



Students with Medical Needs
Policy

Reviewed Date:	Reviewed By:	List of changes	Next Review
April 2026	Luke Collins	<ul style="list-style-type: none"> • Re-written with added student and staff information 	April 2027
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1. Statement of intent

New Direction School is committed to ensuring that students with medical needs, including physical health, mental health, neurodevelopmental, sensory, disability-related, emergency and long-term conditions, receive effective support so that they can access education, equine provision, off-site learning, social opportunities and school life as fully and safely as possible.

The school recognises that many students have special educational needs and/or disabilities and that medical needs may interact with emotional regulation, behaviour, attendance, safeguarding, communication and access to learning. Support will therefore be planned in a joined-up way, centred on the student, informed by parents/carers and relevant professionals, and proportionate to risk.

The school will not wait for a formal diagnosis before putting reasonable support in place where a medical need is evident or reported. Where there is uncertainty, leaders will make a careful judgement using the information available, including parent/carer information, student voice and professional advice where available.

2. Legal framework and guidance

This policy has been drafted with reference to current legislation and guidance relevant to independent special schools. It should be read alongside the school policies listed below and the latest versions of statutory guidance.

Key legislation and guidance includes: Children and Families Act 2014, particularly section 100; Equality Act 2010; Education Act 2002; Education Act 1996; Children Act 1989; Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; Health and Safety (First-Aid) Regulations 1981; Misuse of Drugs Act 1971; Human Medicines Regulations 2012 and amendments relating to emergency medicines; Medicines Act 1968; Food Information Regulations and Natasha's Law; UK GDPR and Data Protection Act 2018; Education (Independent School Standards) Regulations 2014; DfE Supporting pupils at school with medical conditions; DfE First aid in schools, early years and further education; DfE SEND Code of Practice 0 to 25 years; Keeping Children Safe in Education 2025; Working Together to Safeguard Children 2026; and UKHSA Health protection in children and young people settings, including education.

This policy operates alongside the Safeguarding and Child Protection Policy, SEND Policy and SEN Information Report, Accessibility Plan, Health and Safety Policy, First Aid and Medication procedures, Admissions Policy, Attendance Policy, Educational Visits Policy, Behaviour Policy, Positive Handling Policy, Data Protection Policy, Complaints Policy, Food/Allergen arrangements, and any Asthma, Allergy, Anaphylaxis, Diabetes or Epilepsy protocols used for individual students.

3. Definitions

For the purpose of this policy, "students with medical needs" means students with any physical or mental health condition requiring support in school. This includes short-term illness, long-term medical conditions, fluctuating conditions, life-threatening conditions, medication needs, emergency medication needs, health needs linked to SEND or disability, and health needs affecting attendance or access to education.

An Individual Healthcare Plan (IHP) is a practical plan setting out a student's medical condition, symptoms, triggers, medication, support, emergency arrangements, staff training requirements and arrangements for school activities. Not every medical need requires an IHP, but one must be considered where needs are long-term, complex, high-risk, require regular medication or emergency response, or require coordinated support.

4. Roles and responsibilities

The Proprietor, Yvonne Evans, has overall responsibility for ensuring that the school has suitable arrangements to support students with medical conditions and complies with legal duties relating to welfare, safeguarding, equality, health and safety and independent school standards.

The Directors, Luke Collins and Hannah Oliver, are responsible for ensuring this policy is implemented, that staff understand their responsibilities, that sufficient trained staff are available, that medical risks are considered in staffing and activity planning, and that arrangements remain effective during staff absence, off-site activities and changes in student need.

Luke Collins, Head of Education and DSL, has day-to-day strategic responsibility for this policy, including ensuring that IHPs are developed where needed, staff receive necessary information and training, emergency procedures are followed, and safeguarding concerns linked to medical needs are recorded and acted upon.

Hannah Oliver, Head of Equine Provision, is responsible for ensuring medical needs are considered in equine and yard activities, including risk assessment, supervision, hygiene, emergency access to medication and suitability of activities.

Nikki Morris, Head of Student Welfare and Communication and Deputy DSL, supports parent/carer communication, welfare coordination, medication arrangements, training records and information sharing with relevant staff.

Sarah Brown, SENCO, ensures that medical needs are considered alongside SEND provision, EHCP outcomes, reasonable adjustments, access arrangements, risk assessments and reintegration planning.

Laura Donaldson, receptionist, supports emergency contact information, communications with parents/carers, visitor and attendance arrangements, and administrative records as directed by senior leaders.

All staff must be aware of relevant medical needs for students they teach or supervise, know what to do in an emergency, follow IHPs and medication procedures, report concerns promptly, and record safeguarding concerns on CPOMS.

Parents/carers must provide accurate, up-to-date medical and emergency contact information, supply medication in accordance with this policy, participate in IHP reviews, and inform the school promptly of changes in condition, medication or professional advice.

Students will be involved in decisions about their care as far as is appropriate for their age, understanding, communication needs and best interests. Students who are competent to self-manage may do so where this is agreed and recorded.

5. Named trained staff and first aid arrangements

The school will maintain sufficient first aid and medication-trained staff, informed by a first aid needs assessment and by the specific medical needs of students on roll. The Health and Safety Policy identifies the following named first aiders: Laura Donaldson, El Beaty, Megan Wise, Libby Blackman, Trudi Watson, Joanna Haigh and Ellie Mae Hamilton-Wright. Staff trained for Forest Schools First Aid include Rachael Hardingham and Mike Steel.

Staff trained to administer medication are Trudi Watson, Rachael Hardingham and Nikki Morris. Only staff who have received suitable training, information and authorisation may administer medication or support medical procedures beyond general first aid.

Staff trained to support epilepsy, including the administration of buccal midazolam where authorised and required, are Rachael Hardingham, Trudi Watson, Nikki Morris, Libby Blackman, Lizzy Cleobury-Tyler, Joanna Haigh, Ellie Mae Hamilton-Wright, Emily Smith and Megan Wise.

First aid boxes are located in Office 1, Prior Building Kitchen, Prior Building Medical Room and the Feed Room. First aid supplies will be checked regularly and replenished as required. The school will monitor first aid, medication and emergency medication training expiry dates.

6. Admissions and notification of medical needs

Admissions will be managed in line with the Admissions Policy and equality duties. A student must not be refused admission simply because arrangements for their medical condition have not yet been made. Where a placement would be unsafe without further assessment or resources, the school will work with parents/carers, placing authorities and relevant professionals to identify whether reasonable arrangements can be made.

When the school is informed that a student has a medical condition requiring support, Luke Collins, Nikki Morris or another delegated senior member of staff will gather information from parents/carers, previous settings, placing authorities and relevant healthcare professionals. Where needed, an IHP meeting will be arranged.

For students joining at the start of an academic year, arrangements should be planned before admission where information is available. For mid-year starters or new diagnoses, interim controls will be put in place immediately where needed and a full IHP should normally be completed within two weeks, unless professional information is delayed.

7. Individual Healthcare Plans

The school, parents/carers, relevant healthcare professionals and the student where appropriate will decide whether an IHP is required. Where there is disagreement, Luke Collins will make the final school decision based on the available evidence and the student's best interests.

IHPs will be developed for students with complex, long-term, fluctuating, life-threatening or high-risk conditions; students requiring regular or emergency

medication; students whose medical needs affect attendance, learning, behaviour, communication, personal care or safeguarding; and students where a healthcare professional recommends a plan.

An IHP will normally include: the medical condition and diagnosis where known; symptoms, signs and triggers; medication, dose, route, timing, side effects and storage; emergency medication and response; daily care needs; dietary, personal care, mobility or environmental requirements; support for educational, social and emotional needs; staffing, training and cover arrangements; confidentiality and information sharing; arrangements for equine activities, off-site visits, transport and residential visits; emergency contacts; and review arrangements.

IHPs will be reviewed at least annually and sooner where needs change, medication changes, a student has a significant incident, there is a safeguarding concern, attendance is affected, a placement changes, or staff identify that controls are not working.

IHPs will be stored securely but made accessible to staff who need to know. Key emergency information must be available without delay in an emergency, while maintaining confidentiality as far as possible.

8. Staff training and competence

Staff will not be expected to carry out medical procedures or administer medication unless they have received suitable training, information and authorisation, except in genuine emergencies where delay would place a student at risk and staff act in good faith within their competence.

A first aid certificate alone does not constitute appropriate training for specific medical procedures such as administration of buccal midazolam, insulin, emergency adrenaline, diabetes monitoring or other condition-specific support. Training may be provided by a healthcare professional, school nurse, specialist nurse, competent training provider or other suitable professional. Parents/carers may provide useful advice but should not normally be the sole trainer for high-risk procedures.

Training records will identify the staff member, training type, trainer, date, expiry or review date, competency confirmation and any limitations. Staff induction will include first aid and medication arrangements, emergency procedures, safeguarding links, IHP access, infection control, reporting requirements and confidentiality.

9. Medication management

Medication will only be administered in school when it would be detrimental to the student's health, attendance or access to education not to do so. Medication will be administered in accordance with parental consent, medical instructions, pharmacy labels and this policy.

The school will normally only accept medication that is in date, labelled with the student's name, provided in the original container as dispensed by the pharmacist, and accompanied by clear written instructions. The exception is insulin, which may be provided in an insulin pen or pump but must still be in date and clearly identifiable.

Written parental consent is required before the school administers prescription or non-prescription medication, except in exceptional circumstances where a competent

young person has been prescribed medication without parental knowledge and confidentiality must be considered. Senior leaders will seek appropriate advice in such cases.

No student under 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief and non-prescription medication will only be administered in accordance with consent, dosage instructions and checks about previous doses. Parents/carers will be informed where medication is administered outside an agreed IHP.

Administration must be recorded, including student name, medication name, dose, route, date, time, staff member, witness where required, and any observed reaction or refusal. If a student refuses medication, staff must not force them. The IHP or medication procedure will be followed and parents/carers informed.

Controlled drugs, where held, will be stored securely in a non-portable locked container, recorded on receipt, administration and return, and accessed only by authorised staff. Emergency access must still be possible where delay would create risk.

10. Storage and emergency medication

Medicines will be stored securely in the medical room cabinet or medical fridge unless the IHP states a different arrangement. Medication requiring refrigeration will be stored in a dedicated medical fridge or clearly segregated and temperature monitored where required.

Emergency medication and devices, including inhalers, adrenaline auto-injectors, blood glucose monitoring equipment, glucose treatment, seizure medication and other emergency medicines, must be readily available to the student and staff. These must not be locked away where this would delay emergency treatment.

Students who are competent and authorised to carry their own inhaler, adrenaline auto-injector or other medication may do so where this is agreed with parents/carers and recorded in the IHP. A spare device may also be held by the school where supplied or permitted.

Expired, unused or discontinued medication will be returned to parents/carers for safe disposal. Sharps will be disposed of in a sharps box. Medication must not be disposed of in ordinary waste unless this is clearly appropriate and safe.

11. Allergies, anaphylaxis, asthma, epilepsy and other high-risk needs

Where a student has an allergy or risk of anaphylaxis, this must be clearly recorded in Arbor and, where required, an IHP or allergy action plan. The plan should identify allergens, symptoms, emergency treatment, adrenaline auto-injector arrangements, food controls, off-site arrangements and staff training.

Where a student has asthma, the school will ensure that inhalers are accessible, staff understand symptoms and emergency response, and triggers are considered in risk assessments.

Where a student has epilepsy or seizure risk, the IHP must specify seizure type, usual presentation, triggers, recovery position, timing, emergency response, when to call 999, medication such as buccal midazolam, trained staff, post-seizure care and parent/carer communication.

Where a student has diabetes, cardiac conditions, complex mental health needs, eating-related health needs, mobility needs, continence needs, sensory or communication needs, or other high-risk conditions, the IHP will identify adjustments, monitoring, emergency response, privacy, dignity and safeguarding considerations.

All medication is kept in the Medical Room

12. Medical needs, safeguarding and record keeping

Medical needs may be linked to safeguarding where there are concerns about neglect, fabricated or induced illness, unexplained injuries, medication misuse, failure to collect a sick child, unsafe transport arrangements, non-attendance linked to health, self-harm, eating-related harm, mental health crisis, peer-on-peer harm, adult conduct, or failure to follow agreed medical advice where this places a student at risk.

All safeguarding concerns must be reported to Luke Collins as DSL or to a Deputy DSL: Hannah Oliver, Emily Smith or Nikki Morris. Concerns must be recorded on CPOMS in accordance with the Safeguarding and Child Protection Policy.

Arbor will be used to record relevant student information, attendance and behaviour. Medication administration, IHPs, training records, accident/incident records and medical correspondence will be stored securely in accordance with data protection requirements. Information will be shared on a need-to-know basis and in the student's best interests.

13. Attendance, reintegration and alternative provision

The school will support students with medical needs to attend school as fully as possible, while recognising that some health needs may require absence, phased return, reduced timetable for a time-limited reason, hospital education, home tuition or alternative arrangements.

Absences related to a known medical condition will be considered in context and students must not be penalised for attendance patterns arising from their condition. However, repeated or prolonged medical absence will be monitored and supported through communication with parents/carers, placing authorities, health professionals and the SENCO.

Where a student is unable to attend school for health reasons for 15 days or more, whether consecutive or cumulative, the school will liaise with the relevant local authority regarding its duties to arrange suitable education and will support reintegration planning.

14. Off-site visits, transport, equine provision and physical activities

Students with medical needs will be supported to participate in visits, residential activities, equine provision, PE, Forest School and off-site learning wherever it is safe

and reasonable to do so. Medical needs must be considered in visit planning and risk assessment.

Risk assessments will consider medication, emergency medication, trained staff, travel time, remote locations, mobile signal, access for emergency services, food/allergens, toileting, fatigue, behaviour-related risk, supervision, equipment, weather, animal contact and infection control.

For equine and yard activities, staff must consider the student's medical condition alongside behaviour, sensory needs, medication side effects, seizure risk, allergies, mobility, fatigue, anxiety and the unpredictable nature of horses. Medical support arrangements must be available on the yard without delay.

Where transport is arranged by a local authority, the school will share relevant medical information lawfully and proportionately with the authority or transport provider where this is necessary for safety, particularly for life-threatening conditions.

15. Infection prevention and students vulnerable to infection

The school will follow current UKHSA guidance on health protection in children and young people settings. Some students may be more vulnerable to infection because of medical conditions, treatment, medication or disability. IHPs will identify any additional precautions and communication arrangements.

Staff and students will be encouraged to follow good hand hygiene, respiratory hygiene, cleaning and PPE procedures. Bodily fluid spillages will be managed using suitable PPE and cleaning products. Exposure to infectious diseases will be managed in line with UKHSA advice, including advice from the Health Protection Team where needed.

Parents/carers must inform the school of infectious illness where this may affect attendance, vulnerable students or outbreak control. The school will not maintain a fixed local exclusion list where national guidance changes; staff should check the latest UKHSA exclusion guidance.

16. Emergency procedures

All staff must know how to summon help in a medical emergency. Staff should call a first aider or trained medication staff member where this can be done without delay. Where a student is seriously ill, injured, unconscious, having breathing difficulty, experiencing anaphylaxis, having a seizure requiring emergency response, or otherwise at risk, staff must call 999 immediately.

Where an IHP is in place, staff must follow the emergency section of the plan. The IHP should state what constitutes an emergency, what action to take, which medication to administer, when to call 999, who contacts parents/carers, who meets the ambulance and where emergency medication is stored.

If a student is taken to hospital, a member of staff will remain with the student until a parent/carer arrives, unless emergency services advise otherwise or staffing risk makes this impossible. Staff must take relevant medical information, medication details and contact information where safe and appropriate.

17. Unacceptable practice

The school will not: assume that all students with the same condition need the same support; ignore student or parent/carer views; ignore medical evidence without good reason; prevent students from accessing medication or emergency devices; send an unwell student to the medical room alone where this would be unsafe; require parents/carers to attend school routinely to administer medication or provide personal care where the school can reasonably make arrangements; exclude students from trips, lunch, equine activities or curriculum opportunities without considering reasonable adjustments; penalise attendance where absence is linked to a medical condition; or refuse access to food, drink, toilet facilities or rest where these are required to manage a medical condition.

18. Complaints, liability and indemnity

Parents/carers or students who are concerned about support for medical needs should raise the matter with Luke Collins, Nikki Morris or another senior leader in the first instance. If the matter is not resolved, the school's Complaints Policy may be used.

The Proprietor will ensure that appropriate insurance is in place for school activities, first aid and medication administration. Avid Insurance Services Ltd is identified in the Health and Safety Policy as the current insurance provider. Staff acting within their training, authorisation and this policy will be supported by the school.

19. Monitoring and review

This policy will be reviewed annually by the Proprietor, Directors and senior leadership team, or earlier following changes to legislation or guidance, significant changes in student needs, a serious incident, safeguarding learning, or changes in staffing, premises or provision.

Implementation will be monitored through IHP reviews, medication records, training records, incident analysis, first aid needs assessment, CPOMS and Arbor records, parent/carer feedback, student voice, off-site visit evaluations and senior leadership review.

Appendix 1: Individual Healthcare Plan implementation procedure

- Medical need identified by parent/carer, student, previous setting, placing authority, healthcare professional or staff member.
- Senior leader gathers information and decides whether immediate interim controls are required.
- IHP meeting arranged where needed with parent/carer, student where appropriate, relevant staff and professionals where available.
- IHP drafted, checked for accuracy, and shared securely with staff who need to know.
- Training and competency checks completed before staff undertake specific procedures, wherever possible.
- Medication, emergency medication and equipment received, labelled, recorded and stored/accessed appropriately.

- IHP reviewed annually and sooner following changes, incidents, medication updates or concerns.

Appendix 2: Individual Healthcare Plan template

Section	Details to complete
Student details	Name; date of birth; class/group; address; photograph where helpful; Arbor reference where used.
Medical condition	Diagnosis/condition; date identified; summary of need; whether condition is long-term, fluctuating, emergency or disability-related.
Family contacts	Names, relationship, phone numbers, priority order and availability.
Healthcare contacts	GP, consultant, specialist nurse, school nurse, CAMHS or other relevant professional.
Symptoms, signs and triggers	What staff may see; known triggers; warning signs; environmental considerations.
Daily care requirements	Medication, food/drink, rest, toileting, mobility, sensory, emotional regulation, monitoring, personal care or equipment.
Medication	Name, dose, route, timing, storage, side effects, expiry, who administers, self-management arrangements.
Emergency plan	What constitutes an emergency; immediate actions; emergency medication; when to call 999; who contacts parents/carers; post-incident support.
Staff training	Named trained staff; training required; date completed; review/expiry date; cover arrangements.
Educational access	Adjustments for lessons, examinations, PE, equine provision, Forest School, outdoor learning and unstructured times.

Trips and transport	Medication/equipment to be taken; staffing; emergency access; transport information sharing.
Confidentiality	Who needs to know; what information can be shared; student wishes.
Plan agreed by	Parent/carer, student where appropriate, school lead, health professional where involved.
Review date	Annual review date and triggers for earlier review.

Appendix 3: Parental agreement for school to administer medicine

Field	Information
Student name	
Date of birth	
Group/class	
Medical condition or illness	
Name of medicine	
Expiry date	
Dose and method of administration	
Timing/frequency	
Special precautions or storage instructions	
Possible side effects	
Self-administration agreed?	Yes / No
Emergency procedures	
Parent/carer name and relationship	
Telephone number	

Address	
Medicine delivered to	Name and position of staff member
Parent/carer declaration	I confirm that the information provided is accurate. I give consent for authorised school staff to administer medicine in accordance with the school policy. I will inform the school immediately in writing of any change in dosage, frequency, medication or medical advice.
Parent/carer signature and date	

Appendix 4: Record of medicine administered to an individual student

Student name	
Group/class	
Medicine name and strength	
Dose and frequency	
Date medicine provided by parent/carer	
Quantity received	
Expiry date	
Quantity returned	
Parent/carer signature on return	

Date	Time	Dose given	Route	Administered by	Witness if required	Reaction/refusal/notes	Signature

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Appendix 5: Record of all medicine administered

Date	Student name	Time	Medicine	Dose	Reason/not es	Reaction/refusal	Staff name/signature

Appendix 6: Staff training record - administration of medication or medical procedure

Field	Information
Staff member	
Training/procedure	
Condition/medication covered	
Trainer name and role	
Training provider/organisation	
Date completed	
Competency confirmed?	Yes / No
Review/expiry date	
Limitations or conditions	
Trainer signature	
Staff signature	
Senior leader sign-off	

Appendix 7: Contacting emergency services

Request an ambulance: dial 999, ask for ambulance, and be ready with the information below. Speak clearly and slowly and be prepared to repeat information.

- The school telephone number: 01246 810456.
- Your name and role.
- The full school address and postcode.
- The exact location of the student within the school or site, including yard/equine area if relevant.
- The student's name, age and a brief description of symptoms or injury.
- Medication administered, including time and dose.
- The best entrance to use and who will meet the ambulance crew.
- Whether parents/carers have been contacted.

Appendix 8: Medical incident reporting form

Field	Details
Date and time of incident	
Location	
Name of ill/injured student	
Description of illness, injury or medical episode	
Known medical condition/IHP?	
First aid or medical support provided	
Medication administered, if any	
Emergency services contacted?	
Parent/carer informed? By whom and when?	
Witnesses	
Safeguarding concern identified? CPOMS record?	
Senior leader informed	
RIDDOR/Ofsted/placing authority notification considered?	

Further action or review required	
Form completed by and date	

Appendix 9: Medical needs checklist for off-site visits and equine activities

Check	Yes/No/Action
Relevant IHP reviewed by visit/activity lead	
Medication and emergency medication available without delay	
Named trained staff attending or available	
Parent/carer emergency contact details available	
Emergency services access and postcode/location known	
Allergens, food, drink and dietary needs considered	
Toileting, fatigue, mobility, sensory and communication needs considered	
Behaviour, safeguarding and medical risks considered together	
Transport provider/local authority informed where necessary and lawful	
Staff know what to do in an emergency	

