St Dunstan's College

PART OF
ST DUNSTAN'S EDUCATION GROUP

SUPPORTING PUPILS WITH MEDICAL AND DIETARY NEEDS POLICY

Policy owner	Chief Operating Officer
ISSR reference	
Date of review	Autumn 2026
Approved by	Part A: Group Board; Part B: Head and School Leadership Team, with assurance through the Local School Board
Date of next review	Autumn 2027

Version Control Information

Reason for Amendment	Role	Date	Main Changes	Reason for Amendment

PART A

GROUP POLICY

1. Aims

St Dunstan's Education Group is committed to ensuring that pupils with medical and dietary needs are safe, supported and able to participate fully in school life.

This policy provides the overarching Group framework for supporting medical and dietary needs. Certain conditions or risk areas are also governed by more detailed specialist policies and procedures. In particular, allergy prevention, preparedness and emergency response are addressed in the SDEG Allergy Safety Policy. Where this policy and a specialist policy address the same matter, they shall be read together, with the specialist policy providing the more detailed requirements for that condition or risk area.

The Group aims to:

- support pupils with medical and dietary needs effectively and consistently;
- safeguard pupils' health, wellbeing and dignity;
- enable participation in all aspects of school life wherever reasonably possible;
- identify needs at the earliest opportunity;
- work in partnership with parents, carers and healthcare professionals;
- promote increasing independence where appropriate;
- ensure staff have appropriate information, training and support;
- make reasonable adjustments where appropriate.

The welfare of the pupil shall remain central to decision-making.

2. Legislative and regulatory framework

This policy has regard to:

- Section 100 of the Children and Families Act 2014;
- Equality Act 2010;
- SEND Code of Practice;
- Supporting Pupils with Medical Conditions at School;
- Early Years Foundation Stage Framework;
- Food Information Regulations;
- Independent School Standards;
- relevant DfE, DHSC and NHS guidance.

This policy should be read alongside:

- Allergy Safety Policy;
- Safeguarding and Child Protection Policy;
- Health and Safety Policy;
- First Aid Policy;

- Educational Visits Policy;
- SEND Policy;
- Accessibility Plan;
- Equality, Equity, Diversity and Inclusion Policy;
- Food and Nutrition Policy;
- Complaints Policy.

3. Definitions

Medical Need
Any physical or mental health condition, illness, disability or medical requirement that may affect a pupil's ability to access education safely.

Dietary Need
Any dietary requirement arising from allergy, intolerance, medical condition, disability, cultural practice, religious observance or ethical belief.

Individual Healthcare Plan (IHCP)
A documented plan setting out the arrangements required to support a pupil's medical needs.

Reasonable Adjustment
A change to provision, practice or environment designed to reduce disadvantage experienced by a pupil.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Inclusion and Reasonable Adjustments

The Group is committed to an inclusive environment in which pupils with medical and dietary needs can thrive.

Reasonable adjustments may include:

- adaptations to teaching;

- examination arrangements;
- catering arrangements;
- environmental adjustments;
- access to medication;
- additional supervision;
- educational visit adjustments;
- sporting participation arrangements.

The Group recognises that pupils with the same diagnosis may require different arrangements.

The Group will use its best endeavours to support pupils with medical and dietary needs and facilitate participation in all aspects of school life wherever reasonably possible.

5. Participation and Decision-Making

The Group starts from a presumption that pupils with medical and dietary needs will participate fully in school life.

When considering participation, schools will:

- consider individual circumstances;
- consult parents and carers;
- seek medical advice where appropriate;
- involve the pupil where appropriate;
- consider reasonable adjustments;
- assess foreseeable risks;
- balance benefits and safety considerations;
- record significant decisions.

Restrictions will only be imposed where there is a clear and evidenced safety rationale.

No pupil shall be excluded solely because of a medical or dietary need where reasonable adjustments can enable participation.

Pupils should not be disadvantaged solely because attendance, participation or educational provision is affected by a medical condition.

6. Partnership with Parents and Carers

The Group recognises parents and carers as essential partners.

The Group will:

- involve parents in planning support;
- communicate clearly;
- review arrangements regularly;

- seek parental views when making significant decisions.

Parents and carers are expected to:

- provide accurate information;
- notify schools of changes promptly;
- provide medication and equipment where required;
- ensure medication remains in date;
- participate in reviews where appropriate.

7. Voice of the Pupil and Independence

Pupils are often best placed to explain the impact of their condition.

Pupils should be involved, where appropriate, in decisions regarding:

- healthcare plans;
- support arrangements;
- participation in activities;
- transition arrangements.

The Group encourages pupils, where developmentally appropriate and medically safe, to develop increasing independence in managing their medical needs.

8. Confidentiality and Information Sharing

Information regarding medical and dietary needs will be shared on a need-to-know basis.

The Group will seek to respect pupil confidentiality while recognising that information may need to be shared where this is necessary:

- to safeguard the pupil;
- to protect others;
- to deliver appropriate support;
- to comply with legal obligations.

9. Roles and Responsibilities

St Dunstan's Education Group Board is responsible for:

- approving Part A of this policy;
- ensuring adequate resources;
- receiving assurance;
- holding the CEO accountable.

Local School Boards are responsible for:

- receiving local assurance;
- reviewing significant issues;

- supporting and challenging school leadership.

CEO
- ensures implementation across the Group;
- securing appropriate resources;
- receives reports regarding significant incidents.

COO
- maintains Part A of this policy;
- monitors compliance;
- reports to the Group Board.

Heads of School and Group Head of Nurseries
- implement this policy within their setting, making sure all staff are aware of this policy;
- approve and maintain Part B;
- make sure that there is enough trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations
- ensure pupils receive appropriate support.

Medical Leads
- coordinate medical support arrangements;
- maintain records;
- develop and review IHCPs;
- arranging appropriate and relevant training;
- liaise with healthcare professionals.
- make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Educational Visits Coordinators
- ensure educational visits properly consider medical and dietary needs.
- approve risk assessments for school visits that involve provision for pupils with medical conditions

Staff
Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- following plans and procedures;
- promoting inclusion;
- responding appropriately in emergencies;
- seeking advice when required.

Parents and Carers

- provide up to date and accurate information about their child's medical needs;
- provide medication and equipment with appropriate prescription and written permission for this to be administered by staff;
- are involved in the development and review of their child's IHCP
- maintain emergency contacts

Pupils

- engage with agreed support arrangements;
- develop independence where appropriate.

10. Identification and Assessment

Schools shall seek to identify medical and dietary needs as early as possible.
Information may be obtained through:

- admissions processes;
- parental disclosure;
- medical reports;
- healthcare professionals;
- staff observations;
- pupil disclosure.
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Support should not normally be delayed solely because a formal diagnosis has not yet been obtained.

Interim arrangements may be implemented where needs are reasonably apparent.

11. Individual Healthcare Plans (IHCPs)

The headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions.

The day-to-day responsibility has been delegated to Allison Watson.

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents/carers when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the school Nurse will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHCP.

An IHCP should be developed where structured support is required. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed

An IHCP may include:

- the medical condition, diagnosis; triggers, signs, symptoms and treatments
- medication arrangements;
- dietary requirements;
- emergency procedures;
- educational implications;
- visit arrangements;
- staff responsibilities;
- the level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- what to do in an emergency, including who to contact and contingency arrangements.

The individual with responsibility for developing IHCPs, will consider the following when deciding what information to record on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil, during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

IHCPs should:

- be developed with parents;
- involve healthcare professionals where appropriate;

- involve pupils where appropriate;
- be reviewed at least annually;
- be reviewed sooner where circumstances change.

12. Managing Medicines

Medication will only be administered where appropriate and necessary. Prescription and non-prescription medicines will only be administered at school:

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

Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible. **The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Medication supplied by parents should normally:

- be in original packaging;
- be clearly labelled;
- contain dosage instructions;
- be within expiry dates.

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

Anyone giving a pupil any medication (for example, for pain relief) will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

Except in an emergency or where otherwise permitted by law, medication will only be administered with appropriate parental consent

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

Schools shall maintain records of medication administered.

Emergency medication must remain accessible at all times.

Controlled drugs
Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. A record of doses used and the amount held will be held on the school system.

Self-management
Where appropriate and agreed with parents and carers, pupils may carry and administer their own medication.

Schools should consider:
- the pupil's age and maturity;
- the nature of the condition;
- clinical advice where relevant; and
- any monitoring arrangements required.

Access to emergency medication should not be unnecessarily restricted.

If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring in their IHCP.

13. Supporting Specific Medical Conditions and Specialist Needs

The Group will maintain appropriate arrangements for pupils with conditions including:
- asthma;
- diabetes;
- epilepsy;
- allergies and anaphylaxis;
- coeliac disease;
- gastrointestinal conditions;
- neurological conditions;
- long-term health conditions;
- physical disabilities.

Condition-specific policies, healthcare plans or operational procedures shall be maintained where required. These shall supplement this overarching policy and set out any additional prevention, treatment, training, medication or emergency-response requirements.

14. Supporting Dietary Needs

Dietary needs may arise from:
- allergies;
- intolerances;
- medical conditions;

- disability;
- religious observance;
- cultural practice;
- ethical preferences.

The Group will work with catering providers to support pupils safely and inclusively.

Where a dietary need arises from allergy, arrangements shall also comply with the SDEG Allergy Safety Policy.

15. Allergies and Anaphylaxis

The Group recognises that allergies and anaphylaxis require specific prevention, preparedness and emergency-response arrangements.

Allergy support shall be provided in accordance with the SDEG Allergy Safety Policy. Where a pupil has an allergy requiring active management, an IHCP and associated clinical Allergy Action Plan shall be maintained as appropriate.

16. Adrenaline Auto-Injectors

Schools shall maintain appropriate arrangements for prescribed and spare adrenaline auto-injectors in accordance with the SDEG Allergy Safety Policy.

17. Educational Visits

Pupils with medical and dietary needs should be enabled to participate in educational visits wherever reasonably possible.

Planning must consider:

- medication;
- dietary requirements;
- emergency arrangements;
- supervision;
- staff competence;
- access to medical support.

18. Sport and Physical Activity

The Group encourages participation in sport and physical activity.

Reasonable adjustments should be considered where appropriate.

Staff should support participation wherever safe to do so.

19. Co-Curricular Activities and Examinations

Medical and dietary needs shall be considered when planning:

- clubs;
- performances;
- competitions;
- examinations;
- assessments;
- residential activities.

20. Early Years and Nursery Provision

Schools shall comply with EYFS requirements.

Provision shall include:

- paediatric first aid arrangements;
- allergy management in accordance with the Allergy Safety Policy;
- medication management;
- close parental communication;
- appropriate supervision.

21. Reintegration and Transition

Where a pupil returns following hospitalisation, prolonged illness, significant medical absence or a change in medical circumstances, the school should review existing arrangements and implement a reintegration plan where appropriate.

Appropriate information shall be shared with receiving schools and settings to support successful transition.

22. Emergency Medical Treatment

In an emergency, staff will act in accordance with the First Aid Policy and any applicable condition-specific plan or policy.

Where immediate decisions are required and parents cannot be contacted, staff may seek emergency medical treatment in the best interests of the pupil.

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

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

23. Training

Schools shall ensure that staff responsible for supporting pupils with medical needs receive appropriate training and guidance.

Training arrangements should:

- be informed by the needs identified within Individual Healthcare Plans;
- be reviewed periodically;
- be delivered by appropriately qualified persons where specialist knowledge is required;
- ensure staff are confident and competent before undertaking medical responsibilities; and
- include emergency response arrangements where relevant.

All staff should receive appropriate awareness training so that they understand their role in supporting pupils with medical needs and can respond appropriately in an emergency.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Additional training may include:

- allergy awareness and anaphylaxis response under the Allergy Safety Policy;
- asthma awareness;
- diabetes awareness;
- epilepsy awareness;
- medication administration;
- condition-specific support.

Training records shall be maintained.

24. Record Keeping

Appropriate records shall be maintained regarding:

- medical conditions;
- dietary needs;
- healthcare plans;
- medication administration;
- training;
- parental consents.

Records shall be retained and handled in accordance with the school's data protection obligations and record retention requirements.

25. Complaints

Concerns should initially be raised with the relevant school.

Unresolved concerns shall be managed under the Complaints Policy.

26. Unacceptable Practice

Schools should avoid practices that may disadvantage pupils with medical conditions, including:

- preventing reasonable access to medication;
- excluding pupils unnecessarily from educational activities;
- disregarding professional medical advice without justification;
- penalising attendance linked to a medical condition;
- administering, or asking pupils to administer, medicine in school toilets;
- ignoring the views of pupils or their parents/carers;
- placing unreasonable responsibility on parents or carers to attend school to provide routine support; and
- creating avoidable barriers to participation in educational visits, sport or other aspects of school life, including access to the toilet/food/drink, where necessary to their medical condition.

The needs of each pupil shall be considered individually.

27. Monitoring and Review

Implementation will be monitored through:

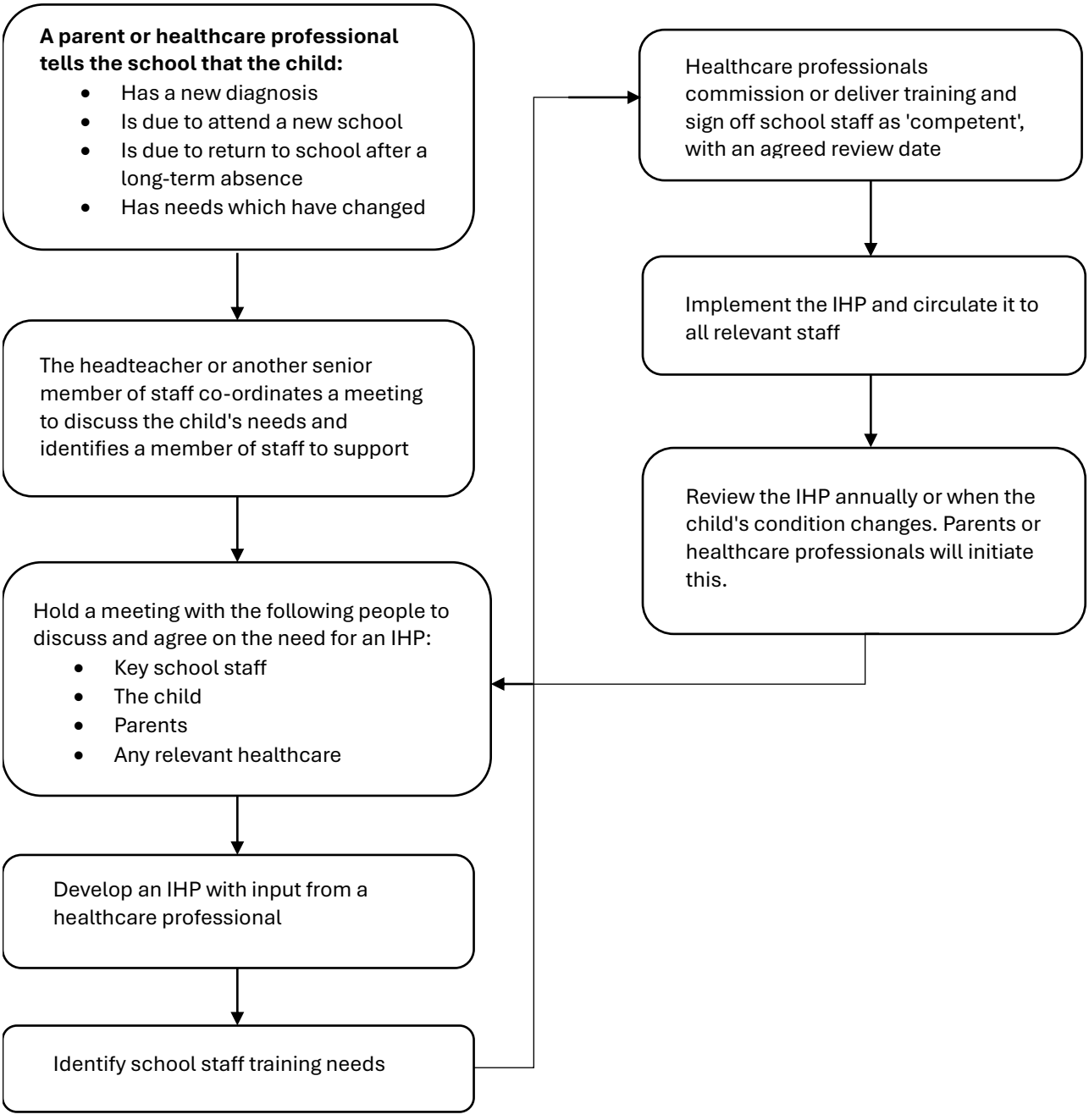
- audit activity;
- incident review;
- training review;
- complaints review;
- parental feedback;
- pupil feedback;
- Local School Board assurance;
- Group Board assurance.

Part A shall be reviewed annually by the COO. Part B shall be reviewed annually by the Head or Group Head of Nurseries and sooner following a significant incident, change in guidance or material operational change.

PART B – SCHOOL-SPECIFIC OPERATIONAL PROCEDURES
Each school or setting shall complete and maintain the procedures below. Part B may add local detail but shall not dilute or contradict Part A or any applicable specialist policy, including the SDEG Allergy Safety Policy.

St Dunstan's College

27.1 Being notified that a child has a medical condition



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

EYFS: Obtaining information about medicines

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school on 02085167200 or an email to wellnesscentre@stdunstans.org.uk if their child's medical needs change during the school year.

Healthcare Professional Liaison

We will work closely with the school nurse and any external medical professionals to ensure support is in place for pupils with medical needs.

EYFS Record keeping:

We will:

- Enter each pupil's medicine need in the school's system
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

27.2 Procedures for children who are sick or infectious

- Pupils who have an infectious disease shouldn't attend school/nursery
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child

- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the UK Health Security Agency's exclusion table will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- Establishing a daily cleaning routine for:
    - Nappy changing facilities
    - Play areas
    - Toys, activities and equipment
- Play areas, including tables, surfaces, floors and carpets, are professionally cleaned each evening. Throughout the day, tables and surfaces are cleaned by staff after activities and before and after snack times using antibacterial cleaning products. The playground is risk assessed each morning for animal contamination and, where necessary, is disinfected by the Estates team. The mud kitchen is emptied and hosed down daily, with mud and other materials refreshed each day. The sandpit is covered at the end of each day and risk assessed each morning for animal contamination before use; it is cleaned and disinfected as required. Toys and equipment are washed daily using soap and hot water, particularly following specific activities. The water tray is emptied and cleaned each afternoon after use. Resources are cleaned with antibacterial products after use, especially if they have been mouthed or used by a child who is visibly unwell. Dishcloths, cups and bowls are washed daily and cleaned regularly in a dishwasher or washing machine. Sponges and cleaning cloths are replaced routinely to maintain high standards of hygiene.

Liability and indemnity

The Group Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

LOCAL FORMS, TEMPLATES AND RECORDS

Each school shall maintain:

- IHCP template;
- medication consent form;
- medical information form;
- medication administration record;
- condition-specific clinical plans;
- training records;
- incident and near-miss records;
- local annual assurance checklist.

Recognised clinical Allergy Action Plans, allergy registers, AAI records and anaphylaxis drill records are governed by and should be linked from the SDEG Allergy Safety Policy.