

THE MOUNT SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

POLICY

2026–2027

Version	1.0
Policy writer	Euan Burton-Smith
Last updated	August 2026
Effective from	1 September 2026
Review date	August 2027
Approval	Approved by Chris Sellers – Director / Proprietor

This policy establishes The Mount's whole-school arrangements for pupils with medical conditions. It should be read with the separate Allergy Safety Policy, Medication Policy/procedures, First Aid Policy, SEND Policy, Attendance Policy, Safeguarding & Child Protection Policy and EYFS procedures.

1. Policy status and principles

The Mount is an independent school. Section 100 of the Children and Families Act 2014 and the Department for Education statutory guidance Supporting pupils at school with medical conditions are not currently imposed on ordinary independent schools in the same way as on maintained schools, academies and PRUs. The Mount nevertheless adopts the core standards of that guidance as good practice and meets the Equality Act 2010, safeguarding, Independent School Standards and EYFS duties that apply to it.

The DfE confirmed in July 2026 that its existing medical-conditions guidance remains in force while revised guidance is prepared. The Mount will review this policy when revised guidance or independent-school regulatory requirements are introduced.

Pupils with medical conditions should be properly supported so that, so far as reasonably possible, they can access education, trips, physical education, clubs and wider School life safely and without unnecessary restriction.

2. Aims

- support pupils to remain safe, healthy, included and able to learn;
- ensure medical needs are identified before or promptly after admission and when needs change;
- use Individual Healthcare Plans (IHPs) where coordinated written planning is necessary;
- ensure sufficient trained and competent staff are available for foreseeable needs and emergencies;
- listen to pupils and parents/carers and take appropriate healthcare advice into account;
- make reasonable adjustments for disabled pupils;
- connect medical planning with SEND, safeguarding, attendance, trips and emergency arrangements;
- record and learn from serious incidents and near misses; and
- avoid unnecessary exclusion from education because of a medical condition.

3. Roles and responsibilities

3.1 Director / Proprietor

The Director/Proprietor provides oversight and assurance that the School has appropriate medical arrangements, policies, resources and implementation.

3.2 Headteacher

The Headteacher has overall operational responsibility for implementation, including ensuring that staff know the arrangements, appropriate plans are in place, training is organised and concerns are escalated.

3.3 Medical/First Aid lead

The Headteacher will designate an appropriately competent member of staff to coordinate day-to-day medical records, medicines and IHP administration. The named role and cover arrangements must be communicated to staff and reviewed whenever staffing changes.

3.4 SENDCO and DSL

The SENDCO coordinates with medical planning where a pupil also has SEND. The DSL is involved where a medical presentation, injury, treatment pattern, missed healthcare, fabricated/induced illness concern, neglect, self-harm, eating difficulty, repeated clinical incident or other information raises a safeguarding issue.

3.5 Staff

All staff must know how to summon first aid/emergency assistance and must follow individual plans relevant to pupils they supervise. Staff must not undertake a delegated healthcare task for which they have not received the necessary instruction/training and been judged competent.

3.6 Parents/carers and pupils

Parents/carers should provide accurate, current information, medicines/equipment and healthcare documentation needed for safe care. Pupils should be involved according to age, maturity and communication needs and supported to manage their condition independently where appropriate.

4. Notification of a medical condition

Parents/carers must notify the School of significant medical conditions, allergies, medication, seizures, diabetes, asthma, cardiac conditions, eating/drinking needs, mobility issues, mental-health related medical needs and other conditions that may require support.

Information may arise at admission, from parents, healthcare professionals, the pupil, a previous setting or through an incident. New information must be passed promptly to the designated medical lead and, where relevant, SENDCO/DSL.

A child will not be denied routine access to education merely because medical planning takes work. Where immediate safety arrangements are genuinely necessary before attendance can begin or resume, leaders will act promptly to obtain information, training and equipment and will keep any temporary restriction to the minimum necessary.

5. Individual Healthcare Plans (IHPs)

An IHP will be used where a pupil's condition requires coordinated arrangements beyond straightforward first-aid or routine medication records. The decision is based on complexity, risk and the need for staff to have a shared plan, not solely on diagnosis.

An IHP should normally record:

- condition, symptoms, triggers and signs of deterioration;
- the pupil's own account and communication needs;
- medication, dosage, timing, storage and administration arrangements;
- equipment and access requirements;
- emergency action, including when to call 999;
- staff roles, training/competence and cover;
- dietary, allergy, eating/drinking or intimate-care requirements where relevant;
- reasonable adjustments to learning, attendance, PE, trips and School routines;
- what the pupil can manage independently;
- parent and healthcare-professional contacts;
- confidentiality/information-sharing arrangements;
- contingency arrangements for staff absence, supply staff and off-site activities;
- review date and triggers for earlier review.

IHPs will be developed with parents/carers, the pupil where appropriate and relevant healthcare professionals. The School will not require a healthcare professional to sign every plan if sufficient reliable information is otherwise available, but clinical instructions must not be invented or altered by School staff.

Plans will be reviewed at least annually and sooner following a change in condition/treatment, significant incident or near miss, hospital admission, parental/professional advice, transition or evidence that the plan is not working.

6. Medicines

Detailed medicine handling will be governed by the School's Medication Policy/procedures. Core principles are:

- medicines are administered only in accordance with the School's procedures and appropriate parental/clinical instructions;

- prescription medicines should normally be in the original pharmacy-labelled container unless a lawful/clinically appropriate arrangement says otherwise;
- records are kept of administration and significant refusals/omissions;
- medicines are stored securely but remain quickly accessible in an emergency;
- pupils may carry/administer their own medicine where this is appropriate, risk assessed and agreed;
- emergency medicines such as inhalers, adrenaline auto-injectors and seizure rescue medication must be accessible without avoidable delay;
- staff must not alter dosage or clinical instructions without authorised advice; and
- errors, missed doses and adverse reactions are responded to clinically and recorded/reviewed.

7. Emergency response

Where a pupil is seriously ill, injured, unresponsive, having a prolonged/severe seizure, experiencing anaphylaxis, significant breathing difficulty or another potentially life-threatening emergency, staff will call 999 without delay and follow first-aid/IHP instructions.

Parents/carers will be contacted as soon as practicable, but parental contact must not delay emergency treatment or an ambulance call.

A member of staff will accompany a child to hospital where necessary until a parent/carer assumes responsibility, subject to maintaining safe staffing for other pupils.

Staff will provide paramedics with the IHP, medication information and relevant emergency details where available.

8. Seizures and rescue medication

A pupil with known seizures requiring School support should have an IHP setting out seizure type/presentation, expected duration, first-aid response, recovery arrangements, emergency thresholds and any prescribed rescue medication.

Only trained/competent staff will administer prescribed rescue medication such as buccal midazolam where required. Cover arrangements must ensure foreseeable activities, including trips, are not dependent on a single trained individual.

Any first seizure, seizure materially different from the pupil's known pattern, prolonged seizure, repeated seizure without expected recovery, breathing concern, serious injury or other emergency feature will trigger 999 in accordance with the plan and first-aid guidance.

9. Asthma, diabetes and other common long-term conditions

The School will ensure pupils can access necessary inhalers, glucose/diabetes equipment and other essential treatment promptly. Individual arrangements will reflect the child's age, independence and clinical advice.

Staff supervising PE, swimming, trips and clubs must know the essential emergency information for pupils in their care without being given unnecessary confidential detail.

10. Allergy and anaphylaxis

Allergy safety is sufficiently significant to require a separate published Mount Allergy Safety Policy. This medical policy therefore sets the overarching framework but does not replace allergen controls, allergy IHPs, staff training, adrenaline arrangements, food/event risk management and serious-incident/near-miss learning contained in that policy.

The DfE published Allergy safety in schools statutory guidance in July 2026. It is not yet statutory for independent schools, but the Department has stated an intention to introduce requirements through the relevant independent-school regulatory standards. The Mount will use it as the benchmark for its separate Allergy Safety Policy.

11. EYFS and Nursery

For children in the EYFS, the current EYFS statutory framework takes precedence where it sets specific welfare requirements concerning medicines, accidents/injuries, first aid, allergies, information for parents and staff suitability/training.

EYFS medicine administration and records will comply with the framework. Parents will be informed of medicine administered on the day or as otherwise required by the framework/procedure.

For babies and young children, medical planning will also consider feeding, choking risk, allergies, febrile illness/seizure history, sleep, intimate care and the child's limited ability to describe symptoms.

12. Medical conditions and safeguarding

KCSIE 2026 makes clear that having a medical condition is not by itself an indicator that a child is at greater safeguarding risk. However, clinical incidents or patterns may trigger safeguarding concerns depending on the circumstances, and staff must remain professionally curious.

- injuries inconsistent with the explanation or developmental stage;
- persistent failure to obtain necessary medical care or provide prescribed treatment;
- fabricated or induced illness concerns;
- self-harm, eating disorder or suicidal ideation/plans;
- unexplained deterioration or repeated presentations;
- a child expressing fear about treatment, care or a particular adult;
- medical/SEND communication needs making disclosure harder; or
- adult conduct during intimate or delegated healthcare tasks.

Safeguarding concerns are reported to the DSL immediately. Medical confidentiality does not prevent necessary safeguarding information sharing.

13. Mental health and medical needs

Mental and physical health interact. Where a pupil has self-harm, eating-disorder or suicide-related concerns, staff will follow safeguarding and emergency procedures as well as any clinical plan. Immediate danger requires 999/urgent medical help.

Staff will not diagnose mental-health conditions. The School will work with parents and appropriate professionals and will make reasonable educational adjustments where needed.

14. SEND, disability and reasonable adjustments

Some pupils with medical conditions are disabled under the Equality Act 2010 and some also have SEND. The School will coordinate medical and SEND planning and make reasonable adjustments where required.

Adjustments may include rest breaks, access to toilets/water/food, modified uniform, movement, reduced exposure to triggers, adapted PE, flexible arrangements for appointments, access to medication/equipment or adjustments to assessment and routines.

15. Attendance, absence and reintegration

Medical absence will be managed in accordance with the Attendance Policy. The School will not automatically demand medical evidence for every short illness and will consider evidence proportionately.

Frequent or prolonged absence should prompt support, liaison with family/professionals and planning to reduce educational/social impact. Reintegration following hospitalisation or significant illness should be planned where necessary.

A temporary part-time timetable will be exceptional, time-limited, agreed and reviewed; it must not become a substitute for reasonable adjustments or appropriate medical/SEND support.

16. Physical education, swimming, trips and clubs

Medical conditions should not lead to blanket exclusion from PE, swimming, trips, residential visits, clubs or performances. Risk assessment and reasonable adjustments will be used to enable participation wherever reasonably possible.

Trip leaders must identify relevant medical needs during planning, ensure medicines/equipment travel with the pupil, identify trained staff, know emergency arrangements and consider access to emergency services.

Where a pupil's plan requires individual adult support, the risk assessment must address what happens if that adult is absent or becomes unavailable.

17. Staff training and competence

Training will be proportionate to pupil needs and the tasks staff undertake. No staff member will be expected to perform a healthcare procedure requiring training until they have received suitable instruction and are considered competent.

Training may include allergy/anaphylaxis, asthma, epilepsy/seizure rescue medication, diabetes, feeding, moving/handling or other delegated healthcare tasks according to the School's pupil profile.

Training records will include subject, trainer, staff attending, date and any expiry/refresher requirement. Leaders will plan cover so that competence is available throughout the relevant School day and activities.

18. Unacceptable practice

The School will avoid practices such as:

- preventing pupils from easily accessing prescribed/emergency medication without good reason;
- assuming every pupil with the same diagnosis requires identical support;
- ignoring the views of the pupil, parents or relevant healthcare professionals without proper consideration;
- sending pupils home routinely or excluding them from activities solely because of a medical condition;
- penalising attendance where absence relates to the medical condition without considering context and support;
- requiring parents to attend School routinely to administer medicine as the only means of enabling attendance where reasonable School arrangements could be made;
- preventing pupils from drinking, eating, resting or taking toilet breaks where needed to manage their condition;
- requiring a pupil to remain with medical staff unnecessarily rather than participating in normal School life; or
- using a part-time timetable or informal exclusion to avoid supporting medical needs.

19. Serious incidents and near misses

A serious medical incident or significant near miss will be reviewed to identify learning. The review will consider the IHP, staff response, training, medicines/equipment, communication, supervision, environmental factors, emergency response and whether safeguarding issues arose.

The review will record actions, responsible persons and completion dates. The Headteacher/DSL will consider external notification requirements, including Ofsted for EYFS where applicable, RIDDOR where legally reportable, safeguarding agencies or other bodies according to the facts.

20. Information sharing and confidentiality

Medical information is confidential personal data, often special-category data. It will be shared only with staff who need it for education, care, safety or safeguarding.

The School will ensure essential emergency information is accessible to relevant staff, including supply staff and trip leaders, while avoiding unnecessary circulation of detailed diagnoses.

Medical records will be stored securely and retained according to the School's data-retention arrangements.

21. Complaints and concerns

Parents/carers should raise concerns about medical support promptly with the Headteacher or designated medical lead so that arrangements can be reviewed. Formal complaints may be made under the School's Complaints Procedure.

A concern that a child is unsafe, neglected or has been harmed by an adult must be raised under the Safeguarding & Child Protection Policy and must not wait for a complaints process.

22. Monitoring and review

The Headteacher will monitor implementation, including IHP quality, staff competence, medication incidents, emergency responses, participation, attendance and serious incidents/near misses.

The Director/Proprietor will receive appropriate assurance that systems are effective. This policy will be reviewed at least annually and when revised DfE medical-condition guidance or independent-school requirements are introduced.

Appendix A – Medical incident / near-miss review

Pupil / date / time / location:

Condition / relevant IHP:

What happened:

Symptoms/signs observed:

Immediate response:

Medicine/treatment administered:

999/111/healthcare advice:

Parent contact:

Outcome:

Was the IHP followed? If not, why?

Was medicine/equipment available and in date?

Were trained staff available?

Communication/handover issues:

Environmental/supervision factors:

Safeguarding concern? DSL action:

External notification considered/made:

Learning/actions:

Responsible person/deadline:

Headteacher review:

Appendix B – Staff emergency prompt

- 1. Make the child safe and summon a first aider/medical support.
- 2. Follow the child's IHP/emergency instructions.
- 3. If potentially life-threatening, CALL 999 — do not wait for a parent.
- 4. Give prescribed emergency medicine if trained/authorised and indicated.
- 5. Send the IHP/medicine information with ambulance staff where available.
- 6. Contact parent/carers as soon as practicable.
- 7. Inform Headteacher/DSL where serious, unusual or safeguarding-related.
- 8. Record treatment/medicine and complete incident/near-miss review where required.