

Three Towers

An Alternative Provision Academy

Expanding Horizons

Supporting Learners with Medical Conditions Policy

(for Learners initially referred for reasons other than medical needs)

Adopted: September 2025

Review: September 2026

1 Aims

Three Towers (TTAPA) aims to ensure that:

- learners, staff and parents/carers understand how our school will support learners with medical conditions;
- learners with medical conditions are properly supported to allow them to access the same education as other learners, including school trips and sporting activities.

To implement this policy we will:

- ensure sufficient staff are suitably trained;
- ensure staff aware of learners' conditions, where appropriate;
- ensure there are cover arrangements so that someone is always available to support learners with medical conditions;
- provide supply/agency staff with appropriate information about the policy and relevant learners;
- develop, implement and monitor individual healthcare plans (IHPs).

2 Legislation & Statutory Guidance

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting learners at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting learners with medical conditions at school](#).

This policy complies with our funding agreement and articles of association.

3 Roles & Responsibilities

3.1 The local governing committee (LGC) has responsibility to make arrangements to support learners with medical conditions. The LGC will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher will ensure that:

- all staff are aware of this policy and understand their role in its implementation;
- there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations;
- staff are appropriately insured and aware that they are insured to support learners in this way;
- systems are in place for obtaining information about a child's medical needs and that this information is kept up to date;
- has overall responsibility for the development of IHPs for learners with medical conditions. At Three Towers, this has been delegated to Heads of House supported by the named person for medical needs;
- staff who need to know are aware of a child's condition;

3.3 Heads of House liaise with parents/carers and appropriate medical professions to develop and maintain up-to-date IHPs. They are also responsible for contacting the school

nursing service in the case of any learner who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

3.4 All staff are expected and required to support learners with medical conditions during school hours; it is not the sole responsibility of one person. This is because Three Towers provides education for learners who cannot attend their usual school for health reasons, as well as supporting learners referred for other reasons who may also have medical conditions.

Medication will be administered by appropriately trained pastoral staff and monitored by Heads of House.

All staff will know what to do and respond accordingly when they become aware that a learner with a medical condition needs help. Key staff will receive specific sufficient and suitable training and will achieve the necessary level of competency to support individual learners with medical conditions.

Staff will take into account the needs of learners with medical conditions that they teach.

3.5 Parents/carers are expected to:

- provide the school with sufficient and up-to-date information about their child's medical needs;
- be involved in the development and review of their child's IHP and may be involved in its drafting;
- carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment; and
- ensure they or another nominated adult are contactable at all times.

3.6 Learners with medical conditions will often be best placed to provide information about how their condition affects them.

Learners should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.7 School nurses and other healthcare professionals are expected to notify the school when a learner has been identified as having a medical condition that will require support in school. This will be before the learner starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any learners identified as having a medical condition. They may also provide advice on developing IHPs.

4 Equal Opportunities

We are clear about the need to actively support learners with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

We will consider what reasonable adjustments need to be made to enable these learners to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that learners with medical conditions are included. In doing so, learners, their parents and any relevant healthcare professionals will be consulted.

5 Notification that a learner has a medical condition

When we are notified that a learner has a medical condition, the process outlined in [Appendix 1](#) will be followed to decide whether the learner requires an IHP.

For learners who are not referred specifically for our medical needs provision, we will make every effort to ensure that arrangements are put into place within 2 weeks.

For medical needs referrals we will make every effort to ensure that arrangements are put into place before the learners starts in the provision.

6 Individual Healthcare Plans (IHPs)

Whilst the headteacher has overall responsibility for the development of IHPs for learners with medical conditions. This has been delegated to Heads of House supported by the named person for medical needs.

Plans will be reviewed at least termly, or earlier if there is evidence that the learner's needs have changed.

Plans will be developed with the learner's best interests in mind and will set out:

- what needs to be done;
- when;
- by whom.

Not all learners with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the named person for medical needs will make the final decision.

Plans will be drawn up in partnership with the parents/ carers, relevant healthcare professionals, such as the school nurse, specialist or paediatrician, who can best advise on the learner's specific needs and in the case of dual registered learners, their main school. The learner will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a learner has SEND but does not have an EHC plan, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. We will consider the following when deciding what information to record on IHPs:

- the medical condition, its triggers, signs, symptoms and treatments;
- the learner'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;
- specific support for the learner's educational, social and emotional needs. For example, 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;

- the level of support needed, including in emergencies. If a learner 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 learner's medical condition from a healthcare professional, and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the learner'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 learner during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the learner can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/carer/learner, the designated individuals to be entrusted with information about the learner's condition;
- what to do in an emergency, including who to contact, and contingency arrangements.

7 Managing Medicines

Prescription and non-prescription medicines will only be administered at school:

- when it would be detrimental to the learner's health or school attendance not to do so; **and**
- there is no viable way of managing medicating the learner out of school hours at home; **and**
- where we have written consent from the parents/carers.

The only exception to this is where the medicine has been prescribed to the learner without the knowledge of the parents.

Learners under 16 years of age will **not** be given medicine containing aspirin unless prescribed by a doctor.

Usually only staff trained to administer medication will undertake this task, but anyone giving a learner any medication (e.g. for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents / carers will always be informed.

We will only accept prescribed medicines that are:

- In-date; **and**
- Labelled with the child's name; **and**
- Provided in the original container/packaging as dispensed by the pharmacist, including instructions for administration, dosage and storage.

We will accept insulin that is inside an insulin pen or pump rather than its original container but it must be in date.

All medication will be stored safely and securely. Learners will be informed about where the medications are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens (Epi-pens) will always be available to learners and not locked away.

Medication will be returned to parents / carers to arrange for safe disposal when no longer required or out-of-date.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A learner who has been prescribed a controlled drug may have it in their possession **if they are competent to do so**, but they must not pass it to another learner to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Learners managing their own needs

Learners **who are competent** will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents / carers and it will be reflected in their IHPs.

Learners will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a learner to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents / carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable Practice

Staff should use their discretion and judge each case individually with reference to the learner's IHP, but it is generally not acceptable to:

- prevent learners from easily accessing their inhalers and medication, and administering their medication when and where necessary;
- assume that every learner with the same condition requires the same treatment;
- ignore the views of the learner or their parents / carers;
- ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs;
- if the learner becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise learners for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent learners 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 learner, 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 learners from participating, or create unnecessary barriers to learners participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child;
- administer, or ask learners to administer, medicine in school toilets.

8 Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All learners' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a learner needs to be taken to hospital, staff will stay with the learner until the parent/carers arrive, or accompany the learner to hospital by ambulance.

9 Training

Staff will receive suitable and sufficient training to support learners with medical needs. The training will be identified during the development or review of IHPs. Staff working with learners with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher and the named person for medical needs. Training will be kept up to date.

Training will:

- be sufficient to ensure that staff are competent and have confidence in their ability to support the learners;
- fulfil the requirements in the IHPs;
- help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10 Record Keeping

We will ensure that written records are kept of all medicine administered to learners for as long as these learners 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 which all staff are aware of.

11 Liability & Indemnity

The Rowan Learning Trust and the LGC will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Three Towers is a member of the Department for Education's risk protection arrangement (RPA).

12 Complaints

Parents/carers with a complaint about their child's medical condition should discuss these directly with the Head of House in the first instance. If they cannot resolve the matter, then they will direct parents/carers to our Complaints Procedures.

13 Monitoring arrangements

This policy is reviewed annually by the headteacher and the named teacher. After each review it will be adopted by the local governing committee.

14 Links with other policies

This policy should be read alongside:

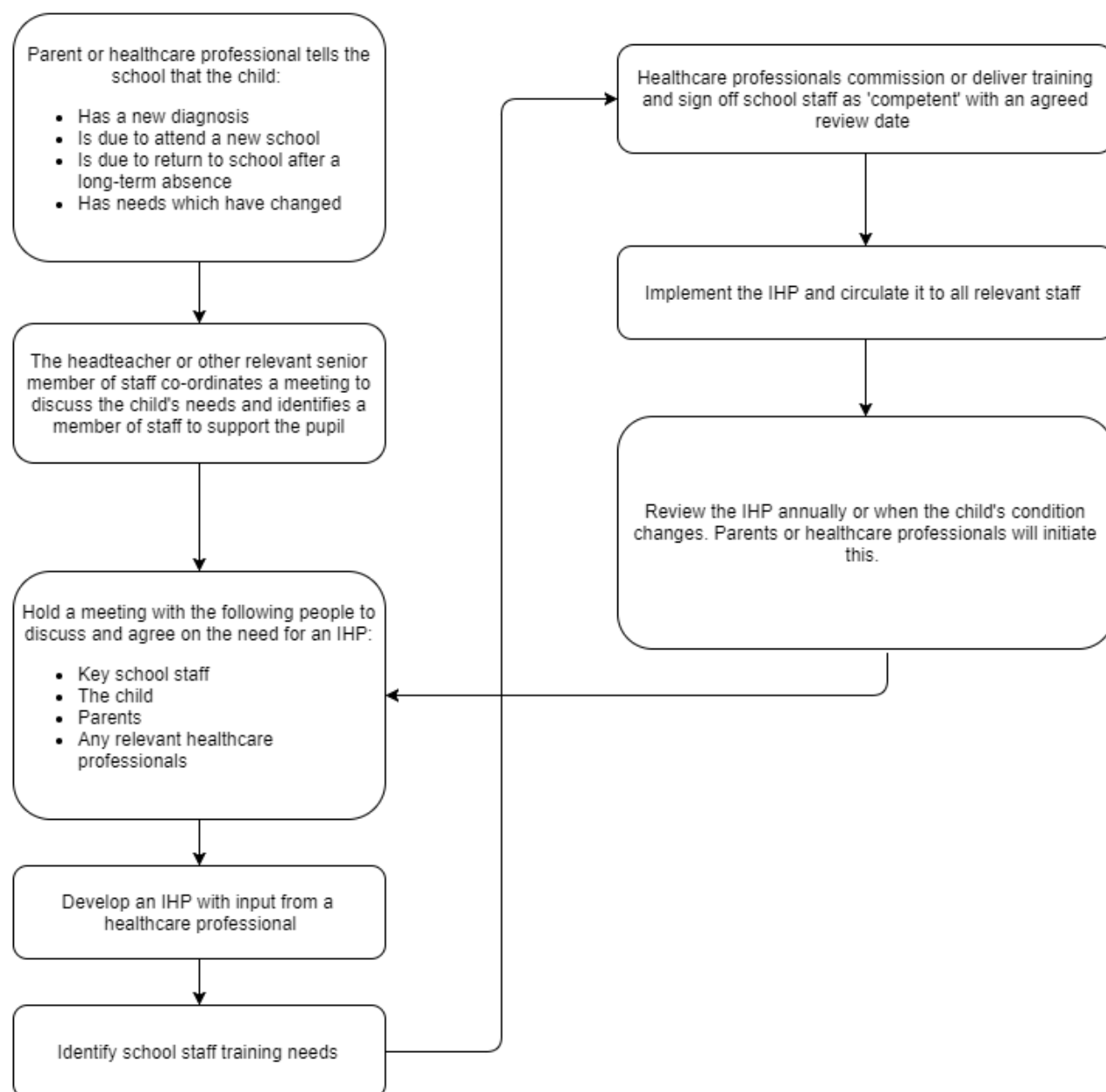
- *Accessibility Plan*
- *Administering Medication Policy*
- *Complaints Policy*
- *SES & Equality Objectives*
- *First Aid Policy*
- *Health & Safety Policy*
- *Safeguarding Policy*
- *SEND Information Report*
- *Wigan Council's Section 19 Policy*

UNICEF - UNCRC

The UN Convention of the Rights of the Child sets out human rights of every person under 18 (Article 1) and applies to every child without discrimination, whatever their ethnicity, gender, religion, language, abilities or any other status, whatever they think or say, whatever their family background (Article 2). Articles directly relating to this policy are:

2 (Non-discrimination)	24 (Health & health services)
3 (Best interests of the child)	28 (Right to education)
12 (Respect the views of the child)	29 (Goals of education)

Appendix 1: Being Notified that a child has a medical condition



Appendix 2: Links to Other Useful Resources

Supporting pupils with medical conditions: links to other useful resources - GOV.UK (www.gov.uk)

1. Departmental guidance and advice

- [Special educational needs and disability code of practice 0 to 25](#)
- [The early years foundation stage](#) - sets out specific requirements on early years settings in managing medicines for children under 5 years of age
- [Working together to safeguard children](#) - statutory guidance on inter-agency working
- [Safeguarding children: keeping children safe in education](#) - statutory guidance for schools and colleges
- [Ensuring a good education for children who cannot attend school because of health needs](#) - statutory guidance for local authorities
- [Drug advice for schools](#) - published by DfE/Association of Chief Police Officers, this document provides advice on controlled drugs
- [Home to school transport](#) - statutory guidance for local authorities
- [Equality Act 2010: advice for schools](#) - to help schools understand how the Act affects them
- [School Admissions Code 2012](#) - statutory guidance that schools must follow when carrying out duties relating to school admissions
- [Health and safety](#) - advice for schools covering activities that take place on or off school premises, including school trips
- [Alternative provision](#) - statutory guidance for local authorities and headteachers and governing bodies of all educational settings providing alternative provision
- [First aid](#) - departmental advice on first aid provision in schools
- [Automated external defibrillators \(AEDs\)](#) - how schools can buy, install and maintain an automated external defibrillator
- [School exclusion](#) - statutory guidance for maintained schools, academies and pupil referral units (PRUs)
- [School premises](#) - departmental advice to help schools and local authorities understand their obligations in relation to the School Premises Regulations 2012
- [Mental health and behaviour in schools](#) - departmental advice to help schools identify and support those pupils whose behaviour suggests they may have unmet mental health needs
- [Department for Education](#) - contact details

2. Associated resources and organisations – wider government

- [NHS Choices](#) - provides an A to Z of health conditions and medicines
- [Managing children with health care needs: delegation of clinical procedures, training and accountability issues](#) - published by the Royal College of Nursing in 2008, this document highlights the clinical procedures which could be safely taught and delegated to unregistered health and non-health qualified staff
- [Getting it right for children, young people and families](#) - provides information on the Department of Health vision for the role of the school nurse

- [The NHS Information Prescription Service](#) - part of NHS Choices, this service provides personalised information on health conditions that parents may wish to share with schools
- [Health and Safety Executive](#) - this website covers schools (state-funded and independent), further education establishments and higher education institutions.
- [School trips and outdoor learning activities: dealing with the health and safety myths](#) - provides information for managers and staff in local authorities and schools
- [Standards for medicines management \(2010\)](#) - produced by the Nursing and Midwifery Council this document sets standards for nurses, including over delegation of the administration of medicinal products
- [Healthy child programme 5 to 19](#) - this good practice guidance sets out the recommended framework of universal and progressive services for children and young people to promote health and wellbeing
- [Directors of children's services: roles and responsibilities](#) - statutory guidance for local authorities with responsibility for education and children's social services functions
- [Commissioning regional and local HIV sexual and reproductive health services](#) - guidance for commissioners of HIV, sexual and reproductive health services: includes prevention, treatment, information, advice and support
- [Protocol for emergency asthma inhalers in schools](#)
- [Department of Health](#) - contact details

3. Associated resources and organisations – external

- [Advice about emergency healthcare plans](#)
- [The School and Public Health Nurses Association \(SAPHNA\)](#) is dedicated to the health of children and young people in their communities
- [HeadMeds](#) - provides information about mental health medication for young people and to answer the difficult questions that young people may have about their medication but may not feel comfortable asking an adult or professional about
- [Medical conditions at school partnership](#) - includes an example school policy, a form for a healthcare plan, other forms for record keeping, and information on specific health conditions
- [The Council for Disabled Children \(2014\)](#) has published 2 practical handbooks to help local authorities, schools, early years settings and health providers develop policies and procedures to ensure that children with complex health and behavioural needs can access education, healthcare and childcare:
- [Dignity and Inclusion: making it work for children with complex health care needs](#)
- [Dignity and Inclusion: making it work for children with behaviour that challenges](#)
- [The Health Education Trust \(HET\)](#) - promotes the development of health education for young people
- [Mencap](#) provides support to people with learning disabilities, their families and carers
- [Contact a Family](#) provides support to the families of disabled children whatever their condition or disability

- [UNISON](#) - offers advice, support and help for school support staff at work, as well as providing training opportunities and welfare services
- [Medicines for Children](#) provides information about a wide range of medicines prescribed to children. It is run by the Royal College of Paediatrics and Child Health (RCPCH), the Neonatal and Paediatric Pharmacists Group (NPPG) and WellChild

4. Associated resources and organisations – medical conditions

- [Diabetes UK](#) – supports and campaigns for those affected by or at risk of diabetes
- [Children's Heart Federation](#) - a children's heart charity dedicated to helping children with congenital or acquired heart disease and their families in Great Britain and Northern Ireland
- [Education and Resources for Improving Childhood Continence \(ERIC\)](#) supports children with bladder and bowel problems and campaigns for better childhood continence care
- [Anaphylaxis Campaign](#) - supports people at risk from severe allergic reactions (anaphylaxis)
- [British Heart Foundation](#) - supporting those suffering from heart conditions
- [Little Hearts Matter](#) - offers support and information to children, and their families, with complex, non-correctable congenital heart conditions
- [CLIC Sargent](#) - a cancer charity for children and young people, and their families, which provides clinical, practical and emotional support to help them cope with cancer
- [Sickle cell and Young Stroke Survivors](#) - supports children and young people who have suffered a stroke or at risk of stroke as a result of sickle cell anaemia
- [Coeliac UK](#) - supports those with coeliac disease for which the only treatment is a gluten-free diet for life. The Coeliac UK website offers guidance and advice to everyone involved with supporting a child with coeliac disease in school, including training and tips for caterers as well as parents
- [The Association of Young People with ME](#) - supports and informs children and young people with ME (myalgic encephalomyelitis)/CFS (chronic fatigue syndrome), as well as their families, and professionals in health, education and social care
- [The Migraine Trust](#) - a health and medical research charity which supports people living with migraine
- [Migraine Action](#) - an advisory and support charity for children and adults with migraine and their families
- [Stroke Association](#) - supports families and young people affected by stroke in childhood
- [Young Epilepsy](#) - supports young people with epilepsy and associated conditions
- [Asthma UK](#) - supports the health and wellbeing of those affected by asthma
- [Epilepsy Action](#) - seeks to improve the lives of everyone affected by epilepsy
- [East of England Children and Young People Diabetes Network](#) - provide diabetes guidelines for schools, colleges and early years settings