THAMESFIELD COLLEGE

CHANGING LIVES | CREATING FUTURES

Supporting Pupils with Medical Conditions Policy

Policy 0008 | Version 5

November 2026 | Review July 2027

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Supporting Pupils with Medical Conditions Policy

Changing Lives | Creating Futures

Policy statement

Thamesfield College supports pupils with physical and mental health conditions so they can attend, learn and take part safely. Staff work with pupils, families and healthcare professionals to agree individual support, manage medicines and respond promptly to emergencies.

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Version history

Version	Date	Changes
4	May 2024	NESSSS policy reviewed and retained.
5	November 2026	Thamesfield review against DfE and Surrey guidance; site coordinators confirmed; medicine safety, healthcare plans, emergency access and forms updated.

1 Purpose and scope

Thamesfield College supports pupils with medical conditions so they can access education, remain healthy and participate in school life. This includes physical and mental health conditions, whether a pupil also has special educational needs or a disability. Our arrangements reflect individual needs and our values of Integrity, Respect and Perseverance.

This policy applies at Hersham and Staines, during school visits and activities, and when Thamesfield staff provide medical support during outreach or other off-site provision. For dual-registered pupils and work delivered in another setting, the site coordinator agrees responsibilities, information sharing and emergency arrangements with the home or host school before the placement or activity starts.

The Management Committee fulfils its duty under section 100 of the Children and Families Act 2014 by ensuring suitable arrangements are in place. The school also meets its Equality Act duties and works with Surrey and healthcare professionals when illness affects access to education. This policy is read with Policy 0064 Allergy and Anaphylaxis and Policy 0004 First Aid.

2 Responsibilities

The Management Committee approves and monitors this policy, checks that training, staffing and resources are sufficient, and receives assurance about serious incidents and improvements. The Headteacher is accountable for implementation, authorises staff to administer medicines and ensures competent cover is available.

Site medical coordinators

Amy Young is the medical coordinator at Hersham. Julie Vile is the medical coordinator at Staines. Each maintains the site healthcare-plan register, coordinates plans and parental consent, briefs relevant staff, checks medicine arrangements and works with families and healthcare professionals. Each reports concerns to the Headteacher. The Headteacher appoints a competent deputy and agrees cover for absence, visits and changes of staffing.

Authorised staff administer medicines only within their training and the written instructions. A second staff member checks and countersigns routine administration. All staff know how to summon help, recognise relevant warning signs, follow healthcare plans, protect confidentiality and report mistakes or concerns immediately.

Parents provide accurate health information, emergency contacts, labelled in-date medicines and updates when treatment changes. Pupils contribute to their plans, tell staff when they feel unwell and follow agreed arrangements. The SENCO coordinates educational adjustments. Healthcare professionals advise on clinical support, plans and training; staff do not change prescribed treatment themselves.

3 Communication and admission

Medical information is requested at the joining interview and whenever a need is identified or changes. Appendix 1 records the information provided. The site coordinator seeks relevant plans and instructions from parents, the previous or home school and healthcare professionals, sharing information lawfully with those who need it to support the pupil.

Support should be agreed before admission where possible. Where a pupil joins at short notice or a new need is identified, the coordinator puts interim arrangements in place promptly and seeks clinical advice when necessary. A missing diagnosis, form or parental response must not lead to the school taking no action to support a pupil.

Parents can contact their site medical coordinator through the school office. Relevant teaching, support, temporary and supply staff receive the information they need before taking responsibility for a pupil. The policy is available on the school website and is explained through induction, staff briefings and training.

4 Individual healthcare plans

An individual healthcare plan (IHP) is agreed where it will help the school manage a pupil's medical needs safely. A separate IHP is not needed for every condition; the decision and reasons are recorded with parents and relevant healthcare professionals. If there is disagreement, the Headteacher makes the school's decision after considering clinical advice. Appendix 4 provides a working template.

The coordinator leads development of the plan with the pupil, parents and relevant healthcare professionals. It records the condition, symptoms, triggers, treatment, daily support, educational and emotional needs, emergency action, named staff and cover, training, consent, medicine access and arrangements for visits. A clinical action plan may form part of the IHP and must remain consistent with clinical instructions.

Plans are reviewed at least annually and sooner after a significant incident, near miss, change of treatment or needs, or a change in placement or staffing which affects support. The coordinator records the review date and shares the current version with those who need it. Families and pupils receive a copy. Clinical instructions are attached or referenced, and superseded copies are clearly withdrawn from use.

The site coordinator maintains the live register in Appendix 5 or an equivalent secure record. Current plans are kept centrally and securely at the site, with access for relevant staff and arrangements for immediate access in an emergency. Where additional copies are needed, the coordinator makes sure they are updated together. Relevant medical alerts on the school record system must reflect the current plan.

An allergy action plan can form the clinical part of an allergy IHP. Staff follow Policy 0064 and the current DfE allergy guidance when deciding what additional school arrangements need to be recorded.

5 Staff training and cover

The Headteacher and site coordinators identify training needs from the pupils' plans and the tasks staff will undertake. Staff receive suitable instruction and, where required, practical training and confirmation of competence from an appropriate healthcare professional. A first-aid qualification alone does not establish competence to manage a particular medical condition or administer its treatment.

Whole-school medical awareness is refreshed annually and through induction. Training on a specific procedure is renewed as advised by the healthcare professional or provider and whenever the pupil's needs or instructions change. Training, competence, restrictions and renewal dates are recorded using Appendix 6 or an equivalent register.

All staff complete allergy and anaphylaxis training annually and on joining the school, including practical use of trainer devices, as set out in Policy 0064. Supply staff receive a proportionate briefing and must not undertake a clinical task for which they are not competent. Parents contribute information but are not the sole source of training for a procedure requiring clinical competence.

Staff may volunteer to provide medical support, or do so where it is part of their role. The Headteacher ensures authorised, competent staff and cover are available. Plans cannot depend on a single member of staff being present. Emergency help must not be delayed while seeking a particular named person.

6 Administering prescribed medicines

Medicines are administered at school when this is needed to protect the pupil's health or enable attendance. Parents are encouraged to discuss with the prescriber whether doses can be scheduled outside school hours. Staff must not alter prescribed timings or doses to fit school routines.

- Obtain written parental agreement using Appendix 2, with current instructions for the medicine, dose, route, timing and any special precautions. Use a separate form for each medicine. Respect exceptional confidential prescribing arrangements and seek appropriate clinical advice.
- Accept in-date medicine labelled for the pupil, in its original pharmacy container, with clear instructions. Insulin may be supplied in a prescribed pen or pump. Check identity, label, consent, dose, route, time, expiry and the previous administration record before giving a dose.
- An authorised member of staff administers or supervises the medicine. A second member checks and countersigns routine administration. Record the dose immediately in Appendix 3 or the approved equivalent. Do not prepare or sign for a dose in advance.
- Give medicine privately where practicable, complete one pupil's administration before starting another, follow hygiene precautions and inform parents of any problem. Resolve any unclear or conflicting instruction with the parent and, where needed, a healthcare professional before routine administration.

7 Storage and access

Routine medicines are kept in the locked medicine cabinet or other agreed secure storage at the site, clearly separated and labelled for each pupil. Keys are controlled by authorised staff and kept in the agreed school-office location. Pupils must not have unsupervised access to other pupils' medicines.

Emergency medicines and devices, including prescribed inhalers and adrenaline pens, must be readily available and must not be locked away. Pupils may carry and use their own emergency medicines where their competence and agreed plan allow. Staff must know where emergency medicines are, who can help and how to obtain them promptly during lessons, breaks and activities.

Store medicines according to the manufacturer's instructions, including temperature and light requirements. Refrigerated medicine is secured appropriately without delaying authorised access; storage conditions are checked and recorded. Controlled drugs held by school are kept securely in a non-portable container with access limited to named staff. Record quantities received, administered, remaining and returned.

Do not split, crush, decant or otherwise alter a medicine unless the prescriber or pharmacist has given clear instructions and an appropriate arrangement has been agreed and recorded. Return expired or unwanted medicines to parents for safe disposal. Use the approved sharps arrangements for needles and used injectors. Appendix 7 records receipt, stock checks and returns. Staff keep their own medicines inaccessible to pupils.

8 Non prescribed medicines and paracetamol

The school does not routinely administer non-prescribed medicines other than its agreed paracetamol provision. Any additional exception requires the Headteacher's authorisation, written parental agreement and appropriate advice. No pupil under 16 is given aspirin unless prescribed by a doctor.

Authorised staff may give school-held paracetamol only with current written parental consent, renewed at least annually, and clear instructions. Establish when the pupil last had paracetamol, including at home, and check for other medicines containing it. Follow the product's age-appropriate instructions, dose limits and minimum interval; never give a further dose within four hours. If the last dose or instructions are uncertain, do not give a routine dose until clarified.

A staff member supervises the dose, a second checks and countersigns, the dose is recorded and the parent is notified in writing the same day. Do not give paracetamol for a headache associated with a known or suspected head injury. Seek appropriate assessment and advice.

9 Self management and refusal

The pupil's ability to manage or carry medicine is considered individually with parents and healthcare professionals, and recorded in the plan with any supervision needed. If a pupil refuses medicine, do not force them. Record the refusal, notify the parent promptly and follow the plan, seeking urgent medical advice or emergency help where needed. Record any later dose and notify those who need to know so it is not duplicated.

10 Emergencies and incidents

All staff have a duty to obtain appropriate help. In a serious or life-threatening emergency, call 999 and follow the pupil's emergency plan, relevant training and emergency-service instructions. Do not wait for the Headteacher, a particular first aider or parental permission before calling for help or taking appropriate action to save a life.

- Keep the pupil with a suitable adult, summon trained help and bring emergency medicine to the pupil. Do not send an unwell pupil to the office or medical room alone or with an unsuitable companion.
- Give emergency treatment promptly within the relevant plan and training. The routine two-signature check must not delay emergency treatment. Record the medicine, dose, time and person administering it as soon as it is safe to do so.
- Arrange for staff to meet the ambulance and provide the current healthcare plan, relevant medicines information and emergency contacts. Inform parents and a senior leader promptly. A member of staff stays with or accompanies the pupil until the parent or another appropriate adult takes over.

If the wrong medicine or dose is given, a dose is missed, or another medicine error is suspected, seek urgent professional advice and call 999 where appropriate. Tell the Headteacher and parent promptly, record exactly what happened and preserve relevant packaging and records. Do not give an extra or replacement dose without appropriate advice. The Headteacher reviews the causes and required action.

Treatment, refusals, errors, serious incidents and near misses are recorded promptly. Significant incidents are escalated and reported through Surrey's OSHENS arrangements and, where applicable, RIDDOR, in line with Policies 0004 and 0006. The school reviews the plan, training and systems after an incident and offers appropriate support to the pupil and staff.

11 Allergy and asthma arrangements

Policy 0064 sets out allergy prevention, staff food restrictions, food checks, allergy action plans, training and the response to anaphylaxis. Staff must follow those arrangements during lessons, food provision, rewards, visits and other activities. This medical policy does not replace the separate allergy policy or an individual clinical plan.

Spare adrenaline auto-injectors are kept at Staines reception and in the Hersham staffroom, safely and unlocked for prompt staff access. Site coordinators ensure locations are displayed, staff know them and the devices are checked monthly and replaced after use or before expiry. In suspected anaphylaxis, follow training and the current emergency action plan, give adrenaline promptly and call 999. Checking advance consent must not delay life-saving emergency treatment.

Thamesfield does not hold its own stock of emergency asthma inhalers. Pupils who need an inhaler must have their own prescribed, in-date inhaler and any prescribed spacer available, with clear instructions and an asthma plan where needed. Agreed self-carry arrangements must allow prompt access. If an inhaler is unavailable or symptoms are severe or fail to improve, obtain urgent medical help and follow the pupil's plan. Do not use another pupil's inhaler as routine school provision.

12 Access to education and visits

Pupils with medical conditions are supported to take part in lessons, physical education, food activities, trips and other school life through reasonable adjustments and individual planning. Staff listen to the pupil and family and consider relevant clinical advice. A diagnosis is not, by itself, a reason to exclude a pupil from an activity.

Before an off-site activity, the visit leader checks the healthcare plan, suitable staffing and trained cover, medicines, consent, transport, food and emergency access. Medicines travel in a suitable labelled container with the relevant instructions and administration record. Agree arrangements with external providers and ensure emergency medicines can reach the pupil promptly. Any concern is resolved with the coordinator and Headteacher through individual planning.

Where illness affects attendance, the coordinator, SENCO and attendance lead work with the pupil, family, home school and Surrey to maintain suitable education and plan reintegration. As soon as it is clear that health needs will prevent attendance for 15 days or more, consecutively or cumulatively in the school year, the school engages Surrey about suitable provision under section 19. Staff do not wait for 15 days to elapse before seeking support and can raise concerns earlier.

A reduced timetable is exceptional, based on the pupil's best interests, agreed with the parent and regularly reviewed with a proposed end date. It is not used to manage behaviour. Follow the Attendance Policy and current Surrey notification arrangements, involving the social worker or EHCP team where relevant. A pupil attending two settings while receiving full-time education must not be treated as being on a reduced timetable simply because attendance at Thamesfield is part-time.

Pupils will not automatically be refused attendance or sent home because medication or completed paperwork is missing. The coordinator urgently contacts parents, seeks clinical advice where needed and agrees a safe plan with the Headteacher. Any attendance decision must be lawful, based on the pupil's needs and safety, and promptly reviewed. Medical needs must not be managed through informal exclusion.

Staff must not penalise pupils for condition-related absence, prevent necessary food, drink or toilet breaks, or require parents to attend routinely to administer medicine as a condition of participation. Staff challenge bullying and avoid unnecessary restrictions. Catch-up learning and examination access arrangements are coordinated with teachers, the SENCO and the examinations team.

13 Records confidentiality and transfer

Keep written records of medicines administered, including self-administration supervised by school, with the pupil, medicine, dose, route, time, staff and any reaction or refusal. Record consent, receipt and return of medicines, plan reviews, training and relevant incidents. Routine first-aid records remain separate from medicine administration records.

Health information is protected as sensitive personal information. Share it with staff and agencies who need it for safe care using secure methods and the school's data-protection arrangements. Relevant emergency information must remain accessible when needed. Retain and dispose of records under the approved retention schedule; obtain advice from the data protection officer where necessary.

Before transfer, the coordinator agrees secure handover of current health information, plans and outstanding actions with the receiving or home school and parents. Record the handover and return or transfer medicines safely with appropriate agreement. Brief relevant staff promptly after any change and withdraw obsolete working copies.

14 Monitoring review and complaints

The site coordinators check healthcare-plan reviews, consent, medicine stocks and expiry dates, training and cover. They report gaps and significant incidents to the Headteacher promptly. The Headteacher ensures corrective action is completed and provides the Management Committee with appropriate assurance without unnecessarily disclosing individual health information.

Parents and pupils should raise concerns about medical support with the site coordinator or Headteacher. Unresolved concerns can be pursued through Policy 0019 Complaints. Concerns about safeguarding follow Policy 0001 immediately. Staff are covered through the school's applicable Surrey employer insurance arrangements when acting within authorised duties and training; the School Business Manager checks the scope of cover for specialist procedures before they begin.

The Management Committee reviews this policy at least annually and sooner after a serious incident, near miss or change in guidance, staffing, premises or provision which affects support. The next scheduled policy review is July 2027. Staff are briefed on changes and the published copy is kept current.

15 Related policies and guidance

Read with Policies 0001 Safeguarding and Child Protection, 0004 First Aid, 0006 Health and Safety, 0015 SEND, 0019 Complaints, 0024 Attendance and 0064 Allergy and Anaphylaxis, together with the school's data-protection, educational-visits and risk-assessment arrangements.

The following sources inform this policy. The Headteacher and coordinators monitor changes and obtain Surrey or healthcare advice where a pupil needs specialist support.

Department for Education - Supporting pupils at school with medical conditions, December 2015, published on the current GOV.UK guidance page.

View DfE guidance

Department for Education - Allergy safety in schools, July 2026.

View DfE guidance

Surrey County Council Strategic Risk Management - Supporting children and young people with medical conditions, Version 4, January 2023.

View Surrey guidance

Department for Education - Working together to improve school attendance, July 2026.

View DfE guidance

Department for Education - Arranging education for children who cannot attend school because of health needs, December 2023.

View DfE guidance

Surrey County Council - Medical Policy January 2026 on education for children who cannot attend school because of health needs.

View Surrey guidance

Legislation - Children and Families Act 2014 section 100 and Equality Act 2010.

View legislation

Policy and source review completed November 2026. School forms below may be replaced by equivalent approved records containing the same information.

Appendix 1 Medical information

Please complete on admission and tell the site medical coordinator promptly about any change. Use an additional sheet if needed. Do not include medical information about other pupils.

Pupil name	
Date of birth and year group	
Site and home school if dual registered	
Parent or carer name and relationship	
Main and alternative telephone numbers	
GP or surgery and contact details	
Relevant specialist or healthcare team	
Medical conditions and effect on school life	
Symptoms triggers and warning signs	
Allergies and relevant action plans	
Medicines taken at home	Name, dose, timing and any effect relevant to school care
Medicines required during school	Name, dose, route, timing and any special instructions
Medical equipment or access needs	For example, inhaler, spacer, glucose monitor or mobility equipment
Plans or clinical instructions supplied	
Anything else staff need to know	

I confirm that this information is accurate to the best of my knowledge. I will inform the school promptly of any change and supply current clinical instructions and prescribed medicines when required. This form does not replace the separate agreement for school to administer a medicine.

Parent or carer signature and date	
Received by school and date	

School use: review the information, agree whether an IHP is needed, record interim arrangements and update relevant staff and medical alerts.

Appendix 2 Parental agreement to administer medicine

Complete a separate form for each medicine. Provide prescribed medicine in its original labelled container. School must agree the arrangements before routine administration starts.

Pupil name and date of birth	
Site and year group	
Parent or carer and contact number	
Condition or reason for the medicine	
Medicine name strength and formulation	
Prescriber and prescription date	
Dose and route of administration	
Time frequency and course end date	
As required instructions if applicable	Include symptoms, minimum interval, maximum dose and when to seek advice
Expiry and storage instructions	
Side effects and precautions	Include action if a dose is missed, refused or vomited; attach clinical advice
Self administration arrangements	Staff administer / pupil self-administers with agreed supervision / other agreed plan
Relevant IHP or clinical instructions	
Last dose given before handover	Date and time; identify other relevant medicines already taken
Medicine supplied and quantity	Record receipt on Appendix 7
Parent notification arrangements	

I give permission for authorised school staff to administer or supervise this medicine in accordance with the instructions and the school policy. I will notify the school in writing of changes, provide updated instructions and in-date medicine, and collect medicine no longer required. I understand that staff will seek clarification where information is incomplete or inconsistent.

Parent or carer signature and date	
School authorisation and date	
Review date	

For school-held paracetamol, record the agreed product and age-appropriate instructions and renew consent at least annually. This form is not a barrier to reasonable life-saving action in an emergency.

Appendix 3 Record of medicines administered

Use for prescribed medicine, authorised paracetamol and supervised self-administration. Record each dose immediately. Record refusals, omissions and emergency treatment with the action taken. Routine administration requires two signatures; emergency treatment must not be delayed.

Pupil name date of birth and site	
Relevant consent and plan reference	
Medicine and instructions if fixed for this sheet	

Date	Time	Medicine dose and route	Given or supervised by	Checked by	Reaction refusal or other action

Parent notified by whom and when	
Incident report or advice reference	

For an emergency, enter the treatment, dose, time and person administering it as soon as safe. Attach additional information where needed. Never pre-sign a dose or erase an entry; correct errors transparently and initial the correction.

Appendix 4 Individual healthcare plan

Part 1 of 2. Complete with the pupil, parent or carer, relevant healthcare professionals and school staff. Attach current clinical action plans. This is a school support plan and does not authorise staff to alter prescribed treatment.

Pupil name and date of birth	
Site year group and home school	
Plan date version and review date	
Medical condition or diagnosis	
Parent or carer contacts	Primary and alternative names, relationships and telephone numbers
GP specialist and relevant clinical contacts	
School coordinator and deputy	
Symptoms triggers and warning signs	
Daily treatment or monitoring	
Medicines and equipment	Name, dose, route, timing, location, storage, side effects and attached administration instructions
Self management and supervision	What the pupil can do independently and when staff must help
Daily educational and pastoral support	Learning, communication, emotional or sensory needs, food, drink, rest, toilet access, physical activity and adjustments
Relevant clinical action plans attached	For example allergy, asthma, diabetes or epilepsy plan; record version/date

The coordinator checks that medical instructions, the administration agreement and this plan are consistent. Record any interim arrangements while further advice is obtained.

Appendix 4 Individual healthcare plan continued

Part 2 of 2. Keep with Part 1 and all current clinical instructions.

Pupil name and plan version	
What constitutes an emergency	Recognisable signs and symptoms; attach the clinical emergency action plan
Emergency action and treatment	What to do, which medicine to give, who to call, and when to call 999; follow clinical advice
Responsible staff and trained cover	During lessons, breaks, absence, visits and other activities
Staff training and competence	Task, training provider, staff trained, assessment and renewal arrangements
Visits transport and external providers	Medicine access, trained staff, food risks, venue arrangements and emergency contacts
Attendance and reintegration support	Links with attendance lead, SENCO, home school, Surrey and healthcare professionals as appropriate
Information sharing and plan location	Who needs the information, where current copies are held and how updates will be shared
Parent pupil and professional involvement	Names and roles; record consultation or reasons for any non-participation
Agreed actions before support starts	Responsible person and completion date
Review and changes	At least annually and sooner if needs, treatment or arrangements change

Parent or carer signature and date	
Pupil contribution or signature where appropriate	
School coordinator signature and date	
Healthcare professional input or approval	Name, role, date and source of clinical instructions; attach evidence if not signed here

Routine medicine administration consent is recorded separately in Appendix 2. Allergy action plans and emergency consent arrangements follow Policy 0064 and current guidance. Provide the family with the agreed plan and brief relevant staff.

Appendix 5 Healthcare plan register

Confidential working record. Maintain a live register at each site or an equivalent secure electronic record. This register identifies the current plan and support arrangements; it does not replace the IHP, prescription or medicine administration record.

Site and coordinator	
Date register checked	

Pupil and year	Condition or plan reference	Plan date and version	Review due	Lead and trained cover	Plan and medicine locations

Record changes promptly and brief relevant staff. Check review dates and the availability of trained cover. Withdraw superseded working copies of plans and complete a secure handover when a pupil changes site or setting.

Do not display this completed register publicly. Staff access is limited to those who need the information to support pupils safely.

Appendix 6 Staff training record

Use for whole-school awareness, condition-specific instruction, practical training and assessed competence. A first-aid qualification alone does not confirm competence for a medical task.

Staff member name and role	
Site and responsible coordinator	
Pupil condition or procedure covered	Use a secure pupil reference where appropriate
Training date and provider	
Content and learning outcomes	
Practical instruction or assessment	What was demonstrated or assessed, by whom and with what outcome
Competence confirmed and limits	Tasks authorised, any restrictions and additional support needed
Healthcare professional or assessor	Name, role, contact and signature or attached confirmation
Staff declaration and signature	I understand the agreed task, its limits, the current instructions and how to obtain help
Headteacher authorisation and date	
Renewal or reassessment due	
Interim cover or follow up action	

The coordinator updates the central training and cover record. Reassess competence if the pupil's treatment, equipment or needs change, or if an incident identifies a training need. Keep induction briefings and annual awareness attendance alongside this record.

Appendix 7 Medicine receipt stock and disposal record

Use for medicines received, stock checks, returns and disposal. For controlled drugs, keep an accurate running balance and restrict access to authorised staff. Use one sheet per pupil and medicine.

Pupil name date of birth and site	
Medicine strength and formulation	
Storage location and conditions	
Consent prescription and plan reference	
Quantity received and expiry date	
Date received and handed over by	
Receiving staff and checking signature	

Date and time	Received used returned or disposed	Quantity in or out	Balance held	Staff and checker	Recipient or advice reference

Stock or expiry concern and action	
Final return or approved disposal	Date, quantity, recipient or route, signatures and any follow-up

Match doses used to the administration record. Return unwanted or expired medicines to parents for safe disposal. Used needles and injectors follow approved sharps arrangements. Do not place medicines in ordinary waste or leave an unexplained discrepancy in the running balance.