for staff training, Individual Healthcare Plans and, where applicable, emergency medication

3.2 The HR, Health & Safety Committee

The Trust Board delegates oversight of this policy to the HR, Health & Safety Committee, consistent with that Committee's ownership of the Trust's Health and Safety Policy, under which each school maintains its own school-level First Aid Policy. The Committee will:

- Review this Trust-wide policy at least annually and recommend it to the Trust Board for approval
- Receive termly reports on the operational implementation of this policy across schools, in addition to its annual review of the policy itself, in line with the Committee's standard termly reporting cycle
- Assure itself, through reporting from the Trust-wide lead, that every school has a named senior leader, a completed Local Operational Arrangements document approved by its Local Advisory Board (LAB), and sufficient trained staff
- Receive and consider an annual summary of serious incidents and near misses relating to medical conditions across the Trust, and any trust-wide lessons or resourcing implications
- Escalate significant concerns to the Trust Board

3.3 The Chief Executive Officer (CEO)

The CEO leads the Trust's executive management team and has delegated responsibility for the operation of the Trust, including performance-managing Principals. In relation to this policy, the CEO will:

- Appoint or designate the Trust-wide lead for medical conditions
- Ensure each school's Principal has appointed a named senior leader for medical conditions and maintains a completed Local Operational Arrangements document
- Ensure Principals are held to account, in conjunction with LABs, for the quality and consistency of local implementation
- Escalate significant issues, resourcing gaps or serious incidents to the HR, Health & Safety Committee

3.4 The Trust-wide lead

The CEO appoints a named Trust-wide lead — Thomas Jarret, Chief Operations Officer — with overall responsibility for the consistent implementation of this policy across all schools. The Trust-wide lead will:

- Maintain and review this Trust-wide policy on behalf of the HR, Health & Safety Committee
- Ensure every school has a named senior leader for medical conditions and a completed Local Operational Arrangements document
- Provide a central point of escalation and support for school, including where clinical responsibilities or NHS liaison are unclear
- Coordinate Trust-wide training standards, insurance/Risk Protection Arrangement (RPA) matters, and any centrally negotiated support for specialist equipment or supplies
- Collate serious incidents and near misses from across school to identify any trust-wide patterns or lessons
- Report to the HR, Health & Safety Committee at least annually on the operation of this policy

3.5 Local Advisory Boards (LABs)

Under the Trust's Scheme of Delegation, responsibility for local implementation of this policy — captured in each school's Local Operational Arrangements document — sits with that school's Local Advisory Board (LAB). The LAB will:

- Approve the school's Local Operational Arrangements for Medical Conditions and any local procedures made under it
- Receive regular reports from the school's named senior leader on implementation of this policy
- Assure itself that sufficient staff are trained, IHPs are in place and reviewed, and that pupils with medical conditions are able to participate fully in school life

- Escalate any concerns, resourcing gaps or serious incidents to the CEO and the Trust-wide lead

Direction of travel — not yet statutory

The 2026 consultation response confirms the Government will remove the proposal for a named lead governor, following strong feedback that responsibility should sit with governance bodies collectively rather than with one individual. This aligns with the Trust's existing model: the LAB holds collective local oversight, and no single governor or trustee is individually accountable for medical conditions.

3.6 The named senior leader (Principal or delegate)

Each school's Principal will appoint a named senior leader with day-to-day responsibility for implementing this policy locally (this may be the Principal themselves). The named senior leader will:

- Make sure all staff at the school are aware of this policy and understand their role in implementing it
- Make sure there is a sufficient number of trained staff available to implement this policy and deliver against all IHPs, including in contingency and emergency situations
- Make sure all staff who need to know are aware of a pupil's condition
- Take overall responsibility for the development, quality and monitoring of IHPs at the school, including carrying out regular reviews of IHPs and periodic case sampling to check that this policy and the school's Local Operational Arrangements are being followed effectively
- Make sure staff are appropriately insured and are aware that they are insured to support pupils in this way
- Manage cover arrangements in case of staff absence or turnover, and ensure supply staff are briefed appropriately
- Approve risk assessments for school visits and activities outside the normal timetable involving pupils with medical conditions, liaising with trip leaders to make sure these risk assessments and any other arrangements needed to support pupils with medical conditions are in place before the visit
- Contact the school nursing service for any pupil with a medical condition who has not yet been brought to the school nurse's attention
- Work in partnership with other school leaders — such as the SENCo and any leader responsible for alternative provision — to provide a holistic approach to supporting pupils with medical conditions
- Support transition for pupils with medical conditions, including at admission, at key phase moves, and when a pupil returns to school after a period of absence
- Make sure that any member of staff planning alternative provision for a pupil is aware of their medical condition and associated needs as set out in their IHP, and that the IHP, any risk assessment and any part-time timetable are consistent with one another
- Maintain and keep up to date the school's Local Operational Arrangements document
- Report to the LAB and, where a serious incident or near miss occurs, to the Trust-wide lead without delay

Direction of travel — not yet statutory

This role reflects the Government's stated intention to require a named senior leader (rather than a named governor) to hold oversight of the medical conditions policy. The consultation response is also clear that this is a leadership and championing role, not personal liability — responsibility for the statutory duty remains with the appropriate authority (the Trust Board) as a whole.

3.7 Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so. Staff who take on

this responsibility will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond appropriately when they become aware that a pupil with a medical condition needs help.

3.8 Parents/carers

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP, and may be involved in its drafting
- Carry out any action agreed as part of the IHP, e.g. providing medicines and equipment, and ensuring they or another nominated adult are contactable at all times

3.9 Pupils

Pupils with medical conditions are often best placed to explain how their condition affects them. Pupils will be fully involved in discussions about their medical support needs, will contribute as much as possible to the development of their IHP, and are expected to comply with it, in a way that is appropriate to their age and understanding.

3.10 School nurses and other healthcare professionals

School nursing services will notify the relevant school when a pupil has been identified as having a medical condition that will require support in school, wherever possible before the pupil starts. Healthcare professionals, such as GPs and paediatricians, will liaise with school nurses and may provide advice on developing IHPs.

Direction of travel — not yet statutory

The consultation response is clear that clinical assessment, treatment planning, nursing care and clinical supervision remain the responsibility of the NHS. School should not be expected to make clinical judgements. Training for staff is for awareness, risk reduction, escalation and emergency response — it does not, in itself, authorise staff to take on clinical tasks.

4. Equal opportunities

The Trust will adhere to its legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupil. Every school is clear about the need to actively support pupils with medical conditions to participate in school trips, visits and sporting activities, and must not prevent them from doing so.

Schools will consider what reasonable adjustments are needed to enable pupils with medical conditions to participate fully and safely, including in trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements account for any steps needed, in consultation with pupils, parents/carers and relevant healthcare professionals.

Schools will monitor the participation of pupils with medical conditions in clubs, extra-curricular activities and trips, not only whether they have been prevented from taking part. A pupil may choose not to participate because of unspoken concerns about how their condition will be perceived or managed, rather than any exclusion by the school, and this pattern should prompt the same response as an active barrier to participation.

5. Being notified that a pupil has a medical condition

When a school is notified that a pupil has a medical condition, the process set out in the school's Local Operational Arrangements document will be followed to decide whether the pupil requires an IHP.

Schools will make every effort to ensure arrangements are in place within two weeks of notification, or by the start of the relevant term for pupils who are new to the school, and more quickly where there is a higher level of risk.

Particular consideration will be given to transition points — including new admissions, the Year 6 to Year 7 transition, and post-16 pathways — to ensure continuity of care as a pupil moves between schools, phases or settings.

Schools do not have to wait for a formal diagnosis before providing support. Where a pupil's medical condition is unclear, or there is a difference of opinion, judgements will be based on the available evidence, normally involving medical evidence and consultation with parents/carers.

Direction of travel — not yet statutory

The consultation response confirms strong support for a needs- and risk-based approach that does not wait for formal diagnosis, recognising that diagnosis can be difficult or delayed for some conditions (for example coeliac disease, Long Covid or ME/CFS). At the same time, respondents were clear that schools should know when to seek clinical advice, and that good communication with parents/carers — while essential — should not be relied upon as the sole safeguard where information may be incomplete.

6. Individual healthcare plans (IHPs)

The named senior leader in each school has overall responsibility for the development of IHPs for pupils with medical conditions at that school, and may delegate day-to-day responsibility as set out in the school's Local Operational Arrangements document.

Not all pupils with a medical condition will require an IHP. An IHP will be considered necessary where a pupil:

- has a long-term medical condition that has a functional impact on them at school; and
- is at risk of harm as a result of their medical condition; and
- requires arrangements that are additional to, or different from, those made generally for other pupils.

This will be agreed with a healthcare professional and the pupil's parents/carers, based on evidence. If there is no consensus, the school's named senior leader will make the final decision.

The Trust has adopted a standard IHP template, based predominantly on the Department for Education's model templates. This is used for all new IHPs from the date of adoption. Existing IHPs move onto the new template at their next scheduled review, rather than being rewritten as a one-off exercise — a pupil having an IHP on an earlier format is not, on its own, a sign that it needs urgent attention.

6.1 IHPs and risk assessments

An IHP and a risk assessment are different tools and are not interchangeable. An IHP is pupil-centred: every pupil who meets the criteria above has one, setting out what they need, why, and who provides it, day to day. A risk assessment is activity- or hazard-centred: it is used in addition to an IHP, not instead of one, where a specific activity, environment or hazard needs its own structured analysis — for example, exercise restrictions after surgery, exposure to specific equipment, or contact sports for a pupil with a bleeding disorder. Most pupils' needs will be fully covered by their IHP alone, without a separate risk assessment.

Where a risk assessment is used, it is referenced from the pupil's IHP rather than held as an unconnected document, and reviewed on the same trigger as the IHP: annually, when the pupil's needs change, or after a serious incident or near miss.

When considering whether a pupil needs an IHP, and what it should contain, schools should look beyond physical needs alone. Medical conditions can also have a significant social and emotional impact — for example through anxiety about hospital appointments, missed schoolwork, or questions from well-meaning peers and staff — and pupils with a medical condition are known to be at meaningfully higher risk of a diagnosed mental health need. Staff should be alert to assumptions about how easy or difficult a condition is to manage, and take a preventative approach: using the IHP to identify and put support in place for a pupil's social and emotional needs before difficulties present, not only once they do.

A pupil should have a single IHP covering all of their support needs, not separate plans for each condition. Where a pupil also has an allergy, the arrangements for that aspect of their IHP are developed in line with the Trust's Allergy Safety Policy and any attached Allergy or Asthma Action Plan, but are still recorded within the pupil's one IHP.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. A serious incident or near miss relating to the pupil should prompt consideration of whether the IHP needs to be reviewed, though this will not automatically trigger a review in every case — see section 11.

Where an existing IHP is amended, the change will be formally communicated to the pupil's parents/carers in writing, and their confirmation of agreement obtained and recorded, in addition to the plan being reviewed and updated as set out above. Staff who need to know will also be notified that the IHP has been updated. The updated IHP is stored and made accessible via the Trust's core Management Information System (Arbor) — see the school's Local Operational Arrangements document for local detail.

Parents/carers must be actively engaged in the development and review of their child's IHP. Schools may use a range of engagement approaches to support this; examples are set out in the school's Local Operational Arrangements document. The specific approach used is a matter for local decision, but the expectation of active parental engagement applies in every school. Pupils and their families should always know who to contact with questions about their IHP — normally the school's named senior leader or their delegate; the specific contact is set out in the school's Local Operational Arrangements document.

Plans will be drawn up in partnership between the school, parents/carers and a relevant healthcare professional (such as the school nurse, specialist or paediatrician), who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) plan. Where a pupil has SEN but no EHC plan, this will be mentioned in the IHP. IHPs do not override the provision specified in Section G of an EHC plan.

The level of detail in an IHP will depend on the complexity of the pupil's condition and the support needed. Schools will consider the following when deciding what to record:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage), other treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements and environmental issues (e.g. crowded corridors, travel time between lessons)
- Specific support for the pupil's educational, social and emotional needs — for example, how absences will be managed, extra time for exams, rest periods, catch-up support or counselling
- The level of support needed, including in emergencies, and whether the pupil is self-managing medication

- Who will provide support, their training needs, expectations of their role, confirmation of proficiency from a healthcare professional, and cover arrangements for when they are unavailable
- Who at the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the named senior leader for medication to be administered by staff, or self-administered by the pupil
- Separate arrangements for school trips or activities outside the normal timetable, e.g. risk assessments
- Support needed to manage transitions, such as returning to school after a period of hospital admission or extended absence, or moving between key phases or settings
- Where confidentiality issues are raised, the designated individuals entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

Direction of travel — not yet statutory

The consultation response signals an important reframing: an IHP should be the school's record of how it will deliver the care plans, action plans and clinical advice provided by healthcare professionals — not a clinical document in its own right, and not a summary or judgement on clinical plans. Where a pupil has a clinician-authored care or action plan, the IHP should reference it and set out the school-based arrangements for delivering it, rather than duplicating or reinterpreting the clinical content. The Trust has adopted this approach ahead of formal publication of updated guidance.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at a school when it would be detrimental to the pupil's health or school attendance not to do so, and where the school has the parent/carer's written consent. The only exception is where medicine has been prescribed to the pupil without the knowledge of the parents/carers.

The person administering medicine will keep a written record. Parents/carers will be informed on the same day, or as soon as reasonably possible.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Anyone giving a pupil medication (e.g. for pain relief) will first check recommended and maximum dosages for the pupil's age and when the previous dose was taken.

Schools will only accept prescribed medicines that are in-date, labelled and provided in the original container as dispensed by the pharmacist, with instructions for administration, dosage and storage. Insulin is the exception — it must be in date but may be supplied in a pen or pump rather than its original container.

All medicines will be stored safely. Pupils will know where their medicines are and be able to access them immediately. Medicines and devices needed for a medical condition, such as insulin or blood glucose testing meters, will always be readily available to pupils and not locked away. Medicines will be returned to parents/carers for safe disposal when no longer required. Arrangements for allergy-related medication, including prescribed and “spare” adrenaline devices and asthma inhalers, are set out in the Trust's Allergy Safety Policy.

7.1 Controlled drugs

A pupil prescribed a controlled drug may have it in their possession if competent to do so but must not pass it to another pupil. Other controlled drugs are kept in a secure, non-portable container and only named staff have access, though they must be easily accessible in an emergency. A record of doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures, in discussion with parents/carers and reflected in their IHP. Pupils will be allowed to carry their own medicines and relevant devices wherever possible. IHPs will set out what staff should do if a pupil refuses to carry out a necessary procedure or take medicine.

7.3 Unacceptable practice

Although staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication, or administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers, or ignore medical evidence or opinion
- Send pupils with medical conditions home frequently, or prevent them from staying for normal school activities including lunch, unless specified in their IHP
- Send an unwell pupil to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils' attendance record where absences relate to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever needed to manage their condition effectively
- Require parents/carers, or make them feel obliged, to attend school to administer medication or provide medical support, including with toileting issues
- Prevent pupils from participating, or create unnecessary barriers to participation in any aspect of school life, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). Every pupil's IHP will clearly define what constitutes an emergency and explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance. Schools must understand their local emergency services' cover arrangements and ensure correct information is available for navigation systems, particularly on trips and off-site activities.

Emergency arrangements for anaphylaxis and asthma attacks, including the stocking and use of “spare” adrenaline devices and asthma inhalers, are set out in the Trust's Allergy Safety Policy and are followed alongside this policy.

Where a pupil with an IHP is marked present on the register but cannot be located, staff will treat this as an immediate safety concern and escalate it without delay through the school's attendance and registration procedures, rather than assuming the pupil is present elsewhere. This applies with particular urgency where the pupil's IHP indicates a risk of harm if their whereabouts are not known — for example, a risk of collapse, seizure, or another medical event requiring rapid response. Staff must not rely on a register entry alone as confirmation that a pupil is safe and accounted for.

9. Training

Staff responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. Training needs will be identified during the development or review of IHPs, and

relevant staff will be included in meetings where this is discussed. Training will cover both physical and mental health needs, including the social and emotional impact that complex medical conditions can have on a pupil.

The relevant healthcare professional will normally lead on identifying the type and level of training required, agreed with the school's named senior leader. Training will be kept up to date and healthcare professionals will confirm staff proficiency in a medical procedure or in providing medication.

All staff will receive whole-school awareness training on this policy and their role in implementing it, including preventative and emergency measures, provided as part of induction for new staff.

Training will be refreshed regularly and at least annually. Where a pupil's complex medical condition requires specific staff to complete condition-specific training, this will be reviewed at least annually and whenever the teaching timetable changes, to confirm that everyone currently working with the pupil remains appropriately trained.

Direction of travel — not yet statutory

The consultation response reflects broad support for training all staff who work closely with pupils — including supply, catering and wraparound-care staff — while recognising that concentrating expertise too narrowly creates a single point of failure. It also draws a clear line: awareness training helps staff recognise needs, understand policy and respond in an emergency, but does not itself legitimise the delegation of clinical tasks such as catheterisation or stoma care. Where such tasks are required, the Trust expects clear accountability, appropriate indemnity, and consultation with recognised trade unions before roles and responsibilities are set or changed, and expects the responsible healthcare body — not the school — to arrange and fund any training that forms part of a clinical delegation arrangement.

10. Record keeping

Written records will be kept of all medicine administered to pupils for as long as they are at the school. Parents/carers will be informed if their child has been unwell at school. IHPs are kept in a readily accessible place that all relevant staff are aware of, while preserving confidentiality.

Information about a pupil's medical needs is special category data under UK GDPR. It will be stored securely, shared only with those who need to know, and handled in line with the Trust's data protection policy.

11. Incident reporting and learning lessons

Schools will record serious incidents and near misses relating to pupils' medical conditions on the school's local reporting system, for logging incidents and near misses, in line with the Trust's wider health and safety and safeguarding incident-reporting arrangements. The local reporting system is used to record and report the incident itself; the school's First Aid Policy sets out the procedure for administering first aid and completing the underlying first aid/incident forms that feed into it.

Some serious incidents involving a pupil's medical condition will also trigger the Trust's wider statutory reporting duties — for example, notifying the Health and Safety Executive under RIDDOR, notifying Ofsted, or notifying the local authority's safeguarding partnership. These duties, and the applicable timescales, are set out in the Trust's Health and Safety Policy and the school's First Aid Policy and are followed in addition to, not instead of, the steps in this section.

A serious incident or near miss should prompt the school to consider whether it reveals a weakness in the pupil's IHP or in the school's medical conditions arrangements. Where it does, the IHP and/or the school's Local Operational Arrangements should be reviewed and strengthened. Where it demonstrates that arrangements worked as intended, this should also be recorded.

The school's named senior leader will notify the Trust-wide lead of any serious incident or near miss without delay. The Trust's Chief Operating Officer (COO) extracts and provides data on relevant incidents and near misses from each school's local reporting system to the Trust-wide

lead. The Trust-wide lead uses this to collate incidents across the Trust, identify any patterns and inform trust-wide improvements, and to compile the summary reported to the HR, Health & Safety Committee — see section 14.

Direction of travel — not yet statutory

The consultation response confirms strong, cross-sector support for systematic recording of and learning from serious incidents and near misses, including recognition that specialist settings with a higher proportion of pupils with complex medical needs may experience more frequent incidents as a result of pupil need rather than weak policy. Respondents also emphasised the importance of involving healthcare professionals in reviewing incidents that involve clinical care or medication, and of communicating openly with pupils and families — several parents reported learning about incidents from their child rather than from the school. The Trust encourages schools to reflect these principles now, ahead of statutory publication.

12. Liability and indemnity

Oxlip Learning Partnership is insured through the Department for Education's Risk Protection Arrangement (RPA) with effect from 1 September 2024, which provides full indemnity to staff providing appropriate medical care through its public liability cover. The appropriate level of cover is kept under review to ensure it continues to reflect the level of risk across the Trust.

Insurance arrangements provide liability cover relating to the administration of medication; individual cover may need to be arranged for specific healthcare procedures. Please refer to the RPA Membership Rules for full details of what is covered. Details of any school-specific arrangements are set out in the school's Local Operational Arrangements document, and insurance/RPA details will be made accessible to staff providing support to pupils with medical conditions.

13. Complaints

Parents/carers with a complaint about a school's actions regarding their child's medical condition should discuss this directly with the school's named senior leader in the first instance. If the matter cannot be resolved at school level, parents/carers will be directed to the Trust's feedback, concerns and complaints procedure.

14. Monitoring arrangements

This policy will be monitored by the Trust-wide lead, in consultation with school named senior leaders and LABs, and reported to the HR, Health & Safety Committee termly, in line with the Committee's standard reporting cycle.

The policy itself will be reviewed by the HR, Health & Safety Committee and approved by the Trust Board at least annually (Autumn term), or earlier where legislation, statutory guidance changes, or a serious incident indicates it should be strengthened. Reviews will take into account feedback from pupils, parents/carers and staff, reflecting the importance of lived experience in assessing whether the policy is achieving its aims.

15. Links to other policies and documents

This policy links to the following Trust and school policies:

- Allergy Safety Policy (Trust-wide)
- Accessibility plan
- Feedback, Concerns and Complaints procedure
- Equality information and objectives
- Each school's First Aid Policy (school-level, within the Trust's Health and Safety Policy framework)

- Health and safety policy (Trust-wide)
- Safeguarding and child protection policy
- Special educational needs information report and policy
- Data protection policy
- Attendance policy
- Each school's Local Operational Arrangements for Medical Conditions

Allergy, including asthma, is covered by the Trust's separate Allergy Safety Policy, published in line with the Department for Education's statutory guidance Allergy Safety in Schools (July 2026), issued under section 34 of the Children's Wellbeing and Schools Act 2026. This policy does not duplicate that content. Coeliac disease and food intolerances are managed through dietary avoidance and remain within the scope of this policy.

Requirements for the medical/first aid room, including privacy and washing facilities, are set out in the school's First Aid Policy. First Aid Policies are maintained at school level (in some cases shared across a small number of schools) within the Trust's Health and Safety Policy framework, rather than as a single Trust-wide document.