STATUTORY SCHOOL POLICY • 2026–27

Medical Care

A whole-school and boarding framework for supporting pupils with medical conditions, illness and injury, and for providing safe, timely and compassionate health care at Earlscliffe.

Headteacher	Dr N Robinson
Policy owner	School Nurse / Deputy Headteacher
Effective	Sept 1, 2026

Document control

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School	Earlscliffe
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Operational lead	School Nurse
Safeguarding lead	Mr L Connolly, Deputy Headteacher / DSL
Headteacher	Dr N Robinson
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Approval and review record

Approved by	Dr N Robinson
Approval date	01 Sept 2026
Review completed by	Mr L Connolly
Next review	August 2027, or earlier if required

Key changes in this edition

- Combines and updates Earlscliffe's previous Medical Centre & First Aid arrangements with the school's Administration of Medicines procedures, while retaining a separate detailed medicines policy for operational use.
- Uses the March 2026 National College model-policy structure as a reference point, but removes model placeholders and adapts responsibilities to an independent international boarding school.
- Aligns the boarding provisions with National Minimum Standard 7 on boarders' health and wellbeing and the May 2026 NMS edition.
- Updates safeguarding interfaces for KCSIE 2026 and strengthens escalation where medical presentation may indicate abuse, neglect, self-harm, fabricated or induced illness, exploitation or unmet health needs.
- Earlscliffe voluntarily adopts the July 2026 DfE Allergy Safety in Schools statutory guidance as its minimum operating standard, notwithstanding that the new statutory duties are not yet directly imposed on independent schools. Where that guidance is more stringent than existing Earlscliffe practice, the stricter standard will apply.
- Clarifies medical-centre hours, out-of-hours boarding arrangements, GP registration, overseas medication, hospital accompaniment, confidentiality, consent, individual health care plans and emergency response.

IMPORTANT 2026 GUIDANCE POSITION
The DfE consulted in 2026 on revised statutory guidance for supporting children and young people with medical conditions. As at August 2026, the replacement medical-conditions guidance has not yet been finalised. Earlscliffe therefore uses the current DfE Supporting Pupils at School with Medical Conditions guidance as non-statutory good practice for independent schools, alongside the Independent School Standards and the National Minimum Standards for Boarding Schools. This policy will be reviewed promptly when final replacement guidance or equivalent independent-school allergy requirements are issued.

Medical care at a glance

MEDICAL EMERGENCY
Call 999 without delay where there is an immediate threat to life or serious injury. Give first aid within competence, use emergency medication/equipment where appropriate, summon the School Nurse/boarding lead, remain with the pupil and inform parents/guardians as soon as reasonably practicable.

SAFEGUARDING INTERFACE
Medical confidentiality never prevents safeguarding action. If illness, injury, medication, self-harm, eating difficulties, sexual health, substance use, neglect, fabricated or induced illness, or any disclosure raises a safeguarding concern, staff follow the Safeguarding & Child Protection Policy and contact the DSL immediately.

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Statement of intent

Earlscliffe is a small, specialist international boarding school for pupils aged 15–19. The school recognises that effective medical care is integral to safeguarding, inclusion, attendance, learning and boarding welfare. Pupils with medical conditions should be supported to participate fully in academic, boarding and co-curricular life, with reasonable adjustments and individual planning where required.

The school's approach is child-centred, proportionate and clinically cautious. It promotes increasing independence in older pupils while recognising that age alone does not determine competence, vulnerability or the level of support required. Particular care is taken where pupils are new to the UK, have overseas prescriptions, use English as an additional language, live away from parents, or have limited local family support.

Medical care is delivered through the School Nurse, trained staff, boarding teams and appropriate external health services. The school does not attempt to diagnose or provide specialist treatment beyond staff competence. Where a pupil requires clinical assessment or treatment beyond school provision, appropriate NHS or emergency services are accessed promptly.

1. Legal and regulatory framework

Earlscliffe is an independent boarding school in England. This policy is informed by the following legislation, standards and guidance, as applicable to the school and its pupils:

- The Education (Independent School Standards) Regulations 2014, particularly Part 3 (welfare, health and safety) and Part 5 (premises and accommodation).
- The National Minimum Standards for Boarding Schools, May 2026, particularly Standard 7 (boarders' health and wellbeing), Standards 8–10 and associated record-keeping requirements.
- Keeping Children Safe in Education 2026, effective from 1 September 2026.
- The Health and Safety at Work etc. Act 1974 and the Health and Safety (First-Aid) Regulations 1981.
- The Equality Act 2010, including the duty to make reasonable adjustments for disabled pupils.
- The Data Protection Act 2018 and UK GDPR.
- The Human Medicines Regulations 2012 and Misuse of Drugs legislation where relevant to medicines and controlled drugs.
- DfE First aid in schools, early years and further education guidance.
- DfE Supporting pupils at school with medical conditions (current guidance). Section 100 of the Children and Families Act 2014 does not directly impose the maintained-school/academy duty on Earlscliffe, but the guidance is used as good practice and is expressly referenced by the boarding NMS for independent schools.
- DHSC guidance on emergency salbutamol inhalers and emergency adrenaline auto-injectors in schools.
- DfE Allergy Safety in Schools statutory guidance (July 2026). Earlscliffe adopts this in full as its minimum allergy-safety standard as a matter of school policy, pending equivalent requirements for independent schools.
- Current UK Health Security Agency guidance on infection prevention and control in education settings.

Where this policy refers to parents, this includes those with parental responsibility and, where appropriate, guardians. Agents may support communication but do not replace the legal role of parents or the pupil's own rights to consent and confidentiality.

2. Roles and responsibilities

Proprietor and governance

- Ensure arrangements safeguard and promote pupils' welfare and that first aid is administered in a timely and competent manner.
- Monitor the effectiveness of boarding health and welfare provision and ensure sufficient resources, staffing, training and insurance/indemnity arrangements.
- Receive assurance that this policy is implemented, reviewed annually and supported by appropriate records, audits and learning from significant incidents.

Headteacher

Dr N Robinson is accountable for ensuring this policy is implemented across academic and boarding provision, that responsibilities are clear, and that medical, safeguarding, SEND, attendance and health-and-safety arrangements operate coherently.

Deputy Headteacher / DSL

Mr L Connolly provides senior leadership oversight of pupil welfare and safeguarding. He works with the School Nurse and boarding leadership where a medical issue has safeguarding implications, where risk is complex, or where a decision requires senior-school authority.

School Nurse

- Leads day-to-day medical provision and the Medical Centre.
- Reviews pre-arrival medical information, identifies pupils requiring additional planning and coordinates Individual Health Care Plans (IHCPs).
- Maintains clinical and medical records and oversees safe medication systems, training, stock checks and audits.
- Coordinates GP and external healthcare access and provides professional advice within competence.
- Determines, with appropriate consultation, whether a pupil requires rest, further assessment, reasonable adjustments, temporary restriction from activity or escalation to external care.
- Provides or arranges role-appropriate training and confirms staff competence for delegated tasks.
- Ensures relevant information is shared with staff on a need-to-know basis, balancing confidentiality, safety and safeguarding.

Boarding staff

- Provide first response and care outside Medical Centre hours within their training and competence.
- Follow IHCPs and medicines procedures, record care contemporaneously and complete effective handover to the School Nurse.
- Contact NHS 111, out-of-hours services or 999 as appropriate and escalate safeguarding concerns to the DSL/on-call safeguarding lead.
- Ensure sick or injured boarders are appropriately supervised and that privacy, dignity and infection-control arrangements are maintained.

All staff

All staff must know how to summon first aid and emergency assistance, follow relevant IHCPs, respect confidentiality, make reasonable adjustments within their role and report concerns promptly. Staff must not undertake healthcare procedures or administer medication unless authorised, trained and competent to do

so, except that any person may take reasonable action in a life-threatening emergency within the law and their competence.

3. Admissions, pre-arrival information and new boarder health induction

Medical needs are considered as part of admissions and transition planning so that safe arrangements can be in place before a pupil starts. The school will not discriminate unlawfully because of disability or medical condition and will consider reasonable adjustments. Where a pupil's needs are complex, the school may seek medical evidence and discuss with parents and relevant professionals whether the school can safely meet those needs.

- Parents must provide accurate, current medical history, allergies, immunisation information, medication details, emergency contacts and required consents before arrival.
- All medicines brought from overseas must be declared. Prescription information and supporting medical letters must be in English or accompanied by a reliable English translation.
- The School Nurse may seek clarification from parents, the prescriber, pharmacist or appropriate UK healthcare professional before medication is administered.
- New boarders receive a health induction shortly after arrival, including how to access help, how UK healthcare works, medication arrangements, emergency support and confidentiality.

A formal diagnosis is not always required before reasonable interim support is put in place. Where investigations are ongoing, the school responds to the pupil's presenting needs and available evidence, reviewing arrangements as information changes.

4. Medical Centre and access to health services

Earlscliffe operates across a multi-building site. The Medical Centre provides assessment, first aid, short-term care, treatment within competence and coordination of external care. It comprises six beds across three rooms, enabling pupils to rest or be monitored in an appropriate supervised environment. The accommodation is maintained so that it is suitable for medical examination/treatment and short-term care of sick or injured pupils.

Opening hours

During term time the Medical Centre is normally open Monday to Friday, 08:00–16:00. The School Nurse assesses pupils, administers or oversees medication, coordinates referrals and maintains medical records during these hours.

During the school day

Pupils who become unwell or injured report to an appropriate member of staff and are directed to the Medical Centre or supported in accordance with the school's current operational arrangements. Minor ailments may be managed by trained authorised staff using approved over-the-counter medication where parental consent and all safety checks are in place. Pupils must not be sent alone for medical care where their condition makes this unsafe.

Outside Medical Centre hours

Trained boarding staff coordinate medical care. They use the pupil's IHCP and medication records, provide first aid within competence, contact the School Nurse/on-call senior staff where required, and seek NHS 111, out-of-hours or emergency support according to need. All care is recorded and handed over effectively.

5. Identifying medical conditions and Individual Health Care Plans

An IHCP is used where a pupil's condition requires individualised arrangements beyond the school's general medical procedures. The need for an IHCP is determined by the School Nurse in consultation with the pupil, parents, senior leaders and healthcare professionals where appropriate.

An IHCP will normally include:

- The condition, triggers, signs, symptoms and treatment.
- Medication, dose, route, timing, side effects, storage and emergency medication.
- Dietary, hydration, rest, toilet, environmental, mobility, accessibility or equipment requirements.
- The impact on learning, attendance, examinations, boarding, sleep, sport and co-curricular participation.
- The support required in an emergency and what constitutes an emergency for that pupil.
- Named responsibilities, training/competency requirements and cover arrangements.
- Information-sharing arrangements and who needs to know.
- Arrangements for trips, transport, off-site activities and periods away from school.
- Any agreed arrangements for the pupil to carry emergency medication or self-manage aspects of care.

IHCPs are reviewed at least annually and sooner when needs change, following a significant incident, after hospitalisation where relevant, or when medication/treatment changes. Relevant staff are informed promptly of material changes.

6. Consent, capacity, confidentiality and information sharing

The school obtains appropriate parental consents for routine first aid, school-administered medicines and emergency care as part of joining arrangements. Consent is not treated as a one-off substitute for professional judgement; staff still check the current situation, medicine and record before acting.

Young people aged 16 and 17 are generally presumed capable of consenting to their own medical treatment unless there is evidence to the contrary. A pupil under 16 may be able to consent where they have sufficient maturity and understanding (Gillick competence). Decisions about competence and consent are context-specific and, where necessary, informed by healthcare professionals.

Medical information is confidential and is shared only where there is a legitimate need. Relevant information may be shared without consent where necessary to protect the pupil or others, comply with law, respond to a medical emergency, or address a safeguarding/public-health concern. Staff do not promise absolute confidentiality.

CONFIDENTIALITY AND SAFEGUARDING
Where a pupil asks for medical information not to be shared with parents, staff do not make an automatic promise either way. The School Nurse considers the pupil's age, competence, the nature and seriousness of the issue, safeguarding risk and professional/clinical advice. The DSL is involved where there is a safeguarding concern.

7. Managing medicines

Detailed operational requirements are set out in the Administration of Medicines Policy. This section establishes the whole-school principles that apply to prescription, non-prescription and controlled medicines.

General principles

- Medicines are accepted, stored, administered and disposed of safely and securely.
- Prescription medicines are normally accepted only when in date, in the original pharmacy-dispensed container, clearly labelled for the pupil with dose and administration instructions.
- Medicines supplied from overseas require sufficient information in English to establish identity, dose, purpose and safe use. The school will not administer a medicine where legality, formulation, labelling or instructions cannot be verified.
- Medication is administered only by trained and authorised staff, except agreed emergency/self-management arrangements.
- Every administration is recorded contemporaneously. Staff check the right pupil, medicine, dose, route, time, expiry, allergies/contraindications and previous administration before giving a medicine.
- A pupil is never forced to take medication. Refusal is recorded and escalated to the School Nurse; parents and healthcare professionals are informed as appropriate.

Self-management and emergency medication

Earlscliffe's default position is that routine medication is held and managed through school systems because of the boarding context and the risks associated with multiple pupils, overseas medicines and unsupervised storage. A pupil may, however, self-medicate where the School Nurse has completed and documented an individual risk assessment and is satisfied that the pupil is sufficiently responsible and competent to do so. The assessment will consider the pupil's age and maturity, understanding of the medicine and dosage, ability to recognise and respond to deterioration or adverse effects, safe storage, risk to other pupils, adherence history, the nature of the medicine (including controlled drugs), and any relevant clinical advice. The decision and any safeguards will be recorded in the pupil's IHCP or medication plan and reviewed if circumstances change.

Pupils who require immediate access to prescribed emergency medication, including reliever inhalers, adrenaline auto-injectors and diabetes treatment, will normally be supported to carry and use it where clinically appropriate and the individual risk assessment confirms that they can do so safely. Appropriate spare or emergency medication arrangements will also be considered and recorded. Self-administration does not remove the School's responsibility for oversight, emergency response, recording or review.

Controlled drugs

Controlled drugs are managed with enhanced security, recording and checking arrangements in accordance with the Administration of Medicines Policy and applicable medicines legislation. Access is restricted to authorised staff. Where a controlled drug is taken off site, secure transport, quantity and handover arrangements are documented.

Medication errors and adverse reactions

Any medication error, near miss or suspected adverse reaction is acted on immediately. Staff seek clinical advice from the School Nurse, pharmacist, NHS 111 or emergency services as appropriate, monitor the pupil, inform parents where appropriate, record the event and complete the school's incident/medication-error process. Significant incidents are reviewed for learning and safeguarding implications.

8. Allergies and anaphylaxis

Earlscliffe treats allergy safety as a whole-school and boarding responsibility and voluntarily applies the DfE Allergy Safety in Schools statutory guidance (July 2026) as its minimum standard. Although the

guidance is not yet a statutory requirement for independent schools, Earlscliffe has chosen to operate to the tighter standard in anticipation of equivalent regulatory requirements and because this provides the stronger safeguarding framework for pupils with allergies.

- The School maintains a published allergy-safety approach within this policy, reviewed at least annually and after serious incidents or significant near misses. Known allergies are identified before admission, verified and recorded clearly in medical, catering, boarding and other relevant systems.
- Every pupil whose allergy requires individualised management has an Individual Healthcare Plan (IHCP), developed with the pupil, parents and relevant healthcare professionals. The plan identifies allergens, symptoms (including signs of anaphylaxis), avoidance and risk-reduction measures, medication, emergency actions, staff responsibilities and arrangements for trips, sport, boarding and other activities.
- Relevant staff receive awareness and practical training appropriate to the pupils in their care.
- Catering, boarding and school-event arrangements use documented allergen-management procedures, including accurate allergen information, effective communication of pupil needs, controls to minimise cross-contact, and clear processes for substitutions or changes to food provision.
- Emergency adrenaline devices and pupils' own prescribed devices are accessible in accordance with school procedures and current guidance.
- All staff receive allergy awareness appropriate to their role. Staff with specific responsibility for a pupil with an allergy receive additional training and must understand the pupil's IHCP. Serious allergic reactions and significant near misses are recorded, escalated, investigated and reviewed so that lessons are translated into changes to practice, risk controls and training.

- Emergency adrenaline auto-injectors (AAIs) are held where permitted and appropriate, are readily accessible rather than locked away during an emergency, are checked for availability and expiry, and are supported by clear emergency protocols. A pupil's own prescribed AAIs remain the first-line devices where available.

- The School will not rely solely on allergen avoidance. It plans on the basis that accidental exposure can occur and therefore combines prevention with rapid recognition, immediate access to emergency medication and prompt escalation to emergency services.

- Allergy safety is included in risk assessment for trips, residential activities, sport, celebrations, food brought onto site, external caterers and boarding-house activities. Pupils with allergies are enabled to participate fully wherever this can be achieved safely with reasonable adjustments.

9. First aid and emergency procedures

Earlscliffe maintains a written first-aid system and sufficient trained first aiders to provide timely and competent first aid across the school day, boarding time, weekends and off-site activities, informed by a first-aid needs assessment.

- First-aid kits and emergency equipment are located according to assessed need, checked regularly and replenished promptly.
- An AED is available and its location is communicated to staff. Staff may use an AED in accordance with training and device prompts.
- Where a pupil's IHCP identifies an emergency, staff follow the emergency instructions in the plan and call 999 where required.
- A member of staff remains with a seriously ill or injured pupil until responsibility is transferred appropriately.
- Parents/guardians are informed as soon as reasonably practicable.

CALL 999
Call 999 for life-threatening illness or injury, severe breathing difficulty, suspected anaphylaxis, unconsciousness, seizure requiring emergency intervention, severe bleeding, suspected serious head/spinal injury, poisoning/overdose, or whenever staff reasonably believe emergency ambulance care is required. Do not delay a 999 call while trying to contact parents.

10. Illness, injury, hospitalisation and external appointments

Morning illness in boarding

A boarder who feels unwell before the school day reports to boarding staff on duty. Boarding staff assess immediate safety, check relevant medical information and arrange review by the School Nurse when required. Pupils should not remain unsupervised in bedrooms because they have reported illness unless this is an agreed, risk-assessed arrangement.

Hospital and urgent care

Where assessment or treatment beyond school provision is required, the school uses appropriate local NHS services. Current local arrangements include Sandgate Road Surgery, Folkestone; the Urgent Treatment Centre at Royal Victoria Hospital, Folkestone; and William Harvey Hospital, Ashford, with emergency services used where necessary.

Pupils aged 16 and under are accompanied by a member of staff for external medical appointments or hospital attendance arranged by the school. For pupils aged 17 and above, unaccompanied attendance may be permitted following an individual assessment of maturity, medical need, journey, safeguarding risk and the nature of the appointment. The decision is recorded. A pupil who is acutely unwell, distressed, vulnerable or otherwise requires support will be accompanied regardless of age.

If parents cannot be contacted in an emergency, staff act in the pupil's best interests and within the school's duty of care. Consent issues requiring clinical determination are managed by the treating healthcare professionals.

Private medical treatment

Where parents request private treatment, they would normally arrange and fund this directly and make suitable accompaniment arrangements. The school may support logistics by prior agreement but is not responsible for commissioning private treatment unless expressly agreed.

11. GP registration, dental, optical and other health services

Long-term boarders are supported to register with a local NHS GP practice. Earlscliffe's current practice is Sandgate Road Surgery, 180 Sandgate Road, Folkestone, Kent, CT20 2HN. Registration arrangements are coordinated by the School Nurse subject to NHS registration requirements.

Short-term pupils and pupils whose immigration/healthcare status does not support routine local registration must have appropriate healthcare and insurance arrangements. Parents remain responsible for ensuring adequate cover where NHS entitlement is limited.

In line with NMS 7, the school facilitates appropriate access to local medical, dental, optometric, counselling, sexual-health and specialist services. The School Nurse coordinates or signposts access and liaises with parents and external agencies as appropriate, respecting confidentiality and safeguarding duties.

12. Mental health, self-harm and eating difficulties

Physical and mental health are considered together. The School Nurse works closely with pastoral, boarding and safeguarding staff to identify concerns early, support pupils and coordinate appropriate external help. The school does not provide specialist psychiatric diagnosis or treatment on site.

Any indication of self-harm, suicidal ideation, overdose, disordered eating, significant weight loss, purging, substance misuse or acute emotional crisis is taken seriously. Immediate physical safety and medical needs are addressed first; the DSL is informed where safeguarding thresholds are met; and appropriate healthcare advice/referral is obtained.

Medication access is reviewed where there is a known or suspected risk of self-harm or overdose. A pupil assessed as vulnerable will not retain quantities of medication that create an avoidable risk. Risk management is individualised and reviewed as circumstances change.

13. Infection prevention, communicable illness and isolation

The school takes proportionate measures to prevent and manage infection, particularly because pupils live in shared boarding accommodation. Current UKHSA advice is followed on exclusion, outbreak management and return to school where relevant.

- Promote hand and respiratory hygiene and appropriate cleaning.
- Monitor patterns of illness and escalate suspected outbreaks or notifiable/public-health concerns appropriately.
- Separate a sick boarder from others where necessary to care for the pupil or protect the boarding community.
- Ensure any alternative sick accommodation has appropriate supervision, privacy, toilet and washing facilities.
- Keep parents informed and review arrangements as the pupil's condition changes.

14. Day trips, residential visits, sport and off-site activity

Pupils with medical conditions are supported to participate in educational visits, sport and co-curricular activities unless clinical evidence indicates that participation would be unsafe. Risk assessment considers reasonable adjustments, emergency access, medication, staff competence, transport and communication.

- Trip leaders obtain relevant medical information through approved school systems.
- IHCPs are reviewed where the trip creates additional risk or different arrangements.
- Required medication and emergency devices travel with the pupil or responsible staff and remain accessible.
- Staff administering medication or undertaking a healthcare procedure on a trip must be trained and authorised.
- For overseas trips, insurance, prescription documentation, medicine legality, storage and time-zone implications are checked in advance.

15. Attendance, education and reasonable adjustments

Medical conditions may affect attendance, concentration, fatigue, examinations, participation and emotional wellbeing. Earlscliffe seeks to minimise avoidable absence and supports reintegration after illness or hospitalisation. Medical absence is not treated as misconduct.

Reasonable adjustments may include rest breaks, access to food/drink/toilets, adapted physical activity, modified timetables for a defined period, examination access arrangements where criteria are met, remote or

catch-up work, altered boarding routines or additional supervision. Any reduced timetable for medical reasons is exceptional, time-limited, reviewed and planned towards full participation where possible.

16. Record keeping, reporting and monitoring

Medical records are accurate, secure, contemporaneous and accessible only to authorised staff. Records support continuity of care, safeguarding, audit and accountability.

- Medical consultations and significant health contacts are recorded in the school's designated system.
- Medication administration records include medicine, dose, time, route where relevant, staff member and any refusal/error/adverse reaction.
- Boarding staff record out-of-hours care and ensure effective handover.
- Accidents and injuries are recorded under the Health & Safety Policy and reported under RIDDOR where statutory criteria are met.
- Serious incidents and near misses are reviewed for themes, lessons, training or procedural changes.
- Records are retained in accordance with the school's retention schedule, data-protection requirements and safeguarding record-management arrangements.

17. Staff training and competence

Training is proportionate to role and pupil need. A first-aid certificate alone does not establish competence to administer medicines or undertake a specific healthcare procedure.

- Staff who administer medication complete school-approved training and practical instruction as required.
- Staff supporting a pupil with a specific condition receive condition-specific information and training identified through the IHCP.
- Boarding staff receive additional training for out-of-hours medical care, medicines, emergency escalation and handover.
- Competence is confirmed by an appropriate healthcare professional or the School Nurse where within professional scope.
- Training records and expiry dates are maintained and monitored.
- Agency, supply and temporary staff receive relevant medical and emergency information before taking responsibility for pupils.

18. Unacceptable practice

Earlscliffe will not:

- Assume pupils with the same condition require identical support.
- Ignore the views of the pupil, parents or relevant healthcare professionals.
- Require a formal diagnosis before providing reasonable interim support where needs are evident.
- Prevent a pupil from readily accessing prescribed emergency medication where their plan says they should carry it.
- Send an unwell or injured pupil for medical help alone where this would be unsafe.
- Delay emergency action while attempting to obtain parental permission.
- Penalise a pupil for absence directly related to a medical condition or set artificially lower expectations because of that condition.
- Create unnecessary barriers to trips, sport, boarding or school life where reasonable adjustments can manage risk.

- Force parents to attend school to provide routine medical support that the school has agreed and is competent to provide.
- Prevent necessary access to food, drink, rest or toilets required to manage a medical condition.
- Allow untrained staff to administer medicines or perform healthcare procedures outside an emergency.

19. Safeguarding interface

Health information can be an important part of the safeguarding picture. Staff remain professionally curious where injuries, repeated illness, missed medication, unexplained symptoms, sexual-health concerns, substance use, eating difficulties, self-harm, parental behaviour or inconsistent histories may indicate abuse, neglect, exploitation or fabricated/induced illness.

Staff record and report the safeguarding concern rather than attempting to investigate or diagnose abuse. The DSL determines safeguarding action and liaises with health, children's social care, police or other agencies as appropriate. Medical treatment and safeguarding action proceed in parallel where necessary.

20. Complaints, liability and indemnity

Concerns about medical provision should normally be raised promptly with the School Nurse or Deputy Headteacher so they can be resolved quickly. Formal complaints are managed under the school's Complaints Policy. A complaint does not prevent immediate safeguarding, medical or regulatory action where required.

The school maintains appropriate insurance arrangements for authorised staff acting within the scope of their employment, training and school procedures. Staff must follow this policy and associated procedures and must not undertake clinical tasks for which they are not trained or authorised.

21. Monitoring and review

The School Nurse and Deputy Headteacher monitor implementation through review of medical records, medicines audits, training compliance, first-aid coverage, equipment checks, IHCP reviews, incidents, near misses, hospital transfers, boarding handovers, pupil feedback and complaints. Themes are reported to senior leadership and governance at an appropriate level without unnecessary disclosure of confidential medical information.

This policy is reviewed at least annually and sooner where there is a significant medical incident, material change in school provision, change in legislation/standards, or publication of final replacement DfE medical-conditions guidance or equivalent allergy requirements for independent schools.

Appendix A – Earlscliffe medical response pathway

Situation	Required response
Immediate threat to life / serious injury	Call 999; give first aid/emergency medication within competence; summon School Nurse/boarding lead; remain with pupil; inform parent/guardian; record and review.
Unwell during school day	Refer safely to Medical Centre/authorised staff; assess; treat within competence; decide return to learning, rest or external care; record.
Unwell in boarding	Boarding staff assess immediate safety; follow IHCP; provide first aid/authorised medication; contact NHS 111/999 or senior on-call as needed; record and hand over.
Safeguarding concern linked to health	Meet immediate medical need and contact DSL without delay; do not promise confidentiality; preserve relevant records.
Medication error / adverse reaction	Stop/check; assess pupil; seek clinical advice; call 999 if serious; inform School Nurse and parent as appropriate; document and review.
Possible infectious illness	Assess; separate where necessary; follow UKHSA/clinical advice; inform boarding/parents appropriately; record and monitor contacts/patterns.

Appendix B – Minimum content of an Individual Health Care Plan

- Pupil details and emergency contacts.
- Condition, triggers, symptoms, signs and treatment.
- Medication and emergency medication details.
- Allergies and anaphylaxis risk where relevant.
- Daily care and reasonable adjustments.
- Learning, examination, attendance, boarding and activity implications.
- Emergency response and escalation.
- Named staff responsibilities and training requirements.
- Consent and information-sharing arrangements.
- Self-management/carrying arrangements where agreed.
- Trips, transport and off-site arrangements.
- Review date and signatures/record of consultation.

Appendix C – Related operational documents

- Administration of Medicines Policy and medication administration records.
- Individual Health Care Plan template.
- Medical consent and joining information.
- Allergy/anaphylaxis plans and emergency-device records.
- First-aid needs assessment and first-aider register.
- Accident/incident and medication-error reporting forms.
- Educational Visits risk assessment and medical information procedures.
- Boarding medical handover records.
- Safeguarding & Child Protection Policy.

- Health & Safety Policy.

Appendix D – Key external guidance

The school keeps operational guidance under review. Key sources include DfE guidance on first aid; Supporting Pupils at School with Medical Conditions; KCSIE 2026; National Minimum Standards for Boarding Schools (May 2026); DHSC guidance on emergency salbutamol inhalers and adrenaline auto-injectors; UKHSA infection-control guidance; and DfE allergy-safety guidance published in July 2026.