All Souls' Catholic
PRIMARY SCHOOL

Supporting Pupils with Medical Conditions Policy

September 2026

Review Programme	
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Signed – Chair of Governors	S. Langford
Signed – Headteacher	

All Souls' Catholic Primary School

Supporting Pupils with Medical Conditions Policy

'Christ is our Light'

Contents

1. Aims....3
2. Legislation and statutory responsibilities....3
3. Roles and responsibilities....3
4. Equal opportunities....5
5. Being notified that a child has a medical condition....5
6. Individual Health Care Plan....5
7. Managing Medication ……..……6
8. School Trips…….…….…… 8
9. Unacceptable Practice…….…….8
10. Emergency procedures……8
11. Training……8
12.Record keeping……..9
13. Asthma....9
14. The School Defibriallator....9
15. Liability and Indemnity……10
16. Complaints……...10
17. Monitoring Arrangements……..10
18. Links to other policies…….10

All Souls Catholic Primary School welcomes and supports children with medical and health conditions. We aim to include all children with medical conditions in all school activities, including off site visits, differentiated as appropriate. We recognise that some medical conditions may be defined as disabilities and consequently come under the Equality Act 2010.

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions;
- Pupils with medical conditions are properly supported so that they can access the same opportunities as other pupils including school trips and sporting activities
- Parents and pupils have confidence in the school's ability to provide effective support for medical conditions in school

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained;
- Making staff aware of pupils' conditions, where appropriate;
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions;
- Providing supply teachers with appropriate information about the policy and relevant pupils;
- Developing and monitoring Individual Health Care Plans (IHCPs).

The named person with responsibility for implementing this policy is the Head Teacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on Supporting Pupils with Medical Conditions at School as well as Allergy Safety in School (July 2026)

3. Roles and responsibilities

3.1 The Governing Body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions including allergies. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher holds overall responsibility for the following but may delegate some of the responsibilities to a named person:

- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development & monitoring of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure absences due to medical needs are monitored and alternative arrangements for continuing education are in place
- Work together to quality assure staff competency in specific procedures

- Regularly remind staff of the school medical policy and procedures

3.3 School Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff who support children with medical conditions must notify a member of the SLT if they are going to be off-site so that alternative arrangements can be made.

All staff have a responsibility to :

- Understand and implement the medical policy
- Know which children in their care have a medical condition
- Allow all children to have immediate access to their emergency medication
- Maintain effective communication with parents including informing them if their child has been unwell at school
- Ensure children who carry their medication with them have it when they go on a school trip or out of the classroom e.g. to the field for PE
- Ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in
- Ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

3.4 Special Educational Needs Co-ordinator (SENCo)

has a responsibility to:

- Help update the school's medical condition policy
- Know which children have a medical condition and which have special educational
- needs because of their condition
- Ensure teachers make the necessary arrangements if a child needs special
- consideration
- Where a child has SEN but does not have an EHCP, ensure their SEN is mentioned in their IHCP.
- Where the child has a SEN identified in an EHCP, ensure the IHP is linked to or a part of that EHCP
- Support the development of IHPs for children with medical conditions

3.5 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs, including if their medical needs no longer exist.
- If required be involved in the development and review of their child's IHP
- Ensure that medications supplied to school are correctly labelled and in date
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

3.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Older pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

4. Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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

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

5. Being Notified that a Child has a Medical Condition

Notification of a child's medical condition may come via a number of routes e.g. by parents, Healthy Child nurse, admission forms etc.
Whatever the route the Headteacher must be informed as soon as possible.

They will then, with the support of nominated staff, seek further information about the condition and determine, with the support of parents, and relevant health professional whether an Individual Healthcare Plan is required. They will then identify any medication / health care procedures needed, and aspects of a child's care they can manage themselves, which staff will be involved in supporting the child, what training is needed and identify which staff need to know the details of the child's medical condition, informing them as appropriate.

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

6. Individual Healthcare Plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to members of the SLT.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be kept according to NYCC guidance & the requirements of the UK GDPR.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done;
- When;
- By whom.

Not all pupils with a medical condition will require an IHP. It will be agreed with a Health care professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

As a general rule if a child suffers with a common condition, such as asthma, allergy or eczema, which is well managed in school, a health plan is not required. Health plans are required for children who have more serious symptoms which are more like to require emergency medical treatment or hosptialisation e.g. children with severe allergies requiring Epipen or regular antihistamine such as tetrazine or piriton, children with severe asthma, lesson common conditions such as cerebral palsy.

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

IHPs will be linked to, or become part of, any Education, Health and Care plan (EHCP). If a pupil has SEN but does not have an EHCP, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and SLT will consider the following when deciding what information to record on IHPs:

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

7. Managing medicines

The school will only administer medication to children if full consent has been provided by parents through the completion of the school's 'Request for Medicine to be Administered In School' form, located on the school's website. Parents unable to access this can request a hard copy of this to be printed for their completion.

Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

7.1 Administration of medication at school

We will only administer medication at school when it is essential to do so and where not to do so would be detrimental to a child's health. In all instances staff will encourage independence in the administration of medication, at a level appropriate for children's age and stage of development

Administration of Prescription medicine

These are pharmaceutical drugs that legally require a medical prescription to be dispensed and supplied to a patient.

- We will only accept prescription medication that has been **prescribed** by a doctor, dentist, nurse prescriber or pharmacist prescriber and are in-date, labelled and provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- Medication supplied without the above will not be administered by school staff who, before administering any medication will check the above.
- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Administration of Non-prescription medicines

These are known as over the counter medicine and can be obtained without a prescription and can be purchased either under the supervision of a pharmacist or on general sale.

We recognise that sometimes children are unwell with conditions which do not require them to see a medical professional but where parents will choose to medicate using over the counter medicines or products recommended by a pharmacist.

When agreeing to administer a non-prescription medication parents should be aware that school is not making the clinical decision that the medication is appropriate for the child's health condition and that this responsibility remains with the parent following their consent.

Therefore

- Non prescribed medication can only be administered in a school/setting where it is absolutely essential to the child's health and where it cannot be taken out of the schools/settings hours.
- The school/setting should ensure they treat the non prescribed medication the same as if it were prescribed i.e. Checking the packaging, expiry date, dosage, administration instructions, correct storage etc.
- Non-prescription medication should be supplied in full packaging and with full documentation provided at purchase. It will only be administered in accordance with the guidelines contained with the medication – unless explicit guidance is received from a recognised medical practitioner.
- Non – prescribed medication should be provided by the parents. The school will not routinely hold their own stocks of medication
- We will not give **Aspirin** to any child under unless it is prescribed
- We only give medication where consent has been granted through the completion of the 'request to administer medication form'.
- Where appropriate, children are encouraged to administer their own medication

7.2 Administration of medication - general

- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication unless they have been specifically contracted to do so or it is in their job description.
- For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils but only with a parent's written consent.
- Where possible, children should play a role in the administration of their medicine and independence should be encouraged.
- Some medicines require staff to receive specific training on how to administer it from a registered health professional.
- Two adults should oversee the administration of all medication, including ensuring that the correct dosage is administered. This is the case even if children play a role in the administration of their own medication.
- The administration of all medication is recorded in accordance with what is described in the 'record keeping' part of this policy.

7.3 Children who can manage their own needs

We encourage all children to manage as much of their own needs as is appropriate. The Headteacher / SLT will determine after discussion with parents whether a child is competent to manage their own medicine and procedures. Where a child has been recently diagnosed, or has an additional disability/condition e.g. visual impairment, we support them to gradually take on more of their own care, over time, as appropriate with the aim of them becoming as independent as possible.

7.4 Safe storage – general

- The Headteacher ensures the correct storage of medication at school
- All medication should be handed over to school staff by an adult and returned back to an adult.
- All medication, expect for inhalers, epipens or medication which may be required in an emergency, should be kept securely in a lockable medicine cabinet in the school office
- Once no longer required, medication should be returned to parents
- The school will not dispose of out of date medicine. These are returned to parents for disposal.
- Some medications need to be refrigerated. These are stored in a clearly labelled container in either the fridge stored in the main school office or the fridge in the headteacher's office.
- Pupils will be informed about where their medicines are at all times and be able to access them immediately.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away. These will typically be kept in classroom medical boxes.

8.0 School Trips

Staff organising our school trips ensure:

- they plan well in advance.
- they seek information about any medical / health care needs which may require management during a school trip. This is specifically relevant for residential visits when children may require medication / procedures that they would not normally require during the daytime.
- that any medication, equipment, health care plans are taken with them and kept appropriately during the trip.
- Any medication administered whilst on a school trip is recorded using the school proforma, which can be obtained from the headteacher or admin office
- Medical conditions and how they will be managed should be recorded within an event specific risk assessment. Staff are aware that some children may require an individual risk assessment due to the nature of their medical condition.

9.0 Unacceptable practice

School staff use their discretion about individual cases and refer to a child's Individual Healthcare Plan, where they have one, however; it is not generally acceptable to:

- Prevent child from accessing their inhalers or other medication
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child and their parents
- Ignore medical evidence or opinion although this may be challenged
- Send child with medical conditions home frequently or prevent them from staying for normal school activities e.g. lunch unless it is specified in the child's Individual Healthcare Plan
- Send an ill child to the school office or medical room without a suitable person to accompany them
- Penalise child for their attendance record if their absences relate to their medical condition e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need in order to manage their medical condition
- Require parents, or otherwise make them feel obliged to come into school to provide medical support to their child, including toileting issues and manual handling issues
- Prevent child from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring the parent to accompany the child.

10. Emergency procedures

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

If a child needs to be taken to hospital, an ambulance will be called and, if parents are not available, a member of staff will accompany and school will phone the parent/s to meet the ambulance at casualty. The member of staff will stay with the child until a parent arrives. Health professionals are responsible for any decisions on medical treatment in the absence of a parent.

Staff will not take a child to hospital in their own vehicle unless it is an absolute necessity.

11.0 Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Safeguarding, Attendance & Welfare Team. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

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

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. In some cases written instructions from the parent or on the medication container dispensed by the pharmacist is sufficient and the Headteacher / named person will determine this.

11.1 Whole school staff awareness training

All staff will receive training in the following:

- asthma
- epilepsy
- allergic reaction
- diabetes

This training is updated annually on a rolling programme and will be provided either online or via the school nursing team.

12. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. This is whether an adult has administered the medication directly, supported the child in administering the medication or has supervised a child administering medication independently. All medication administered on the school site or during a school trip will be at least supervised by a school adult.

This information is recorded by hand on the school's template document which is stored securely in the school admin office. Information recorded includes the child's name, name of medication and strength, dosage, date and time of administration, the name of the person administering the medication and the name of an additional adult who has witnessed the administration (including the measurement of any dosage)

IHPs are kept electronically by the SLT and are readily available to relevant staff. Staff with direct responsibility as identified within an IHP will be supplied additionally with a hard copy.

Children's medical needs are recorded on class SEND and medical registers.

Requests from parents for the school to administer medication are made electronically using the school online form. These are kept inline with retention guidelines for such information.

13.0 Asthma

- School staff are aware that, although it is a relatively common condition, asthma can develop into a life threatening situation.
- Guidance on what to do in the event of an asthma attack is displayed in each classroom and area of school. The reverse of this contains details on pupils known to be asthmatic.
- Children who have asthma will not have an Individual Healthcare Plan unless their condition is severe or complicated with further medical conditions.
- In general, children should keep their inhaler in their possession or in class medical boxes where they can be accessed quickly in the event of being required. For PE lessons or off-site visits, inhalers should be kept by children individually or for children too young or unable to do this, with a named adult who will be in close proximity to the child for the duration of the visit. This should be recorded on any event specific risk assessment.

14.0 The school defibrillator

As part of our first aid equipment the school has a defibrillator. The SLT and named first aid lead is

responsible for checking the unit is kept in good condition. This is done on a termly basis. School First Aiders are trained in the defibrillators use.

15. Emergency auto injectors

In line with the requirements of 'Allergy Safety in Schools' (July 2026) the school keeps emergency auto injector adrenaline devices in school. These are stored in a dedicated, labelled box, located in the corridor outside the admin office. These should be used in line with statutory guidance and the dates checked half-termly alongside the first-aid check and restock.

16. Liability and indemnity

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

The school's public liability insurance is provided by Zurich – details of which can be provided upon request.

17. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the SLT in the first instance. If they cannot resolve the matter, they will direct parents to the school's complaints procedure.

18. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

19. Links to other policies

This policy links to the following policies:

- Allergy policy
- Accessibility Plan
- Complaints
- Equality information and objectives
- Health and safety including first aid
- Children protection and safeguarding
- SEND policy