

SUMMERHILL SCHOOL

Founded 1921

School Office
Summerhill School
Westward Ho
LEISTON
Suffolk IP16 4HY
Tel/Fax: 00 (44) 1728 830540
E-mail: office@summerhillschool.co.uk



Principal
Zoë Readhead
Tel: 00 (44) 1728 830030
E-mail: zoe@summerhillschool.co.uk
www.summerhillschool.co.uk

Medical Conditions Policy

September 2026

Aims and Objectives

This policy outlines the school's arrangements to support children with a diagnosed medical condition. It also sets out how we support our students with a medical condition to ensure their wellbeing and inclusion.

Definition

A medical condition can be defined as a specific physical or mental health issue or illness that can be diagnosed by healthcare professionals based on symptoms, tests, or examination. These conditions, which include chronic diseases, require management or treatment and can affect an individual's functioning. A medical condition falls within the scope of this policy if the school needs to put arrangements in place to support a child with a medical condition (whether as part of institution-wide policies or as a specific arrangement for that child).

Medical conditions and their impact on children

Children with medical conditions (including allergy) are vulnerable in various ways beyond simply the increased risk to their physical health; a risk which in some cases includes a risk to life itself, with the most obvious example being anaphylaxis.

(For information on managing allergy safety, see the school's *Allergy and Anaphylaxis Policy*)

The mental wellbeing of children with medical conditions is probably not as robust as their friends. They may be coming to terms with a new diagnosis or perhaps just beginning to grasp the implications of their medical condition on their future life. A serious incident, or the fear of one, will obviously have an impact on the individual, their family and friends.

Thirdly, it is well known that children with medical conditions have poorer school attendance than their peers. Put simply, this means missing out on important play, socialising and learning opportunities. At worst, it means an acute sense of social isolation.

All staff need to be aware of these vulnerabilities.

(For more information on medical conditions and school attendance, see *Working together to improve school attendance* (2026))



Supporting children and young people to manage their own medical conditions

There are certain key principles which must always be borne in mind. They are:

- Children should be able to access their medication quickly and easily at all times.
- Where appropriate, children should be encouraged to carry their own medicines and relevant devices for self-medication.
- The school will help them understand how to manage their medical condition and ultimately how to take responsibility for doing so themselves. Decisions about self-management will be made on an individual basis, after discussions with all relevant parties. Arrangements will be stated in the Individual Healthcare Plan.

(For information on managing medication **in all its aspects**, see *House-parent Job Description*)

- Care should be taken when communicating with children about medical conditions. For example, when describing blood glucose management, avoid terms that imply blame, such as "good" or "bad" blood glucose "control". **Blood glucose levels are influenced by many factors outside a child's control.** Use neutral descriptive wording (for example "higher" or "lower") and focus on their practical implications.
- The community's attitude to medical conditions (including allergies) sets an important example which children will carry forward into their lives. It is therefore essential to establish a culture whereby **anyone** with a medical condition is supported and included. Further, it should be noted that a medical condition may also constitute a disability, and the school must comply with its duties under the Equality Act 2010, including making "reasonable adjustments" (both anticipatory adjustments and those made for specific individuals).

Identifying children with medical conditions

The school office will be the first to learn if a student has a medical condition which may require additional support via the *Medical Record Form* which is completed by the parents before the student joins the school. Should a student already on the roll develop a medical condition, the information from the parents will almost certainly be obtained via email. In either case, if further information is required, it will be requested from the child and/or the parents. Also, the child's previous setting may be asked for any relevant information such as an Individual Healthcare Plan or Allergy Action Plan.

The school office ensures that information of a student's medical condition is communicated to the relevant parties, that is, the house-parent responsible for the child and the kitchen if the medical condition is food related e.g. food allergy. The aim is to ensure that arrangements are in place before the child arrives at the school or, failing that, very soon after arrival.

Further, the school office will be the first to learn of a member of staff or visitor's medical condition. Again, the school office will ensure that the necessary information is communicated to the relevant parties. For members of staff, arrangements should be in place when they commence work. For visitors, information will be sought in advance of their visit wherever possible.

Finally, a record of all students who have an Individual Healthcare Plan is kept in the school office.



Staff Training

- Where members of staff (or their covers) are required to provide support for a child with a medical condition (e.g. severe allergies / epilepsy / diabetes etc.), the school will ensure that they have received the necessary training to undertake the role safely and competently.
- Any member of staff who is trained but feels unable to carry out their duties competently and confidently (for example, due to further training being required) must report this immediately to Zoe, Will or Henry, who will make appropriate arrangements.
- Staff training requirements are determined by the individual healthcare plans. Training will be sufficient to fulfil the requirements of the individual healthcare plan. Staff training records are held in the school office, and training is refreshed as appropriate.
- Since all staff are required to recognise and respond to an emergency, all staff need to be aware of the policy for supporting children with medical conditions and of their role in implementing the policy. (See *Summerhill Code of Conduct*)
- All staff need to understand the importance of inclusion of students with medical conditions, the impact of medical conditions on mental health and wellbeing and the risk of bullying related to having a medical condition.
- All newly appointed staff will receive training as part of their induction. (See *Staff Induction Policy / Programme*).

Individual Healthcare Plans

Children with long term health conditions such as severe allergies / epilepsy / diabetes etc. have **Individual Healthcare Plans**. The plan is drawn up by the house-parent, working with the DSL and others, having obtained all the required information from the child's doctor, the child and the child's parents regarding the child's health condition. The plan outlines the actions that need to be taken by the staff, how, when and by whom to support the child. A copy of the plan is given to the child's parents.

Note: All staff are required to know what to do in an emergency. This includes any peripatetic teachers the child is taught by. It is the child's house-parent, working with the DSL and others, who is responsible for ensuring that **all** staff know what to do in an emergency.

(For more information on emergencies, see *First Aid, Accident and Emergency Policy*)

Not all children with a medical condition will require an Individual Healthcare Plan. A child with hay fever, eczema, mild asthma (provided the child can use medication to manage the condition), or an intolerance to specific foods (which can be self-managed by avoiding them) may not require an Individual Healthcare Plan.

The decision as to whether a child has an Individual Healthcare Plan ultimately rests with Zoe having discussed the matter with all relevant parties.

Content of an Individual Healthcare Plan

An Individual Healthcare Plan contains key information about a child's medical condition and records the arrangements the school have put in place to keep them safe, included and



supported. The plan is drawn up by the child's house-parent and is easily accessible to all those who need to refer to it.

An Individual Healthcare Plan includes, but is not necessarily limited to:

- Child's name and date of birth.
- Contact details for the child's parents.
- A summary of the medical condition, its triggers, signs, symptoms and treatments. Also, where appropriate, symptoms of complications or side-effects.
- The child's needs due to their medical condition, e.g. medication (dose, storage, arrangements for checking that in date etc.), dietary requirements etc.
- Copy of parental consent for medication to be administered by a member of staff or self-administered by the pupil.
- The extent to which the child is able to take responsibility for their own health needs including in emergencies. If a child is self-managing their medication, this should be clearly stated, with appropriate arrangements for monitoring.
- Details of any arrangements (incl. risk assessments) which may be required for school trips or weekends away etc.
- Information about what to do in an emergency, including whom to contact. **Note:** The school's *Medical Record Form* signed by the parents states: *I give my consent for Summerhill staff to take any action they deem necessary in a medical emergency, including administering first aid, attending the Doctor's Surgery or visiting a hospital.*
- Where a child has a personalised care and/or action plan (e.g. allergy or asthma action plan, diabetes care plan or seizure plan) it should be attached to their IHP.
- Where appropriate, an outline of the training required to fulfil the child's needs safely and competently.
- Cover arrangements are described and ensure continuity of knowledge as well as continuity of staffing.

Reviewing and updating Individual Healthcare Plans

Individual Healthcare Plans are reviewed at least annually. A significant incident or a "near miss" will always trigger an IHP review and other relevant policies. All reviews involve the child and their parents to confirm whether there has been any change in circumstances, medical advice or medication and the IHP will reflect any changes.

When an action plan (e.g. allergy action plan) is updated by a healthcare professional the Individual Healthcare Plan will be reviewed and updated according to the revised action plan.

As children get older, and where it is safe and possible, they will be encouraged to take increasing responsibility for managing their medical condition. The child will be closely involved in discussions about the extent to which they feel able to take ownership and what support they might need.

In other cases, children may find that they require more or different support over time. The Individual Healthcare Plan will need to be reviewed and amended as necessary to ensure the arrangements put in place by the school remain appropriate and relevant for the needs of the child.

Transition between education phases

Where a child moves on to a new setting their Individual Healthcare Plan will be shared as part of the transition.



Serious incidents

Children who have medical conditions and allergies may be at heightened risk as a result of their medical condition or allergy. Mistakes in responding to a medical condition can have very serious consequences which can result in a short- or long-term deterioration in their health, hospitalisation or, in very rare cases, death. This is why it is important for us to be self-reflective, challenging and testing our arrangements and seeking to improve them wherever possible.

However effective our policies are, there is always a risk of a serious incident involving a child, a member of staff or visitor with a medical condition or allergy. Medical conditions and allergies are not always predictable. Incidents may occur for reasons which are wholly beyond the control of the school. Children with no prior history of allergy may come into contact with and have a severe reaction to an allergen for the first time while at school.

If a child experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis. All staff should be reassured that mistakes, hesitation, or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

What are serious incidents?

- A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.
- A **“near miss”** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

“Near misses” are as important as actual incidents, since they may highlight weaknesses in the school’s policies, procedures, training or communication and arrangements which, if not addressed, might have serious consequences in the future.

Following any serious incident or “near miss” involving a child, a member of staff or visitor with a medical condition or allergy, the school should record what happened; report it as appropriate; and consider what lessons can be learned.

Incident recording

Any serious incident or near miss involving a child, member of staff or visitor with a medical condition or allergy will be recorded as soon as possible by the person, or persons, most closely involved in managing the incident.

The report should set out:

- Who was affected;



- What happened, when and where;
- Why the incident occurred (as far as is known);
- How staff and students responded; what was done to support the individual; whether emergency services were called;
- How the incident concluded.

Incident reporting

The report will be shared with Zoe, Amy, Will, Henry and all full-time, live-in staff so that they can all consider what lessons can be learnt and whether changes are required to the school's medical conditions and/or allergy safety policies.

Further, where appropriate, the report will be shared with the child's parents, the child or the individual involved. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review.

The report will be put into the student's medical file held by the houseparent and/or the student's Individual Healthcare Plan. A copy will also be held in the school office.

Note: It may also be necessary to share the report with other agencies such as Health and Safety Executive (HSE).

Medical conditions and safeguarding

The fact that there has been an incident relating to the management of a child's medical condition (including allergies) would not in and of itself warrant a referral to Suffolk Safeguarding Partners. Keeping children safe in education (Sept. 2026, p.63/64) states that:

A safeguarding referral would only be needed where an incident highlighted concern that the child might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition.

For more information on the unique safeguarding arrangements at Summerhill, see the school's *Safeguarding and Child Protection Policy*.

Learning lessons from incidents and "near misses"

In reviewing the arrangements made (for example in the Individual Healthcare Plan) to ensure they are robust and appropriate the following will be considered:

- Could the school reasonably have foreseen an incident of this nature?
- Did the school have policies (e.g. a medical conditions policy, allergy safety policy or Individual Healthcare Plan) which set out how to respond to an incident of this nature?
- Were the school's policies followed? If not, are there staff training, capability or even disciplinary issues to consider?



- Were the school's policies adequate? If not, what changes might be required?
- Might the incident or near miss have been avoided through reasonable preventative steps? If so, what steps might have been taken? Should the school's policies be changed as a consequence?

"Near misses" are particularly important since they highlight weaknesses or risks and offer an opportunity to learn lessons without causing actual harm to a child, member of staff or visitor.

Any serious incidents and "near misses" will trigger a review of the relevant policy or policies.

Supporting wellbeing following a serious incident

An incident or a "near miss" with the potential to put a child's life at risk is a serious event. The school will consider its emotional impact not only on the individual and their family, but also on those involved in responding and any children who may have witnessed it.

The child and their parents will be involved in reviewing the arrangements made (for example in the Individual Healthcare Plan) to ensure they are robust and appropriate, and the school will consider how it supports the staff involved. It is essential that any review is carried out in a constructive manner.

The school will consider how it communicates the incident or near miss to other members of the community. This can provide a valuable opportunity to remind all members of the community of the importance of supporting those with medical conditions and of the school's medical conditions and/or allergy safety policies.

Complaints

To raise a complaint following a serious incident or near miss relating to a child's medical condition, or indeed to raise a complaint concerning **any** aspect of the support provided, discuss the matter directly with the school. Should the matter not be resolved, see *Summerhill School Complaints Procedure*.

Child deaths

The death of a child or young person with a medical condition while in school is a rare and tragic event. The unexplained death of a child may be subject to investigation by the police and a Coroner's inquest. Staff should be aware that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

The school will provide as much support as possible to support all members of the school community following a child's death. Further, this support will be extended to the grieving family.

Support can be found through organisations such as Child Bereavement UK and the Child Death Helpline.



Information on child death reviews can be found in the statutory guidance *Working together to safeguard children*. Also, see *Child death review: statutory and operational guidance (England)*.

School trips

There is naturally an expectation that arrangements will be made to ensure children with medical conditions are able to participate fully and safely on school trips unless evidence from a healthcare professional (for example a GP) states that this is not possible

Staff leading the school trip will ensure:

- They plan well in advance.
- They obtain information about any medical/health care needs which may require management during a school trip.
- That any medication, equipment, health care plans are taken with them and kept appropriately during the trip.
- That a risk assessment is done which includes how medical conditions will be managed on the trip. Allergies will be considered on the risk assessment along with the catering provision.
- Parents, and students where appropriate, may be consulted if considered necessary, along with obtaining advice from the relevant healthcare professional to ensure that students can participate fully and safely.
- Staff (and some students, if appropriate) on the trip are trained to deal with any emergency.

Mental Health and Wellbeing of children with medical conditions

Not surprisingly, children with medical conditions are more likely to experience poor mental health than those without a medical condition. Students may experience anxiety and depression and are more susceptible to bullying. Thus, children with medical conditions and, where appropriate their parents, will be involved in developing and reviewing any arrangements for support, since they will have a direct understanding of the consequences for their wellbeing and will know what support would be most effective. Further,

- Where appropriate, students with medical conditions will be given additional pastoral support from their houseparent.
- Bullying related to medical conditions will be brought to the attention of the whole school community via the school meeting like all matters of conflict between members of the community.
- The school will be in regular communication with parents to ensure the school has the most up to date information and to provide ongoing awareness and appreciation of the severity of the potential risks.

It is of course a fundamental principle that no child with a medical condition will be excluded from taking part in a school activity, whether on the school premises or a school trip.

Further, children with medical conditions may have a disability and, if so, will be protected by the Equality Act 2010. (See Appendix i for more information)



Finally, it should be noted that ***Summerhill seeks to empower all its students to take a full part in its community, its life, decision-making and learning, as equals. We do not label children but will assess their needs and support them appropriately to ensure their wellbeing.*** (*Safeguarding and Child Protection Policy*, p. 27)

(For more information on mental health, see the school's *Safeguarding and Child Protection Policy*)

Data Protection

Information concerning a child's medical condition is very personal and is, not surprisingly, considered special category data under data protection laws. This means it is highly sensitive and has additional legal protections and so should always be treated in a controlled and respectful manner.

For more information on data protection and information sharing, see the school's *Data Protection Policy* and *Safeguarding and Child Protection Policy*. Also, see *Data Protection in schools* (DfE), *Information Sharing Duty - Statutory guidance for safeguarding organisations and their practitioners* (September 2026), *Working together to safeguard children* (March 2026) and the *Information Commissioner's Office (ICO) guide to sharing information to safeguard children and young people in the education sector in the UK*.



Appendix i

Medical Conditions and the Equality Act

Children with medical conditions may have a disability and, if so, will be protected by the Equality Act 2010 which places statutory duties on schools to provide equality of opportunity for **all** including those who are disabled.

A child is considered disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities.

Certain health conditions are automatically deemed to meet the definition of disability e.g. a person who has cancer, HIV infection or multiple sclerosis or a person who is certified as blind, severely sight impaired, sight impaired or partially sighted.

All schools have a duty to make “reasonable adjustments” to ensure that disabled children can fully participate in the education provided, and that they can enjoy the other benefits, facilities and services that the school provides.

For more information on medical conditions, see the school's *Medical Conditions Supporting children and young people with medical conditions and allergy* (DfE 2015)

For information on allergies and anaphylaxis, see the school's *Allergy and Anaphylaxis Policy*.

Notes:

1. This policy is available on the school's website, and a hard copy is available on request.
2. This policy is reviewed at least annually and following any serious incidents or 'near misses' with the aim of seeking to learn lessons from them.

This document was created in September 2026. Review due September 2027