



St Joseph
Catholic Multi Academy Trust

Supporting Pupils with Medical Conditions Policy

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Pamela Di Scala; Amy Fidler; Amy Richards	Board	05.02.24	2.0	Jan 2025

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Organisation	St Joseph Catholic MAT
Title	Head of Estates
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Supporting Pupils with Medical Conditions Policy	

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Date	Version	Status	Summary of Changes
30.01.24	2.0		Revised to meet changing requirements
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For the purpose of this policy the following representatives need to sign off this document:	
Role & Responsibilities	Name
Amy Fidler	Trust Safeguarding Lead
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Website:	
Yes/No	Yes (Statutory)

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how schools within St Joseph Multi Academy Trust will support pupils with medical conditions;
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities;
- The Trust board will implement this policy by being assured that: Sufficient staff are suitably trained Staff are made aware of pupil's condition, where appropriate;
- There are cover arrangements to ensure someone is always available to support pupils with medical conditions;
- Supply teachers are provided with appropriate information about the policy and relevant pupils;
- Individual healthcare plans are developed and monitored (IHPs).

2. Legislation and Statutory Responsibilities

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 pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

3. Roles and Responsibilities

3.1 The Trust board

The Trust board has overall responsibility for this policy. Implementation of this policy is delegated to the individual schools in St Joseph Multi Academy Trust under the direction of the headteacher who will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The Trust Board will:

- Ensure that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensure that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensure that policies, plans, procedures and systems are properly and effectively implemented.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation;
- Ensure that 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;
- Take overall responsibility for the development of IHPs;
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way;
- Contact the school nursing service in the case of any pupil 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;
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, ([Educare training, iHASCO.](#)) 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 accordingly when they become aware that a pupil with a medical condition needs help.

The Designated Safeguarding Lead will:

- Ensure that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively;
- Ensure that all members of staff are properly trained to provide the necessary support, and are able to access information and other teaching support materials as needed.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs;
- Be responsible for ensuring the school has up-to-date contact details in case of an emergency;
- 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.

3.5 Pupils

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

3.6 School nurses and other healthcare professionals

The school nursing service may notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

4. Equal Opportunities

All schools within St Joseph Multi Academy Trust are clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The schools will consider what reasonable adjustments need to be made to enable these pupils 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 pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

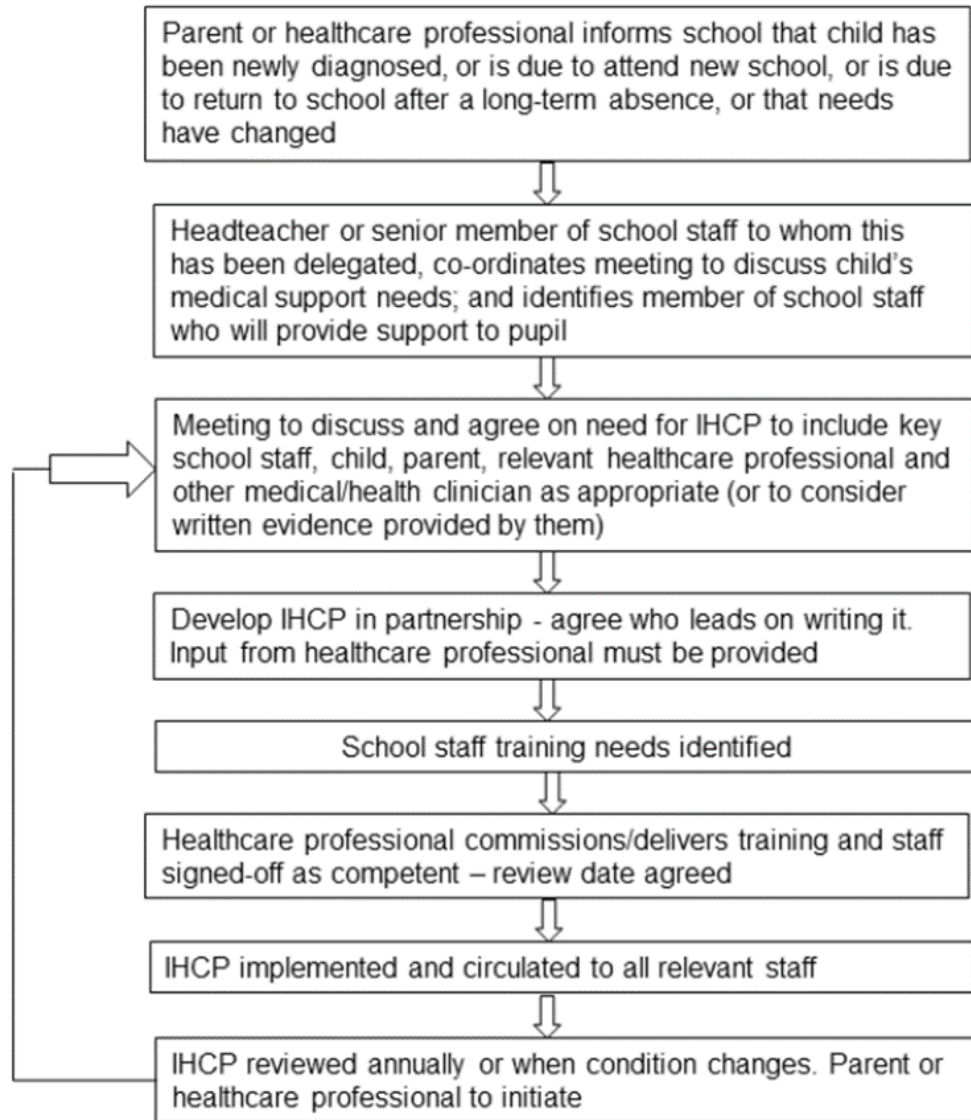
All risk assessments for trips will be held on the Evolve system

5. Being Notified that a Child has a Medical Condition

When a school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

Notifying the school that a child has a medical condition should be supported in writing from a relevant healthcare professional.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.



6. Individual Health Plan

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This may be delegated to another member of staff in individual schools e.g. the SENDCo. IHPs will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

IHPs will be drawn up in partnership with the school, parents 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 statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN 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. The headteacher/member of staff with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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 pupil'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 pupil 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- If there are any religious and/or cultural beliefs which may affect any medical care that the pupil needs, particularly in the event of an emergency.
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing Medicines in Primary School

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so
- and**
- Where we have parents/cares' written consent

No child attending primary education can be given medication by a member of staff without written consent from the child's parent/carer.

Where possible parents/carers are encouraged to administer medication to their child in dose frequencies which can be taken outside of school hours e.g. three times a day where medicine can be given before school, after school and at bedtime.

In certain circumstances, e.g. completing a course of antibiotics or when medicine needs to be taken four times a day, parents/carers can request for medicines to be administered in school by completing the Request to Administer Medicines Form.

Pupils under 5 will not be given any pain relief medication unless prescribed by a doctor.

Members of staff responsible for giving a pupil any prescribed medication will first check maximum dosages and when the previous dosage was taken.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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

All medicines will be stored safely. Pupils will be informed about where their medicines 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 will always be readily available to pupils and not locked away.

Parents/carers are responsible for providing the school with an adequate supply of up-to date medication. School will inform parents/carers if medication is out of date and request an up-to-date supply.

Parents/carers are responsible for collecting their child's medication in person at the end of each day, if required at home, or if making any necessary arrangements with out of school providers (including those run by the school).

Medicines will be returned to parents to arrange for their safe disposal when out of date or no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as Methylphenidate (Ritalin).

All 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 Non-prescribed Medication

Primary schools within St Joseph Multi Academy Trust will not dispense non-prescribed over the counter medication for children under the age of 5. If a parent/carer feels that a non-prescribed medicine is essential during the school day they can make arrangements with school to personally administer medicine to their child. This should be at a time which does not interrupt the child's learning e.g. break or lunch times. (this will be recorded by the school using the CPOMS system)

Medicine (both prescription and non-prescription⁴¹) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable.

7.3 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed and agreed with parents/carers and the pupil and will be reflected in their IHPs.

Staff will not force a pupil 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 so that an alternative option can be considered, if necessary.

7.4 Sporting Activities

All schools within St Joseph Multi Academy Trust are clear about the need to actively support pupils with medical conditions to participate in sporting activities and not prevent them from doing so.

The school will ensure that staff are aware if a child requires prescribed medication as a precautionary measure before taking part in PE or other physical activities, including any emergency procedures. Risk assessments will be carried out if considered necessary.

If a child wears a MedicAlert (e.g. a bracelet or necklace to alert others to a specific medical condition in case of an emergency) it may be necessary to consider removing it temporarily in certain circumstances, if there is a risk that it could cause an injury in games or practical activities. If temporary removal is agreed in the health care plan, staff will be made aware of the significance of the MedicAlert and arrange for its safekeeping.

7.5 Educational Trips and Visits

All schools within St Joseph Multi Academy Trust are clear about the need to actively support pupils with medical conditions to participate in school trips and visits and not prevent them from doing so.

Schools will make every effort to continue the administration of medication to a pupil whilst on a school trip or visit, even if additional arrangements are required. Appropriate risk assessments will be undertaken and agreed in a meeting with parents/carers prior to the trip/visit.

A named member of staff will be responsible for the storage, administration and recording of medication taken on a school trip or visit. This will be recorded on the trip risk assessment on Evolve.

All staff on a school trip or visit will also be made aware of children's medical needs, procedures for the administration of medication and relevant emergency procedures.

Concerns about a child's safety or the safety of others will be discussed with parents/carers and advice sought from the health visitor, school nurse or the child's GP. If deemed necessary, staff may need extra training or support in order to be able to administer the medication safely.

7.6 Home to School Transport

If supervision is necessary whilst travelling on Local Authority transport, this will usually be identified in the child's Education, Health and Care Plan (EHCP). Where appropriate, and with the consent of the parent/carer, individual Health Care Plans will be shared with home to school transport providers.

7.7 Refusing Medication

If a child refuses their prescribed medication, staff will not force them to take it. A record will be made if medication has been refused (using CPOMS) and parents/carers will be contacted the same day with details of when the medication was refused or was not administered for any other reason. If a refusal to take medication results in an emergency, the Trust's First Aid procedures will be followed.

8. Managing Medicines in Secondary School

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

- When it would be detrimental to the pupil's health or school attendance not to do so
- and
- Where we have parents/cares' written consent

No child under the age of 16 can be given medication by a member of staff without written consent from the child's parent/carer.

Where possible parents/carers are encouraged to administer medication to their child in dose frequencies which can be taken outside of school hours e.g. three times a day where medicine can be given before school, after school and at bedtime.

In certain circumstances, e.g. completing a course of antibiotics or when medicine needs to be taken four times a day, parents/carers can request for medicines to be administered in school by completing the Request to Administer Medicines Form.

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

Pupils in secondary school will only be given pain relief medication (Paracetamol) if parents/carers have given their consent on the child's registration form.

Members of staff responsible for giving a pupil any medication will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Pupils who require medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will carry these with them at all times. A spare will also be kept in the main school office.

Parents/carers are responsible for providing the school with an adequate supply of up-to date medication. School will inform parents/carers if medication is out of date and request an up-to-date supply.

Pupils are responsible for collecting their medication at the end of each day, if required at home.

At the end of the academic year parents/carers will be asked to collect all medication kept at school. With the exception of asthma inhalers and adrenaline pens, any uncollected medication will be disposed of using appropriate channels.

8.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as Methylphenidate (Ritalin).

All controlled drugs are kept in a secure cupboard 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.

8.2 Non-prescribed Medication

Certain non-prescribed over the counter medication (e.g. hay fever medication) can be administered at secondary school. Parents/carers can request for non-prescribed medication to be administered

in school by completing the Request to Administer Medicines Form. The same procedures for the storing and administering of prescribed medication apply to nonprescribed medication.

8.3 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed and agreed with parents/carers and the pupil and will be reflected in their IHPs.

Staff will not force a pupil 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 so that an alternative option can be considered, if necessary.

8.4 Sporting Activities

All schools within St Joseph Multi Academy Trust are clear about the need to actively support pupils with medical conditions to participate in sporting activities and not prevent them from doing so. The school will ensure that staff are aware if a child requires prescribed medication as a precautionary measure before taking part in PE or other physical activities, including any emergency procedures. Risk assessments will be carried out if considered necessary.

If a child wears a MedicAlert (e.g. a bracelet or necklace to alert others to a specific medical condition in case of an emergency) it may be necessary to consider removing it temporarily in certain circumstances, if there is a risk that it could cause an injury in games or practical activities. If temporary removal is agreed in the health care plan, staff will be made aware of the significance of the MedicAlert and arrange for its safekeeping.

8.5 Educational Trips and Visits

All schools within St Joseph Multi Academy Trust are clear about the need to actively support pupils with medical conditions to participate in school trips and visits and not prevent them from doing so.

Schools will make every effort to continue the administration of medication to a pupil whilst on a school trip or visit, even if additional arrangements are required. Appropriate risk assessments will be undertaken and agreed in a meeting with parents/carers prior to the trip/visit. This will be recorded on Evolve.

A named member of staff will be responsible for the storage, administration and recording of medication taken on a school trip or visit. This will be recorded on Evolve.

All staff on a school trip or visit will also be made aware of children's medical needs, procedures for the administration of medication and relevant emergency procedures. Concerns about a child's safety or the safety of others will be discussed with parents/carers and advice sought from the health visitor, school nurse or the child's GP. If deemed necessary, staff may need extra training or support in order to be able to administer the medication safely.

8.6 Home to School Transport

If supervision is necessary whilst travelling on Local Authority transport, this will usually be identified in the child's Education, Health and Care Plan (EHCP). Where appropriate, and with the consent of the parent/carer, individual Health Care Plans will be shared with home to school transport providers.

8.7 Refusing Medication

If a child refuses their prescribed medication, staff will not force them to take it. A record will be made if medication has been refused and parents/carers will be contacted the same day with details of when the medication was refused or was not administered for any other reason. If a refusal to take medication results in an emergency, the Trust's First Aid procedures will be followed.

9. Defibrillators

The school has an automated external defibrillator (AED). The AED will be stored in line with the Risk Assessment for each site.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

[Primary schools only] Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a monthly basis, and recorded on We Are Every.

10. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with Pediatric First Aid. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis on Arbor.

Secondary schools only- Pupils who have prescribed AAI devices can keep their device in their possession.

Primary schools only- Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the school office.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school can apply for a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

11. Unacceptable Practice

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

- Prevent pupils from easily accessing their inhalers and medication, and 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 (although this may be challenged);
- Ignore medical evidence or opinion;
- 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 pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively ;
- With the exception of non-prescribed medication, require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

12. Emergency Procedures

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

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

13. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils 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/delegated member of staff. 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 pupils
- 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.

12. Record Keeping

Schools will ensure that written records are kept of all medicine administered to pupils. Where appropriate, parents/carers will be informed if their child has been unwell at school (e.g. a child has been sick or repeatedly complained of feeling unwell). This will also apply to medicine administered during a school trip/visit.

IHPs are kept in a readily accessible place, which all staff are aware of.

13. Liability and Indemnity

The Trust board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk within St Joseph's schools.

St Joseph Multi Academy Trust is a member of the Department for Education's risk protection arrangement (RPA).

14. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher/delegated member of staff in the first instance. If the headteacher/delegated member of staff cannot resolve the matter, they will direct parents to the Trust's complaints procedure.

15. Monitoring - Across the Trust Estate

This policy will be reviewed by the Trust Board annually.


At every review, the policy will be approved by the Trust Board.

16. Links with other policies

This supporting pupils with medical conditions policy links to the following policies and documents:

- First Aid
- Administering Medication
- Off Site and Residential Visits
- Intimate Care Policy

17. Sign off

Presented & Approved by Trust Board	05.02.24
Signed by Chair of Trust Board	
Name of Chair of Trust Board	Ann Connor OBE
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Date of Review	January 2025

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