BLACK COUNTRY FEDERATION

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Brockmoor Primary School • Brierley Hill Primary School

POLICY OWNER	Executive Director: Lana Duffin
APPROVED BY	Governing Body
APPROVAL DATE	September 2026
REVIEW DATE	September 2027 or earlier if guidance changes
REVIEW CYCLE	Annual

Aspiration and opportunity for every child

1. Aims

Black Country Federation is committed to ensuring that pupils with medical conditions are properly supported so that they can access education, remain safe, participate fully in school life and achieve well. We will work with pupils, parents and carers, healthcare professionals and relevant services to make reasonable, proportionate arrangements based on individual need.

This policy applies across Brockmoor Primary School and Brierley Hill Primary School. It should be read alongside the separate BCF Allergy Safety Policy. A pupil may be supported under both policies where appropriate.

- Ensure pupils with medical conditions can access the same opportunities as other pupils, including trips, physical education and enrichment, unless a clinical reason requires a different arrangement.
- Make clear who is responsible for supporting pupils with medical conditions and how individual arrangements are agreed, recorded and reviewed.
- Ensure staff who provide medical support receive suitable information, instruction and training and are competent before taking on that responsibility.
- Promote increasing independence and self-management where this is safe, appropriate and agreed.
- Use incidents, near misses, attendance information and feedback from pupils and families to improve provision.

2. Statutory basis and current guidance

Section 100 of the Children and Families Act 2014 places a duty on the governing body of a maintained school to make arrangements for supporting pupils at school with medical conditions. The Department for Education statutory guidance Supporting pupils at school with medical conditions remains in force. In July 2026 the DfE confirmed that revised medical-conditions guidance will be published in due course; until then, the existing statutory guidance continues to apply.

The governing body must ensure that the arrangements in place are sufficient to meet its statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented. The policy will be reviewed regularly and made readily accessible to parents, carers and staff.

Where a pupil's medical condition also amounts to a disability or special educational need, BCF will meet its duties under the Equality Act 2010 and the Children and Families Act 2014 and will have regard to the SEND Code of Practice. Medical conditions and SEND are related in some cases but are not synonymous.

3. Roles and responsibilities

3.1 Governing Body

- Ensure arrangements are in place to support pupils with medical conditions and that this policy is implemented effectively.
- Ensure sufficient staff receive suitable training and are competent before taking responsibility for medical support.
- Ensure appropriate insurance and liability arrangements are in place.
- Receive appropriate assurance about implementation, significant incidents and improvement actions.

3.2 Executive Directors and Headteachers

- Have overall responsibility for implementation within BCF and ensure that responsibilities are clearly allocated in each school.
- Ensure all staff understand this policy and know what to do in an emergency.
- Ensure appropriate staff are available to support pupils, including through contingency arrangements for absence.
- Ensure staff training is arranged and refreshed where necessary.
- Ensure relevant information is shared with supply staff, contractors and others who need it.
- Ensure incidents and near misses are reviewed and learning is acted upon.

3.3 Named operational lead

The Executive Directors will designate an appropriate senior member of staff in each school to coordinate medical-condition arrangements. The named lead will oversee records, Individual Healthcare Plans (IHPs), medication arrangements, training and liaison with parents, carers and healthcare professionals. Clinical decisions remain the responsibility of appropriately qualified healthcare professionals.

3.4 Staff

- Follow this policy and the pupil-specific arrangements relevant to their role.
- Undertake training where they have agreed to provide medical support.
- Know how to summon help and respond to an emergency.
- Report concerns, errors, incidents or near misses promptly.
- Never prevent a pupil from accessing medication or support that their agreed arrangements say they should have.

3.5 Parents and carers

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Contribute to the development and review of an IHP where one is required.
- Provide medicines and equipment in line with the school's procedures and replace them before expiry.
- Inform the school promptly of changes in condition, treatment, medication or healthcare advice.

3.6 Pupils

Pupils will be involved in decisions about their support in a way that reflects their age, understanding and circumstances. Where safe and appropriate, pupils will be supported to understand their condition, recognise when they need help and develop independence in managing medication or equipment.

4. Notification and transition

Parents and carers should notify the school as soon as possible when a pupil has a medical condition that may require support. Information may also be received from healthcare professionals or through transition arrangements.

- For a new diagnosis or a pupil joining the school, arrangements will be put in place as soon as reasonably practicable.
- Where needs are known in advance, planning should take place before admission, transition, a change of school or a significant change in provision.
- Transition information will be shared lawfully and proportionately so that support is not interrupted.
- Where needs are complex, the school will seek appropriate clinical advice rather than making clinical judgements itself.

5. Individual Healthcare Plans

Not every pupil with a medical condition requires an IHP. The school, healthcare professional and parent or carer should agree whether one is needed. An IHP will normally be appropriate where a condition is long-term, complex, fluctuating, potentially life-threatening, requires medication or intervention during the school day, or requires arrangements additional to or different from those ordinarily available.

IHPs should be proportionate and practical. They are intended to help staff support the pupil safely and consistently, not create unnecessary paperwork.

- The medical condition, triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication, equipment, access to food/drink/toilet facilities, environmental adjustments or rest.
- Specific support for educational, social and emotional needs, including attendance, reintegration or catch-up where relevant.
- Who will provide support, what training is required and any cover arrangements.
- Who in the school needs to know and how confidentiality will be respected.
- Arrangements for written parental agreement where staff administer medicine.
- Separate arrangements or risk assessment for trips, visits, sport and other activities where needed.
- What constitutes an emergency and the action to take, including whom to contact.
- How the pupil will be supported to self-manage where appropriate.

IHPs will be reviewed at least annually or sooner when needs, treatment, medication, circumstances or professional advice change. Parents, carers and relevant healthcare professionals will be involved as appropriate.

6. Medicines

Medicines should only be administered at school when it would be detrimental to a pupil's health or attendance not to do so. The school will follow the DfE statutory guidance and relevant local procedures.

- Prescription medicines must normally be in the original container as dispensed, with the pupil's name, instructions, dosage and storage requirements clearly stated.
- Non-prescription medicines will only be administered where this is consistent with school arrangements, there is a clear reason and appropriate parental consent has been obtained.
- Staff must not alter prescribed doses or treatment instructions without appropriate healthcare advice.
- Medicines will be stored safely but remain readily accessible when a pupil needs immediate access.
- Controlled drugs will be stored and administered in accordance with legal requirements.
- Records will be kept of medicines administered by staff.
- Expired or no-longer-required medicines should be returned to parents/carers for safe disposal unless another lawful arrangement applies.

7. Self-management and access to medication

Where pupils are competent to manage their own health needs and this has been agreed, they will be encouraged to do so. Pupils who can carry their own medicines or devices should be able to access them quickly. Where a pupil is not ready to self-manage, appropriate adult support will be provided.

The level of independence expected must be based on the individual pupil rather than age alone and should be reflected in the IHP where one is in place.

8. Emergency procedures

All staff must know how to obtain urgent assistance. Where a pupil has an IHP, it should clearly describe the emergency signs, required response and contact arrangements.

- Call 999 when emergency medical assistance is required.
- Follow the pupil's emergency plan and any clinically provided instructions.
- Do not send an unwell pupil to the school office or another location alone where this could increase risk.
- Contact parents or carers as soon as practicable after emergency action has begun.
- Where a pupil is taken to hospital by ambulance, an appropriate adult will accompany or follow them if a parent/carer is not immediately available, in accordance with school arrangements.

9. Unacceptable practice

BCF will use professional judgement and individual healthcare advice. The following would normally be unacceptable:

- Preventing pupils from easily accessing their inhalers, medication or required support.
- Assuming every pupil with the same condition requires identical treatment.
- Ignoring the views of the pupil, parent/carer or medical evidence.
- Sending pupils home frequently, or preventing them from staying for normal school activities, solely because of their medical condition without appropriate consideration.
- Penalising pupils for attendance affected by their medical condition where this is outside their control.
- Preventing pupils from drinking, eating, taking toilet breaks or taking other actions needed to manage their condition.
- Requiring parents/carers to attend school to administer medication or provide medical support as a condition of attendance.
- Preventing participation in trips, sport or enrichment without considering reasonable adjustments, individual risk and relevant clinical advice.

10. Inclusion, attendance and learning

The intended outcome is not simply safe storage of medicines. Pupils with medical conditions should be able to learn, attend, participate and belong. Leaders will consider whether a medical condition is creating barriers to attendance, concentration, stamina, emotional wellbeing, participation or progress and will respond proportionately.

Where absence linked to health becomes significant, the school will work with the family and relevant services to support continuity of education and reintegration. Where the pupil may have SEND or a disability, the school will consider the appropriate SEND and equality duties alongside this policy.

11. Educational visits, PE and enrichment

Pupils with medical conditions will be supported to participate in educational visits, PE, sport, residentials and enrichment wherever reasonably possible. Planning should identify any additional medication, equipment, staffing, training, transport or emergency arrangements required.

Risk assessment should enable participation, not default to exclusion. Where participation presents a material clinical risk, the school will seek appropriate advice and consider reasonable alternatives.

12. Training and competence

No member of staff will be required to provide medical support for which they have not received appropriate information or training. Training must be sufficient for the task and, where necessary, provided or confirmed by an appropriate healthcare professional.

- Training needs will be identified from pupils' actual needs and IHPs.
- Records of relevant training will be maintained.
- Competence will be considered, not simply attendance at training.
- Refresher training will be arranged when required by the pupil's plan, the trainer, local procedure, changes in need or evidence from practice.
- Whole-staff information will ensure everyone understands emergency procedures and their general responsibilities.

13. Record keeping and confidentiality

Medical information will be handled lawfully, securely and on a need-to-know basis. Relevant staff must have enough information to support the pupil safely, while unnecessary disclosure will be avoided.

- Maintain accurate records of IHPs, parental consent, administration of medicines and relevant training.
- Record significant incidents, errors and near misses factually and promptly.
- Share information for safeguarding or medical safety where there is a lawful and necessary reason to do so.
- Store and dispose of records in line with BCF/Dudley information-governance arrangements.

14. Incidents, near misses and learning

BCF will not treat incident recording as an administrative end point. Significant medical incidents, medication errors and relevant near misses will be reviewed to identify what happened, why it happened, whether arrangements were followed and what needs to change.

Where learning identifies a wider issue, leaders will consider changes to IHPs, staff training, supervision, storage, communication, risk assessment or policy. Serious incidents will be escalated and reported externally where required.

15. Complaints

Parents and carers who are dissatisfied with the support provided should raise the matter with the school so that concerns can be resolved promptly where possible. Formal complaints will be handled through the BCF/Dudley complaints procedure. Safeguarding concerns will be managed through safeguarding procedures rather than the complaints process.

16. Allergy safety

Allergy is a medical condition, but the Children's Wellbeing and Schools Act 2026 and DfE statutory guidance now create specific allergy-safety duties. BCF therefore maintains a separate Allergy Safety Policy. For pupils with allergy, the two policies operate together; the allergy policy provides the more specific framework for allergy risk, training, emergency response, Individual Healthcare Plans and adrenaline devices.

17. Monitoring impact

Leaders will test whether the arrangements are making a difference to pupils, not simply whether forms are complete. Appropriate evidence may include pupil and parent feedback, attendance, access to curriculum and enrichment, medication records, incidents and near misses, staff confidence and competence, and whether IHP arrangements are followed consistently.

Where evidence shows that a pupil is missing learning, becoming unnecessarily dependent on adults, being excluded from opportunities or experiencing avoidable risk, leaders will identify the cause and adjust provision.

18. Publication, access and review

This policy will be readily accessible to parents, carers and staff and BCF will publish it on the websites of Brockmoor Primary School and Brierley Hill Primary School as a federation transparency standard. The current DfE maintained-school website checklist does not separately list this policy among its general must-publish items; publication is therefore recorded by BCF as a deliberate accessibility and assurance decision rather than misrepresented as a standalone website duty under that checklist.

The policy will be reviewed annually and earlier if statutory guidance, legislation, local-authority requirements or pupils' needs change. The DfE has confirmed that revised statutory guidance on supporting pupils with medical conditions will be published in due course; publication of that guidance will trigger an immediate BCF review.

19. Related policies and guidance

- BCF Allergy Safety Policy
- BCF Child Protection and Safeguarding Policy
- BCF SEND Policy and SEND Information Report
- BCF Attendance Policy
- BCF Health and Safety arrangements
- BCF Educational Visits arrangements
- BCF Data Protection and Information Governance arrangements
- BCF Complaints Policy
- DfE: Supporting pupils at school with medical conditions (statutory guidance, current version remains in force)
- DfE: Allergy safety in schools (statutory guidance, July 2026)
- Children and Families Act 2014, section 100
- Equality Act 2010
- SEND Code of Practice: 0 to 25 years