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Norfolk House School

Policy for Supporting Pupils with Medical Conditions

Drafted with reference to the Department for Education's draft statutory guidance Supporting children and young people with medical conditions and allergy (March 2026)

Allergy safety lead: Irene Joannides (Muswell Avenue) and Vanessa Barreto (Princes Avenue)
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Introduction
This policy sets out how Norfolk House supports pupils with medical conditions so that they can access education fully, safely and on an equal footing with their peers, including in relation to attendance, participation in trips and extra-curricular activities, and the management of medication.

The policy has been drafted with reference to the Department for Education's draft statutory guidance Supporting children and young people with medical conditions and allergy (March 2026) ("the draft guidance"), which is intended to replace the 2015 guidance Supporting pupils with medical conditions at school.

This policy covers medical conditions generally, including those specified in Annex: Specific medical condition on pages 45-65 of Supporting children and young people with medical conditions and allergy (March 2026) ("the draft guidance"). It does not cover the identification and management of allergy safety risk, allergy awareness training, allergen management, adrenaline devices, or anaphylaxis emergency response – these are addressed in the school's separate Allergy Safety Policy, which should be read alongside this policy for any pupil with a known or suspected allergy.

This policy should be read alongside the school's Allergy Safety Policy, Safeguarding and Child Protection Policy, First Aid Policy, Equal Opportunities Policy, Special Educational Needs and Disability (SEND) Policy, Attendance Policy, Educational Visits Policy, Anti-Bullying Policy, Complaints Policy and Data Protection Policy for the school and EYFS.

A medical condition is a physical or mental health issue that can be diagnosed by a healthcare professional, requires management or treatment, and can affect a pupil's functioning. A condition is in scope of this policy if the school needs to put arrangements in place to support a pupil with it, whether through whole-school policy or individual arrangements. A formal diagnosis is not a precondition for support.

Principles: inclusive support for pupils with medical conditions
Every pupil has the right to education. [School Name] is committed to ensuring that pupils with medical conditions can attend regularly, be safe, feel welcome, and play a full part in school life. Where a medical condition presents a barrier to this, the school will work with the pupil, their parents and relevant health professionals to remove that barrier. Key principles underpinning this policy are:

- A 'can do' approach: the school will plan inclusively wherever possible, with individual adjustments as a supplement rather than the default
- Close cooperation with pupils, parents and health professionals to reach a shared understanding of a condition's impact and the right support
- Recognition that medical conditions may be invisible, may fluctuate, and that pupils may downplay or mask symptoms
- Protection of a pupil's dignity and privacy in all arrangements
- A whole-school approach, in which all staff – not only teaching staff – play their part
- Prevention of stigma and bullying relating to medical conditions
- Regular review of the effectiveness of support arrangements, adapting them in the light of experience
- Pupils are supported to take increasing responsibility for managing their own medical condition as is safe and appropriate for their age and understanding, and are able to access their medication quickly and easily at all times.

- Decisions about self-management are made individually, in discussion with the pupil, their parents and, where relevant, healthcare professionals, with the pupil's safety and best interests as the primary consideration.

Communication and language
Staff take particular care in how they communicate with pupils and families about medical conditions. Standard processes such as attendance warnings can feel unwelcome if a family is already under pressure and the health context is not recognised; communications in these circumstances will be timely, supportive and will signpost the help available. Staff will use neutral, non-judgemental language when discussing a pupil's condition (for example, describing blood glucose readings as "higher" or "lower" rather than "good" or "bad").

Good practice
The following practices are expected at Norfolk House with regard to the care and education of pupils, as well as working with families:

- Ensuring pupils access and are able to administer medication in line with their Individual Healthcare Plan (IHP) when and where necessary
- Providing flexible individual support to pupils with the same condition as necessary, understanding that older pupils may still need support rather than assuming they can self-manage
- Considering the views of the pupil, their parents, and accepting the advice of healthcare professionals
- Being aware that not all medical conditions are visible or obvious, and open to the possibility that a pupil has a medical condition without a formal diagnosis
- Supporting attendance, and inclusion in school activities (including lunch)
- Ensuring unwell pupils are supervised when going to an office or medical room; and in an emergency, ensuring help should come to the pupil
- Inclusion in attendance rewards, so that these are not impacted by medical-condition-related absence such as hospital appointments
- Enabling pupils to eat, drink and take toilet breaks, and rest where fatigue or pain requires it
- Not requiring parents to attend school to administer medication or provide medical support to their child
- Reduce barriers to participation in trips, sport or extra-curricular activities

This policy sets out how the school will:

- enable pupils with medical conditions to attend and participate fully in school life, including trips;
- identify pupils with medical conditions;
- train staff (including support, supply and cover staff);
- make reasonable adjustments under the Equality Act 2010;
- develop and review Individual Healthcare Plans;
- manage medication; respond in an emergency; handle concerns; and support pupil wellbeing.

Identifying pupils with medical conditions
The school keeps a confidential record of all pupils with a medical condition that may require support, including whether they have an IHP. Information is sought from parents (and, where appropriate, pupils themselves) before or as soon as possible after admission, including from a pupil's previous school. For pupils joining at the start of a term, arrangements are in place from day one; for mid-year admissions or new diagnoses in pupils already on roll, arrangements are put in place as quickly as possible.

Where a pupil already on roll is newly diagnosed, or their medical needs change, the school will review and update arrangements without delay.

Staff training
All staff – including teaching, support, supply and cover staff, and those running breakfast clubs and after-school clubs – are made aware of this policy and their role in it as part of induction. Where a pupil has a specific medical condition, the school considers what additional awareness or training relevant staff need, particularly for less common conditions, recognising that any member of staff may be called upon in an emergency.

Where a pupil has an IHP, staff likely to be involved in supporting them are made aware of its contents. Where the IHP requires a named member of staff to administer medication or deliver a care plan (for example for diabetes or seizures), that member of staff receives appropriate training, typically renewed annually unless healthcare professionals advise otherwise, and this responsibility is reflected in their role. A

first aid certificate alone does not constitute sufficient training to support a pupil's medical condition. Cover arrangements can be put in place to ensure pupils can access appropriately trained support relevant to their condition, in the event of staff absence; parents are not asked to act as a substitute.

Individual Healthcare Plans
An Individual Healthcare Plan (IHP) is a school-owned (non-clinical) document recording the arrangements the school will put in place to support a specific pupil's medical condition, including in an emergency.

Who needs an IHP
An IHP should be put in place wherever a pupil's medical condition requires the school to make supportive arrangements, including flexibility, reasonable adjustments, or medication (proactive or emergency). A formal diagnosis is not a precondition. Not every medical condition requires an IHP: some can be managed under this policy's general arrangements alone (for example, mild hay fever managed through non-prescription medication). It is for the Head, in discussion with parents and any relevant healthcare professionals, to decide whether an IHP is required. Where a pupil has an Education, Health and Care (EHC) plan specifying health provision, an IHP is still needed to set out the practical, supervisory and emergency detail an EHC plan may not contain.

Content of an IHP
The school will use the template provided by the DfE, together with the prompts to gather information about the child's needs. Where a child has an additional medical condition plan provided by a hospital or medical professional the IHP will be used in addition to create the IHP.

Drawing up and reviewing IHPs
IHPs are developed collaboratively with the pupil and their parents, taking full account of advice from healthcare professionals, which the school accepts at face value (it is not for staff to insist on evidence from a specialist rather than a GP or community nurse). Where a pupil transfers from another school, the previous IHP is used to inform – but not simply replace – a new IHP reflecting this school's own arrangements. IHPs are reviewed at least annually, whenever an updated Action Plan is issued, and following any serious incident or near miss.

Where a pupil has, or is suspected of having, an allergy but no clinical advice is yet available, the school will not dismiss the concern. It will put proportionate arrangements in place based on the best available assessment of risk, in discussion with the pupil and their parents, seeking advice from the school nurse or other healthcare professionals as needed.

Emergency situations
The school has arrangements for dealing with medical emergencies wherever they occur, including on trips. Staff are expected to use their best endeavours to secure a pupil's welfare in an emergency, in the same way a careful parent would; in general, the risk of taking no action is greater than the risk of trying to help. Where a pupil has an IHP, it will define what constitutes an emergency for that pupil, and set out: who identifies a potential emergency; who supports the pupil and fetches medication (the pupil is not moved to seek help – help comes to them); who calls emergency services and manages ambulance access; who contacts the pupil's family; and who manages other pupils or bystanders. If a pupil is taken to hospital, a member of staff stays with them until a parent arrives, or accompanies them by ambulance.

If a pupil experiences a life-threatening medical emergency, any member of staff, volunteer or bystander may take reasonable action to save their life. The law recognises that rescuers act under pressure; those who act in good faith are protected even if some injury results from emergency treatment. Hesitation carries greater risk than imperfect technique.

Medication
The First Aid policy details the administration, storage and safe-disposal of medication. Pupils are, wherever possible and appropriate, encouraged and permitted to carry and self-administer their own medication. Where this is not appropriate, medication is stored securely but remains quickly accessible to relevant staff at all times – not locked away in a manner that would delay access in an emergency.

Trips, clubs and after-school provision
Pupils with medical conditions are supported to participate fully and safely in trips, sporting fixtures and extra-curricular activities. A risk assessment is carried out for any pupil whose medical condition may affect their participation, in consultation with the pupil, their parents and, where needed, a healthcare professional. The default expectation is inclusion, making any adjustments required, unless clinical advice states that

participation is not possible; a parent will not be required to accompany their child in order for them to take part. At least one person holding a current paediatric first aid certificate accompanies children on outings.

The arrangements in this policy apply at all times a pupil is in the school's care and clubs. This includes staff/volunteer training, access to medication and IHPs, and awareness of relevant action plans.

Wellbeing and inclusion
Pupils with medical conditions are at higher risk of poor mental wellbeing, whether from anxiety about the support they will receive, the impact of a serious incident, social isolation, or a lack of understanding from peers or staff. The school actively supports the wellbeing of pupils with medical conditions, and their siblings and close friends where relevant, in a manner proportional to the nature and severity of the condition. Pupils and families are involved in developing and reviewing these arrangements.

Serious incidents and "near misses"
A serious incident is any event relating to a medical condition in which a pupil, member of staff or visitor is harmed, or placed at immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or emergency services attendance is required. A "near miss" is an event that did not result in harm but had the clear potential to do so. Near misses are recorded and reviewed with the same seriousness as actual incidents, since they reveal weaknesses before harm occurs; the school may also use simulated drills to test its arrangements.

Any serious incident or near miss involving a pupil, member of staff or visitor with a medical condition is recorded as soon as feasible, noting who was affected, what happened, why (so far as known), how staff and pupils responded, and how it concluded. The report is shared with the pupil's parents (or the individual involved) and with the proprietor, who will consider what lessons should be learned and whether this policy or the relevant IHP requires amendment. Consequences might not become apparent until after a pupil has left school, so reports may come from parents or healthcare professionals as well as staff.

Where an incident arose directly from a school work activity and resulted in death or hospitalisation, it is reportable to the Health and Safety Executive under RIDDOR; a pupil taken to hospital because of a medical condition itself (for example an asthma attack or seizure) is not reportable, as it did not arise from a work activity.

Safeguarding
An incident relating to a medical condition does not, of itself, indicate a safeguarding concern; a safeguarding referral is only appropriate where the circumstances suggest the pupil may be at increased risk of neglect, abuse or exploitation – for example, if essential medical information or medication is repeatedly withheld from the school.

The school's Complaints Policy permits complaints to be raised and investigated following a serious incident or near miss relating to a pupil's medical condition. In the rare and tragic event of the death of a pupil with a medical condition, the school will have regard to the statutory guidance Working Together to Safeguard Children and Child Death Review: Statutory and Operational Guidance (England), and will consider how to support pupils, staff and the bereaved family.

Relationship to the Allergy Safety Policy
Allergy – including the risk of a severe or life-threatening reaction (anaphylaxis) – is a medical condition within the scope of this policy, and pupils with allergy are supported under the principles set out above, including through an IHP where appropriate. Due to the specific and potentially rapid risk to life which anaphylaxis presents, Norfolk House maintains a separate, dedicated Allergy Safety Policy.