Supporting Pupils with Medical Conditions Policy

Shincliffe CE Primary School

Adopted: September 2026

Review: September 2027

Introduction:

We believe that every member of our school community should feel valued, respected and treated as an individual, in accordance with our School Ethos Statement which states:

"Every member of the school community is valued as a child of God, made in his image and likeness. All are welcome and are encouraged to use their gifts and talents to contribute to the happy and caring environment we strive to create."

School Vision Statement

This Supporting Pupils with Medical Conditions Policy supports pupils in realising their full potential and in receiving appropriate support and care whilst in school. It should be read alongside the school's Allergy Safety Policy, which sets out the school's arrangements for allergy safety and emergency response.

Shincliffe CE Primary wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full-time curriculum, or as much education as their medical condition allows, with appropriate adjustments and support where necessary. This policy has been developed with regard to the Department for Education statutory guidance Supporting pupils at school with medical conditions (2017), issued under section 100 of the Children and Families Act 2014. The school will have regard to this statutory guidance and will take account of it carefully when making decisions about individual pupils.

The school will also comply with the statutory requirements introduced in 2026 concerning allergy safety. The school has a separate, published Allergy Safety Policy and will have regard to the Department for Education's Allergy safety in schools statutory guidance (July 2026). The two policies should be read together.

The school will also have regard to relevant duties and guidance concerning equality, safeguarding, attendance, education for children with health needs who cannot attend school, data protection and the Early Years Foundation Stage, as applicable.

N.B. Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage.

1) Key roles and responsibilities

a) The Local Authority (LA) is responsible for:

1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.

2) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.

3) Working with schools to ensure pupils who are unable to attend school because of physical or mental health needs receive suitable education in accordance with the statutory guidance. Where it is clear that a pupil will be away from school for 15 school days or more, whether consecutive or cumulative across the school year, the school will work with the Local Authority and relevant professionals to support appropriate educational provision.

b) The Governing Body of Shincliffe CE Primary is responsible for:

1) Ensuring arrangements are in place to support pupils with medical conditions.

2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.

3) Ensuring that the Supporting Pupils with Medical Conditions Policy and the separate Allergy Safety Policy do not discriminate on any grounds, including protected characteristics under the Equality Act 2010, and that reasonable adjustments are considered and implemented where required.

4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.

5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.

6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.

7) Ensuring written records are kept of, any and all, medicines administered to pupils.

8) Ensuring that appropriate procedures are in place for medical and allergy emergencies, including access to prescribed emergency medication and spare adrenaline auto-injectors (AAIs).

9) Ensuring the level of insurance in place reflects the level of risk.

10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

c) **The Headteacher is responsible for:**

1) Ensuring the policy and related procedures are developed effectively with relevant partner agencies and that staff are made aware of them.

2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of Shincliffe CE Primary

3) Liaising with healthcare professionals regarding the training required for staff.

4) Identifying staff who need to be aware of a child's medical condition.

5) Developing Individual Healthcare Plans (IHPs).

6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.

7) If necessary, facilitating the recruitment or allocation of staff for the purpose of delivering the arrangements set out in this policy. Ensuring more than one appropriately trained staff member is identified where practicable, to provide continuity during absence and emergencies.

8) Ensuring appropriate insurance arrangements are in place for staff undertaking responsibilities under this policy.

9) Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.

10) Ensuring confidentiality and data protection

11) Assigning appropriate accommodation for medical treatment/ care

12) Ensuring that appropriate emergency equipment and arrangements are in place, including arrangements for emergency allergy response and spare adrenaline auto-injectors.

d) **Staff members are responsible for:**

1) Taking appropriate steps to support pupils with medical conditions and familiarising themselves with procedures for responding when they become aware that a pupil needs help. A first-aid certificate alone is not sufficient where condition-specific or allergy-specific training is required.

2) Knowing where controlled drugs are stored and where the key is held.

3) Taking account of the needs of pupils with medical conditions in lessons.

4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.

5) Allowing pupils to have immediate access to prescribed emergency medication and medical devices, including inhalers, adrenaline auto-injectors and blood glucose monitoring equipment, in accordance with their Individual Healthcare Plan and relevant school procedures. Adrenaline devices must not be unnecessarily locked away or refrigerated.

e) **School nurses are responsible for:**

1) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.

2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.

3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.

4) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

f) Parents and carers are responsible for:

1) Keeping the school informed about any new medical condition or changes to their child/children's health.

2) Participating in the development and regular reviews of their child's IHP.

3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.

4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.

5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

g) **Pupils are responsible for:**

1) Providing information on how their medical condition affects them.

2) Contributing to their IHP

3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

2) Training of staff

a) Newly appointed teachers, supply or agency staff and support staff will receive appropriate information and training on this policy and relevant medical procedures as part of their induction. All staff who are present during times when pupils are on site will receive allergy awareness and emergency response training at least annually, in accordance with the school's Allergy Safety Policy.

b) The clinical lead or appropriately qualified healthcare professional for each condition-specific training area will be identified in the relevant Individual Healthcare Plan or training record.

c) No staff member may administer prescription medicines or undertake a healthcare procedure requiring specific competency without appropriate training and, where applicable, being signed off as competent. Allergy awareness training does not replace separate clinical training or competency arrangements where these are required.

d) The school will keep appropriate records of medical conditions supported, Individual Healthcare Plans, consent, training undertaken, competency and staff authorised to undertake relevant responsibilities. Training records will be reviewed regularly and arrangements will be maintained so that sufficient trained staff are available.

3) Medical conditions register /list

a) Admission arrangements will request information about pre-existing medical conditions and allergies. Parents/carers will have a clear route to inform the school at any point during the school year if a condition develops, changes or is diagnosed. Information will be shared on a need-to-know basis in accordance with data protection requirements and the school's information-sharing arrangements.

b) A medical conditions and allergy register will be maintained, updated and reviewed regularly by the nominated member of staff. Relevant staff will have

access to the information they need to support pupils safely. The register will identify, where appropriate, pupils with an Individual Healthcare Plan and/or Allergy Action Plan and whether emergency medication is required.

c) Supply, agency, temporary and support staff will have appropriate access to relevant information on a need-to-know basis. The school will ensure that information necessary to keep pupils safe is available to staff while maintaining confidentiality and complying with data protection requirements.

d) For pupils on the medical conditions or allergy register, transition arrangements will take place in advance where practicable to enable parents/carers, school and relevant healthcare professionals to prepare or review the Individual Healthcare Plan and arrange appropriate staff training.

4) Individual Healthcare Plans (IHPs)

a) Where appropriate, an Individual Healthcare Plan (IHP) will be developed collaboratively with the pupil, parents/carers, school staff and relevant healthcare professionals. The need for an IHP will be considered on an individual basis, taking account of the pupil's medical needs and the support required in school. For pupils with allergy, the IHP will include specific allergy arrangements and, where relevant, an Allergy Action Plan and/or Asthma Action Plan.

b) IHPs will be accessible to all relevant staff, including supply and agency staff, while preserving confidentiality. Information relating to life-threatening conditions must be available promptly to staff who may need to respond in an emergency. IHPs will not be displayed in locations where unauthorised people may access confidential information.

c) IHPs will be reviewed at least annually and whenever the pupil's medical circumstances, treatment, medication, support needs or school arrangements change, whichever is sooner.

d) Where a pupil has an Education, Health and Care Plan, the IHP will be linked to it where appropriate. The two documents serve different purposes and the IHP will remain the operational document for day-to-day medical support.

e) Where a pupil is returning from hospital education, alternative provision, home tuition or a prolonged period of absence because of health needs, the school will work with the Local Authority, provider, parents/carers and relevant professionals to ensure the IHP and reintegration arrangements identify the support needed to return safely and successfully.

1.1. Serious allergy incidents and near misses will be recorded, reported to parents/carers and the governing body as appropriate, and

reviewed to identify lessons and any changes needed to the Allergy Safety Policy, IHP, risk assessment, training or other arrangements.

1.2. The school will maintain arrangements for checking the expiry dates and condition of spare AAIs, replacing devices after use or when expired, and disposing of used or expired devices safely. Arrangements for off-site visits will ensure that pupils at risk of anaphylaxis have access to their prescribed emergency medication and that appropriately trained staff are available.

1.3. In an anaphylaxis emergency, staff will follow the pupil's IHP/Allergy Action Plan and the school's emergency procedures. Adrenaline should be administered as soon as possible and emergency services called immediately. Where a pupil's own prescribed adrenaline is unavailable, inaccessible or does not work, the school's spare AAI may be used in accordance with the statutory guidance and emergency procedures. The school recognises that a first allergic reaction may occur in a pupil with no previous diagnosis.

1.4. Pupils at risk of anaphylaxis should have access to their prescribed adrenaline devices at all times. The school will maintain spare adrenaline auto-injectors of appropriate dosage for emergency use. Spare AAIs will be stored in pairs, clearly labelled, readily accessible, at room temperature and in a location that enables them to reach a person experiencing anaphylaxis as quickly as possible and normally within five minutes. They will not be refrigerated or unnecessarily locked away.

1.5. All staff present when pupils are on site will receive allergy awareness and emergency response training at least annually. Training will include recognition of allergic reactions and anaphylaxis, emergency response, location and use of prescribed and spare adrenaline devices, calling emergency services, relevant asthma emergency response, reducing exposure to known allergens, use of Allergy Action Plans and reporting incidents and near misses.

1.6. The school maintains a separate, published Allergy Safety Policy. This policy should be read alongside it. The Allergy Safety Policy identifies the named senior leader responsible for allergy safety, arrangements for identifying pupils and staff with allergy, reducing exposure to known allergens, allergy awareness training, emergency response, Individual Healthcare Plans, participation in trips and activities, information sharing, incident reporting and supporting pupil wellbeing.

2. Allergy safety

5) **Transport arrangements**

a) Where a pupil with an IHP is allocated school transport, the school will liaise with the Local Authority transport team and, where appropriate, the driver or escort to ensure that relevant medical support, medication and emergency arrangements are understood and safely managed. Confidential information will only be shared where necessary to keep the pupil safe.

b) For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.

c) When prescribed controlled drugs or other essential medication need to be transported to school, parents/carers and the school will agree safe handover and storage arrangements. Medication must be clearly labelled and handled in accordance with the pupil's IHP and the school's medicines procedures.

d) Where controlled medication is transported, it will be kept securely under appropriate supervision and handed to an authorised member of school staff on arrival. Any change in arrangements will be agreed with the relevant transport provider and/or Local Authority where necessary.

6) **Education Health Needs (EHN) referrals**

a) Where a pupil is unable to attend school because of physical or mental health needs and it is clear that they will be absent for 15 school days or more, whether consecutive or cumulative across the school year, the school will work with the Local Authority and relevant professionals to ensure that appropriate educational provision is considered and arranged in accordance with the statutory guidance Education for children with health needs who cannot attend school.

b) The school will provide relevant information and evidence to support a Local Authority referral where appropriate. The school will continue to maintain contact with the pupil and family and will plan for reintegration when the pupil is able to return.

7) Medicines

a) Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.

b) If medication is required during school hours, parents/carers must complete the school's written consent arrangements before medication is administered, except where emergency treatment is permitted under relevant legislation and

statutory guidance. Consent arrangements will be reviewed when medication or circumstances change.

c) No child will be given prescription or non-prescription medicines without appropriate written consent, except where emergency treatment is permitted by law or statutory guidance, including the use of school-held spare adrenaline auto-injectors in an anaphylaxis emergency.

d) Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

e) No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

f) Medicines must be in date, clearly labelled and provided in the original container, with dosage and administration instructions. Exceptions may apply to insulin and other specialist medical devices or medication where these are supplied in an appropriate form. The school will follow relevant healthcare advice and its medication procedures.

g) The amount of medication supplied should be sufficient for the agreed period of support and should be kept under review. The school may set reasonable limits on the quantity of medication held on site for safe storage, taking account of the individual pupil's needs.

h) A pupil prescribed a controlled drug may legally have it in their possession if they are competent to do so. Where the pupil does not self-manage, controlled drugs will be stored securely but remain accessible when needed in accordance with the IHP and emergency arrangements. A controlled drug must never be passed from one pupil to another.

i) Routine medicines will be stored securely and in accordance with the manufacturer's storage instructions. Emergency medicines must be readily accessible. Adrenaline auto-injectors must be stored at room temperature and must not be refrigerated or unnecessarily locked away. Medication requiring refrigeration will be stored in a designated medication refrigerator or other suitable arrangement, separate from food where practicable.

j) Any medications left over at the end of the course will be returned to the child's parents.

k) Written records will be kept of medication administered to pupils, including the date, time, medication, dose, route where relevant, person administering and any significant response or incident.

l) Pupils will not be prevented from accessing prescribed emergency medication when it is needed. Arrangements for pupils who self-manage medication will be agreed with the pupil, parents/carers and relevant healthcare professionals and recorded where appropriate.

m) General posters and guidance about medical conditions may be displayed for staff where appropriate, provided that confidential pupil information is not disclosed. Staff will be directed to the school's current medical and allergy procedures and emergency arrangements.

n) Medication will be administered in accordance with the pupil's written instructions, consent arrangements and Individual Healthcare Plan where applicable. Any unexpected reaction or concern following administration will be treated as a medical incident and appropriate action taken.

o) Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

8) Emergencies

a) Medical emergencies will be dealt with under the school's emergency procedures and the pupil's IHP where applicable. Relevant staff will be familiar with signs and symptoms and will know how to access emergency medication and summon emergency assistance. For suspected anaphylaxis, staff will follow the school's Allergy Safety Policy and emergency response procedures.

b) Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

c) If a pupil needs to be taken to hospital, the school will arrange for an appropriate member of staff to remain with the child until their parents/carers or another appropriate responsible adult arrives, unless emergency services or safeguarding considerations require otherwise.

9) Day trips, residential visits and sporting activities

a) Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays and sporting activities. Participation should not be restricted because of a medical condition unless a healthcare professional advises that this is necessary or an appropriate risk assessment identifies an unavoidable significant risk.

b) Risk assessments will be undertaken where appropriate, with specific consideration of medical and allergy needs. Parents/carers and healthcare professionals will be consulted where necessary. For pupils at risk of

anaphylaxis, prescribed emergency medication and appropriately trained staff must be available in accordance with the IHP and Allergy Safety Policy.

10) Avoiding unacceptable practice

Each case will be considered individually, but the following practices are not considered acceptable:

The following behaviour is unacceptable in Shincliffe CE Primary**:**

Preventing children from easily accessing prescribed emergency medication, including inhalers and adrenaline auto-injectors, when it is needed, or creating unnecessary barriers to appropriate administration of medication.

a) Assuming that pupils with the same condition require the same treatment.
b) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
c) Sending pupils home frequently or preventing them from taking part in activities at school
d) Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
e) Penalising pupils for absences that arise from their medical condition. Attendance will be managed in accordance with the statutory guidance Working together to improve school attendance and the pupil's individual circumstances.
f) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
g) Creating barriers to children participating in school life, including school trips.
h) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

11) Insurance

a) The school will ensure that appropriate insurance arrangements are in place for staff undertaking responsibilities under this policy. Staff will not be expected to undertake duties for which appropriate training, competency and insurance arrangements are not in place.

b) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

12) Complaints

a) All complaints should be raised with the school in the first instance.

b) The details of how to make a formal complaint can be found in the School Complaints Policy.

13) Definitions

a) ‘Parent(s)’ is a wide reference not only to a pupil’s birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.

b) ‘Medical condition’ means a physical or mental health condition which affects a pupil’s ability to participate fully in school and/or requires additional support, adjustments, treatment or medication during the school day. This may include diagnosed conditions and, where appropriate, health needs identified or evidenced by relevant healthcare professionals while assessment or diagnosis is ongoing. This includes chronic or short-term conditions, long-term health needs or disability, illness, injury and recovery from treatment or surgery. Being generally unwell and common childhood diseases are not normally covered by this policy unless they require specific ongoing arrangements.

c) ‘Medication’ is defined as any prescribed or over the counter treatment.

d) ‘Prescription medication’ is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

e) A ‘staff member’ is defined as any member of staff employed at Shincliffe CE Primary school.

3. Key statutory guidance and related documents

- Department for Education, Supporting pupils at school with medical conditions (statutory guidance, 2017).
- Department for Education, Allergy safety in schools (statutory guidance, July 2026).
- Department for Education, Education for children with health needs who cannot attend school (statutory guidance, December 2023).
- Department for Education, Working together to improve school attendance (July 2026).
- Children and Families Act 2014, section 100.
- Children’s Wellbeing and Schools Act 2026, including section 34 relating to allergy safety policies.
- Equality Act 2010.
- Keeping Children Safe in Education 2026.
- Data Protection Act 2018 and UK GDPR, as applicable.
- Statutory Framework for the Early Years Foundation Stage, as applicable.

1
- Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

2
- Headteacher or delegated SLT member co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the pupil.

3
- Meeting held to discuss and agree on the need for IHP to include key school staff, child, parent and relevant healthcare professionals and other medical/health clinician as appropriate (or to consider evidence provided by them).

4
- Develop IHP in partnership. Agree who leads on writing it. input from healthcare professionals must be provided.

5
- School staff training needs identified.

6
- Healthcare professional commissions and/or delivers training.
- Staff signed off as competent - review date agreed.

7
- IHP implemented and circulated to all relevant staff.

8
- IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate.