



SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS – POLICY AND PROCEDURE

Headteacher: Mrs J Smeaton

Designated Governors: Mrs Caroline Fielder-Shatell (Safeguarding / Inclusion Link Governor)

Teacher (designated): Mr C Smith

SENCO: Mr C Smith

Pastoral Lead (operational lead for IHPs): Mrs D Elvin

Deputy Pastoral Lead / IHP cover: Mr C Smith

Date: Autumn Term 2026

Review Date: Autumn Term 2027

Legislative background

This policy takes account of:

- Department for Education statutory guidance “Supporting pupils at school with medical conditions” (Sept 2014, updated Aug 2017) and subsequent relevant guidance;
- Children and Families Act 2014 (Section 100);
- Equality Act 2010;
- SEND Code of Practice (including updates to 2024);
- Human Medicines (Amendment No. 2) Regulations 2014;
- Maintained schools: governance guide (July 2026) – section on supporting pupils with medical conditions;
- Statutory allergy safety duties (from Sept 2026) and associated guidance.

Introduction

St Peter and St Paul CE Primary School will support children with medical conditions so they can play a full and active role in school life, remain healthy and achieve their potential. We recognise the individual nature of medical needs and will work in partnership with parents, healthcare professionals, the local authority and other agencies to put appropriate arrangements in place.

Policy statement

Governing Body responsibilities

The Governing Body ensures arrangements are in place to support pupils with medical conditions. The Governing Body delegates day-to-day operational oversight of this policy to the Headteacher and monitors implementation through the Safeguarding / Inclusion Link Governor at least annually. The Safeguarding / Inclusion Link Governor will receive an annual report that summarises:

- numbers of children with Individual Healthcare Plans (IHPs);
 - training completed and planned;
 - incidents and near-misses related to medical care;
 - any required actions and resource implications.
- The Governing Body will ensure this policy is reviewed regularly, is readily accessible to parents and staff, and is effectively implemented.

Named roles and responsibilities

- Headteacher: overall responsibility for the development and implementation of this policy; ensures sufficient trained staff, appropriate insurance, liaison with school nursing service and reporting to governors.
- Pastoral Lead: operational lead for IHPs; responsible for coordinating development, review and storage of IHPs; holds training tracker and records of checks/drills; maintains IHP and medication records. Contact details are held in the school office and on the secure staff drive.
- Deputy Pastoral Lead / SENCO: provides cover for the Pastoral Lead and acts as the named contact when the Pastoral Lead is unavailable.
- Designated Safeguarding / Inclusion Link Governor: receives annual report and monitors implementation.
- School staff: any member may be asked to provide support; staff will only undertake tasks for which they have been trained and competency-signed off.
- Parents / carers: provide up-to-date information and consent, supply medicines and equipment, participate in development and review of IHPs, and ensure contactability.
- Pupils: involved in discussions about their care and self-management as appropriate for age and maturity.
- Local Authority, health services and ICBs: will be engaged as required and will be communicated with to support children with medical needs.

Policy arrangements

- Sufficient staff are suitably trained and competent before taking on responsibilities for supporting children with medical conditions.
- All relevant staff (including supply/temporary staff) are made aware of a child's condition and the support required.
- Clear cover arrangements are in place for staff absence to ensure continuity.
- Risk assessments are completed for educational visits and activities outside the normal timetable.
- IHPs are developed, stored, reviewed and shared in line with this policy and involve appropriate healthcare professionals.

Procedure when notification is received that a child has a medical condition

The school will:

- Put arrangements in place to cover transition from another setting or on admission, varying these according to existing IHPs.
- Implement arrangements following reintegration or when needs change.
- Ensure arrangements are in place in time for the start of a new term.
- For mid-term admissions or new diagnoses: the Pastoral Lead will complete an initial risk assessment within five school days and finalise the IHP within two weeks unless

urgent bespoke arrangements are required earlier. Temporary interim arrangements will be documented and communicated to parents and staff.

- Provide support where professionals judge a medical condition likely.
- Ensure staff training needs are identified and met.

Individual Healthcare Plans (IHPs)

Responsibility and purpose

The Pastoral Lead is responsible for developing and coordinating IHPs in liaison with relevant healthcare professionals (e.g., school nurse, specialist nurse, paediatrician). IHPs clarify what needs to be done, when and by whom. They are essential where conditions fluctuate or present a high risk of emergency intervention, and are likely to be helpful for most long-term or complex conditions.

Decision-making, review and confidentiality

Healthcare professionals, the school and parents will agree when an IHP is appropriate. If consensus cannot be reached, the Headteacher will take a final view. IHPs are confidential to parents/child and staff who need to know. IHPs will be reviewed at least annually or more frequently if needs change. Reviews will be linked to any EHC plan/Statement as appropriate and to attendance or SEND monitoring where relevant.

Content, storage and sharing

IHPs will include:

- the child's name, date of birth, photo of the child, emergency contact details and GP details;
- the medical condition, triggers, signs, symptoms and treatments;
- medication (dose, side effects, storage) and other treatments, including consent for emergency treatment and whether the child can self-administer;
- access to food and drink where needed to manage condition and any dietary requirements;
- the child's resulting needs for education, social and emotional support (e.g., rest periods, catch-up arrangements);
- who will provide support, their training and competency confirmation from a healthcare professional, and cover arrangements for when they are unavailable;
- who in school needs to be aware of the condition;
- arrangements for educational visits, off-site activities and transport;
- where confidentiality issues arise, the designated individuals entrusted with information;
- a clear "What to do in an emergency" section with immediate actions and contacts;
- consent for sharing IHP information with third parties (e.g., transport providers, external coaches).

IHPs will be stored centrally in a secure electronic system with access controls. A concise, redacted summary (including photo and emergency steps) will be held in the class teacher's folder and on the secure staff drive to ensure immediate access during incidents. Copies shared with external providers require parental consent and are logged.

Information to be recorded on IHPs

When developing an IHP, the school will consider:

- the condition, triggers and management plan;
- medication and equipment needs, facilities, testing and storage;
- dietary and environmental adjustments (e.g., crowded corridors);
- educational, social and emotional support needs and exam/assessment adjustments;
- the level of support needed and emergency procedures;
- who provides support and training needs, and confirmation of competency;
- who needs to know and how information is shared;
- consent arrangements for administration of medicines via meditracker (or paper if meditracker unavailable) and for self-administration;
- arrangements for school trips and risk assessments;
- retention and data protection considerations (see Records and retention).

Roles and responsibilities (summary)

- Governing Body: ensures statutory arrangements, monitors implementation and receives annual reports.
- Headteacher: develops policy, ensures trained staff, liaises with health services and local authority.
- Pastoral Lead: operationally coordinates IHPs, training tracker, emergency drills and record-keeping.
- Staff: support children as trained and competent; know what to do in emergencies.
- Parents: provide information, consent and required supplies; engage in IHP development.
- Pupils: contribute to planning where appropriate.

Staff training and competency assurance

- Training needs are assessed against the needs of pupils on roll and anticipated admissions. A training schedule will specify initial and refresher training (for example: asthma awareness for all staff annually; anaphylaxis/AAI training every year; condition-specific competency sign-off after practical training).
- Training will be provided by appropriate healthcare professionals where required. Parents may be asked for advice where relevant.
- All training and competency checks will be recorded and kept by the Pastoral Lead. Only staff who are competency-signed off may undertake specific medical procedures.
- Training records and the training tracker will be presented to governors annually.

The child's role in managing their own medical needs

Where appropriate, children will be supported and encouraged to manage their own medicines and procedures. IHPs will clearly state if a child is competent to self-administer and how this is monitored. If a child refuses medicine or a procedure, staff will follow the IHP and inform parents and healthcare professionals immediately.

Managing medicines on school premises

- Where clinically possible, medicines should be prescribed to avoid school-time doses. When not possible:
 - Medicines will only be administered when it would be detrimental to a child's health or attendance not to do so.

- No medicine (prescription or non-prescription – with the exception of an emergency use of an AAI) will be given without parental consent via meditracker. If meditracker is unavailable, a signed paper consent form will be used and uploaded to meditracker at the earliest opportunity.
- Non-prescription medicines should be managed by parents where reasonably practicable. For educational visits, parental written consent via meditracker (or paper form) is required.
- No aspirin will be given unless prescribed.
- The school will only accept prescribed medicines that are in-date, labelled and in the original container as dispensed by a pharmacist, except insulin which may be in a pen or pump.
- Medicines will be stored safely: locked cabinet in the school office, fridge in the staff room where required, or secure classroom cupboards where appropriate. Children who need immediate access (e.g., inhalers) will be shown where they are kept.
- AAIs and recovery medication are stored centrally and labelled for accessibility.
- Controlled drugs will be stored securely in a non-portable container with access restricted to named staff. Administration of controlled drugs must be recorded in the controlled drug log and witnessed where practicable by two members of staff. Disposal of controlled drugs follows NHS/local pharmacy guidance and is evidenced by dated records signed by parent and staff.
- On educational visits, medicines will be available and supervised by a relevant trained member of staff.
- When medicines are no longer required they will be returned to parents for safe disposal; records of return/disposal will be kept.
- All medicines administered will be recorded, stating what, how much, when and by whom. Parents will be informed of any unwell episodes via meditracker (or phone where necessary).
- Meditracker is the default system for consent and records; paper contingency forms are maintained and must be uploaded when systems are restored.

Emergency procedures

- IHPs clearly define what constitutes an emergency for that child and set out actions to be taken. All relevant staff will be made aware of emergency symptoms and procedures.
- If a child is taken to hospital, staff will stay with the child until parents arrive or accompany the child in an ambulance if appropriate. Accurate information about the child will be provided to emergency services.
- The school will keep a log of emergency incidents and any subsequent learning actions.
- The school defibrillator (located in the main school office) will be checked regularly.

Educational visits and sporting activities

- The school will make reasonable adjustments to enable children with medical conditions to participate in trips and activities. Individual risk assessments and specific arrangements will be made in consultation with parents and healthcare professionals.

- External providers and coaches will be provided with relevant, consented information from the IHP and any medicines required will be available and supervised.

Unacceptable practice

Although staff will judge each case with reference to IHPs, it is unacceptable to:

- Prevent children accessing their inhalers and medicines and administering them when necessary;
 - Assume all children with the same condition require identical support;
 - Ignore the views of the child or parents or ignore medical evidence (unless challenged appropriately);
 - Send children home or prevent them staying for normal activities unless specified in the IHP;
 - Send an unwell child to the office or medical room unaccompanied or with someone unsuitable;
 - Penalise attendance where absences are related to medical conditions;
 - Prevent children from drinking, eating or taking breaks they need to manage their condition;
 - Require parents to attend school to administer medication or provide medical support (e.g., toileting) as a condition of the child attending;
 - Create unnecessary barriers to participation in any aspect of school life.
- Staff will not be required to undertake intimate personal care beyond their training. Where intimate care or toileting support is needed, this will be covered by an IHP or intimate care plan and undertaken by trained staff with parental consent.

Links with SEND, attendance and external support

- Where a child with medical needs is also on the SEND register or has an EHC plan, the IHP will be cross-referenced with SEND support plans and the EHC plan.
- Absences related to medical needs will be recorded separately and triggers for involvement of TAMNET or alternative provision will be specified in line with the Attendance Policy.
- The Pastoral Lead and named local authority officer (where applicable) will liaise to ensure continuity for children unable to attend school due to health needs. Parents and children will be involved in planning from the outset.

Allergy safety duties

- From Sept 2026 the school recognises its allergy safety duties. An allergy safety policy is maintained, reviewed at least annually, publicised with staff and pupils and published on the website. Staff are briefed on allergy safety and relevant IHPs reflect allergy management and emergency response.

Records, retention and data protection

- All IHPs and medicine administration records are retained securely in accordance with data protection legislation and the school's retention schedule. Medical records (including IHPs and administration logs) will be retained for 7 years where appropriate, unless otherwise specified by law or local authority guidance.

- Sharing of pupils' medical information will be limited to those who have a legitimate need to know and will usually be done with parental consent. However, where sharing information is necessary to safeguard a child, staff may share relevant medical or other special-category personal data without consent, using professional judgement to ensure any disclosure is proportionate, necessary and recorded. Staff should consult the Designated Safeguarding Lead (or deputy) and follow the school's information-sharing and child-protection procedures when making decisions.
- The Governing Body ensures appropriate insurance is in place covering staff providing support to pupils with medical conditions. Levels of cover will be reviewed periodically, especially where healthcare procedures and training requirements change.

Complaints

- Parents/ carers dissatisfied with support should discuss concerns with the school. If unresolved, they may use the school's complaints procedure.

Accessibility and communication with families

- Key medical forms, IHP summaries and emergency procedures will be provided in accessible formats and other languages where required. Interpreting support will be arranged for medical meetings where parents require it.
- The school will ensure that families who do not use English as a first language receive appropriate support to engage with IHP development and review.

Other issues and contingencies

- The school stores 4 spare AAIs (both age groups) which are located in the secure cupboard in the cube.
- The school has trained First Aiders and staff trained in CPR. A defibrillator is located in the main school office.
- The school holds an emergency asthma inhaler in the admin office where appropriate and in line with guidance.
- The school will follow national and local public health guidance for infectious diseases and reflect relevant contingency arrangements in IHPs where required.
- While meditracker is the default platform for consent and records, paper forms are available and will be used if meditracker is inaccessible; staff must upload offline records to meditracker at the earliest opportunity.

Related documents

- Attendance Policy
- Safeguarding / Child Protection Policy
- SEND Policy
- First Aid Policy
- Educational Visits Policy
- Data Protection / Records Retention schedule

- Equality & Diversity statement

Training, checks and monitoring

- The Pastoral Lead holds a training tracker and ensures the schedule is followed and competency sign-offs are recorded.
- The Pastoral Lead logs monthly AED checks, medicine checks, annual emergency drills and maintains the controlled drugs log and administration records.
- The Safeguarding / Inclusion Link Governor receives an annual summary report and monitors implementation; the Headteacher reports termly on medical needs as part of the safeguarding update.

Annexe A: Process for developing IHPs

- Initial notification or diagnosis → Pastoral Lead records details and arranges initial meeting with parents and relevant healthcare professional (within 5 school days for mid-term cases) → initial risk assessment completed → draft IHP prepared with input from health professional and parents → competency requirements and staff training identified → consent obtained via meditracker (or signed paper) → IHP finalised within two weeks (sooner if needed) → IHP stored centrally and a concise summary placed with the class teacher → regular review at least annually or when condition/needs change.

Annexe B: Further advice and resources

- Anaphylaxis Campaign, Asthma UK, Diabetes UK, Epilepsy Action, Department for Education, Council for Disabled Children, National Children's Bureau, TAMNET (Tuition and Medical Needs Education Team) and local health services. Contact details are available in staff resources.

This policy was renewed: Autumn Term 2026. This policy will be reviewed: Autumn Term 2027.

Signed by the Chair of Governors: _____