Staining C of E Primary School

Medicine and Supporting Pupils at School with Medical Conditions Policy (2026)

1. Introduction

Staining C of E Primary School is committed to ensuring that all pupils with medical conditions - including temporary, chronic, complex, or life-threatening conditions - receive appropriate support to enable full participation in all aspects of school life. Pupils will never be denied admission or excluded from school on medical grounds alone.

This policy has been framed to fulfil statutory duties and operational responsibilities set out in the legislation and statutory guidance in Appendix A.

This policy operates in direct conjunction with the school's separate Asthma Policy, Allergy & Anaphylaxis Policy, First Aid Policy, Safeguarding and Child Protection Policy, Educational Visits Policy, Behaviour and Anti-Bullying Policy, and Data Protection Policy.

2. Aims

At Staining C of E Primary School, we believe that pupils at school with medical conditions must be properly supported so that they have full access to education, including school trips, physical education, extracurricular clubs and sports events. School staff have a duty of care to act in loco parentis and respond appropriately and promptly in emergencies. The school will work with parents/carers, health professionals and the Local Authority to ensure each child receives the support they need and can access education on an equitable basis.

The primary aims of this policy are to:

- Ensure children with medical conditions are safe, valued, included and supported to achieve their full potential.
- Establish clear, documented roles and responsibilities across the governing body, senior leadership team, school staff, catering staff and external partners.
- Develop, implement and maintain robust Individual Healthcare Plans (IHPs) and clinical action plans (such as BSACI Allergy Action Plans and Asthma Action Plans) tailored to individual pupil needs.
- Provide seamless management, safe storage and rapid access to prescribed and emergency medications across all school environments.
- Maintain mandatory staff training matrices for medical needs in school.

• Support educational reintegration following medically related absence, managing short-term and frequent absences effectively to prevent educational disadvantage.

• Ensure staff do not make unverified assumptions about medical conditions, ignore medical advice, or penalise attendance related to medical needs.

3. Roles and Responsibilities

3.1 Governing Body

Staining C of E Primary School's Governing Body will:

• Approve the policy and ensure its publication on the school website

• Ensure adequate resources, facilities, and staff training are provided to support pupils with medical conditions.

• Ensure the policy is reviewed regularly

• Ensure appropriate training/resources are available

• Monitor implementation

• Receive termly governance reports at the Health & Safety Committee regarding serious medical incidents, medication errors, and near misses to ensure continuous institutional learning

• Ensure the school meets its equality and statutory duties

3.2 Headteacher

The Headteacher has overall responsibility and accountability for policy implementation and execution, including:

• Ensuring overall effective implementation of this policy across the school

• Ensuring all staff are aware of their responsibilities and appropriately trained

• Conducting risk assessments and ensuring mandatory statutory reporting (RIDDOR, EYFS/Ofsted notifications) is executed

3.3 Deputy Headteacher

Staining C of E Primary School's Deputy Headteacher will:

• Ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

• Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency

situations

• Overseeing day-to-day policy implementation and maintaining the school's Central Medical Register

• Ensure the school maintains appropriate records of medical needs and IHPs

• Ensure staff training is monitored and refreshed

• Ensure emergency arrangements are reviewed

• Ensure medication procedures are followed

• Overseeing emergency medication kits

• Monitor medical incidents and near misses

• Ensure incidents and medication errors are appropriately recorded and reviewed

• Ensuring learning from medical near misses and incidents is incorporated into operational procedures.

3.4 SENCo

Staining C of E Primary School's SENCo leads special educational and complex medical needs integration. Duties include:

• Leading the creation, annual review and updating of Individual Healthcare Plans (IHPs) in partnership with parents/carers and healthcare professionals

• Briefing class teachers, support staff, and supply/temporary personnel regarding pupil medical needs and IHP access

• Support reintegration following periods of absence on medical grounds

• Liaising with the School Nursing Service, NHS clinicians, and paediatric specialists

• Liaise with parents and healthcare professionals

• Addressing transition arrangements between key stages and early years settings

3.5 Children and Family Lead

Staining C of E Primary School's Children and Family Lead will:

• Maintain a record of pupils with significant medical conditions, alongside the Deputy Headteacher

• Monitoring prescribed medication expiry dates and dispatching reminders to parents/carers prior to expiration

• Maintaining and restocking first aid kits and supervising the school's Automated External Defibrillator (AED).

• Supporting pupil emotional wellbeing and addressing any health-related anxiety

3.6 Educational Visits Coordinator (EVC) & Visit Leaders

Medical conditions and medication requirements will be considered as part of the planning process for educational visits, residential visits and sporting activities. Individual Healthcare Plans and emergency procedures will be taken into account. The visit leader must ensure medical needs are fully integrated into trip planning for off-site and residential visits. The EVC will monitor risk assessments for trips, ensuring medical needs are included.

3.7 All School Staff

All staff members who supervise pupils must:

- Be aware of children's medical needs
- Follow procedures for medicines and emergencies
- Support reintegration following periods of absence on medical grounds
- Attend training as required
- Know where relevant emergency medication is stored
- Know how to access the relevant IHP
- Know how to summon emergency assistance
- Promptly record all medication administration, first aid interventions, and medical incidents
- Maintain confidentiality when dealing with pupils` medical information

Staff will only administer medication if they are trained and authorised to.

3.8 Parents/Carers:

The prime responsibility for a child's health rests with parents/carers, who must provide the school with accurate, up-to-date medical information and notify school of changes in condition/treatment. They should supply medication in the original container with correct labels and complete all consent forms for medication administration. They should provide replacement/updated medication before medication expire, participate in IHP reviews, ensure the school has appropriate emergency contacts and collect medication when no longer required.

4. Individual Healthcare Plans (IHPs)

Individual Healthcare Plans (IHPs) ensure the school effectively supports pupils with medical conditions. Not every pupil with a medical condition requires an IHP; the decision is based on clinical need, functional impact, and risk of harm.

4.1 Criteria for an IHP

An IHP will be considered where a pupil:

• Has complex, long-term, or severe medical needs (e.g., severe asthma, anaphylaxis risk, diabetes, epilepsy)

• Requires specific medication, support, or emergency interventions during the school day

• Has specific environmental triggers or dietary restrictions requiring risk management

• Requires learning adjustments or reintegration support following medically related absence

4.2 IHP Content

IHPs are school-based documents developed by the Child and Family Lead/SENCo in partnership with parents/carers, pupils, and healthcare professionals and reviewed at least annually, or sooner if needs change.

They will include:

• Medical condition details, triggers, 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

• Specific support for 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

• Level of support needed and who will provide this support

• Emergency procedures and contacts

• Roles, responsibilities and training needs

• Who in the school needs to be aware of this child's condition

Where a clinician has issued a formal clinical plan, it must be attached directly to the IHP:

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting at Staining C of E Primary School, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to our school mid-term, we will make every effort to ensure that arrangements are put in place as soon as reasonably practicable and without unnecessary delay.

Please see Appendix B for the Model process for developing individual health care plans.

5. Managing Medicines in School

5.1 Prescription vs. Non-Prescription Medication

Staining C of E Primary School follows Lancashire County Council (LCC) guidance regarding the administration of medicines in school.

The school will accept prescription medication where it is necessary to support a child's health during the school day. Medication must be provided in the original container, as dispensed by a pharmacist, clearly labelled with the child's name, dosage and administration instructions. A completed parental consent form must also be provided.

As a general rule, the school does not accept or administer non-prescription medication, including paracetamol, generic analgesics, throat lozenges or cough sweets (e.g. Strepsils, Tunes and Lockets), and topical preparations such as Bonjela. However, where a child has an agreed Individual Healthcare Plan (IHCP), the school may accept and administer appropriate nonprescription medication where this has been identified as necessary to manage the child's individual health needs. This may include, for example, antihistamines or medication used to manage migraines. Any non-prescription medication authorised through an IHCP must be supplied in its original packaging, clearly labelled with the child's name where and accompanied by clear dosage and administration instructions and the required parental consent. The medication must be specifically identified within, or supported by, the child's agreed IHCP.

The school will not administer non-prescription medication on an ad hoc basis outside these arrangements. Medicines supplied in unlabelled or repackaged containers will not be accepted.

5.2 Administration Protocols & Record Keeping

Medication administration is governed by rigorous safety rules:

- First-aid qualifications alone do not constitute authorisation to administer medication. Only staff who have received specific training and authorisation may administer medicines.
- Every administration must be witnessed, logged immediately and signed digitally on Medical Tracker.
- Staff will never force a pupil to take medication; refusals are documented on Medical Tracker and parents contacted immediately.
- Medication errors or omissions must be reported immediately to the Headteacher and/or Deputy Headteacher for risk evaluation.
- Controlled drugs are stored securely and logged

• We will not require parents to come to school to administer medication

Please see Appendix C for our Flowchart of actions once medicine is brought into school

5.3 Pupil Self-Administration

Where agreed in the IHP following a joint assessment of age, maturity and competence, pupils are supported to carry and self-administer their prescribed reliever inhalers or emergency medication. Staff maintain appropriate supervisory oversight.

6. Storage of Medicines

Medicines will be stored securely in the original container in agreed, readily accessible, unlocked locations known to all staff, enabling rapid access in life-threatening emergencies. Refrigerated medicines are kept in a dedicated fridge, separate from food. Staff will not prevent pupils from accessing medication or their inhaler.

Staff know where medication is stored. Expiry dates are monitored by the Pastoral Lead and reminders are sent via Medical Tracker when the date is nearing.

Parents must collect medicines at the end of the course or term. Expired medicines will be returned to parents or a pharmacy.

Arrangements for the storage, accessibility and use of adrenaline auto-injectors and other allergy related emergency medication are set out in the school's Allergy and Anaphylaxis Policy.

Arrangements for the storage, accessibility and use of inhalers are set out in the school's Asthma Policy.

The school maintains an Automated External Defibrillator (AED) located in the Main Office.

Managed by the Bursar, our AED is checked regularly, registered on the national AED database and accessible for immediate 999 resuscitation response.

7. Mandatory Staff Training Matrix & Intervals

The school enforces strict statutory training requirements to ensure staff competence and confidence across medical procedures.

Training Course / Module	Who	Mandatory Frequency Interval
Allergy Awareness & Emergency Response	All school staff, catering, cover, and wraparound staff	**Annual (Every 12 Months)**
KITT Medical Practical Spare AAI Training	All teaching, pastoral, and supervisory staff	**Biannual (Every 2 Years)**
Asthma Awareness & Reliever/Spacer Care	All classroom and physical education staff	**Biannual (Every 2 Years)**
Paediatric First Aid (PFA)	Designated EYFS staff (Min 1 present at all times & outings)	**Every 3 Years (EYFS Requirement)**

8. Educational Visits & Sporting Activities

A pupil will not be prevented from participating in an educational visit or activity solely because they have a medical condition. Where participation presents additional risks, these will be assessed and appropriate reasonable adjustments and control measures put in place. These will cover:

- Access to medication
- Emergency procedures
- Additional adult support where necessary
- Trained staff
- Pupil-specific IHP requirements
- Accessibility and reasonable adjustments
- Transport arrangements
- Arrangements for overnight/residential visits, where applicable.

9. Incident Logging, Governance & Statutory Reporting

9.1 Recording (Medical Tracker)

All medical administration, medication errors, omissions, first aid treatments, serious incidents, near misses and medications in school are logged on the centralised Medical Tracker system. Automatic notifications are dispatched to parents/carers on the same day. Any serious medical incident or near miss must be logged on both Medical Tracker and the internal Health & Safety Form, triggering an immediate review by the Headteacher and Deputy Headteacher to establish root causes and refine operational controls.

9.2 Governance Oversight & Statutory Notifications

The Governing Body receives termly governance reports at the Health & Safety Committee

reviewing medical incidents. Mandatory external reporting is executed by the Headteacher under RIDDOR criteria and EYFS Ofsted notification rules (within required statutory timeframes).

10. Long-term Medical Needs

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice and the Staining C of E Primary School SEN Information Report.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence. The school will work with parents/carers and relevant professionals to support attendance and reintegration and to reduce the educational impact of medically related absence.

Staining C of E Primary School will make sure that no child with a medical condition is denied admission or prevented from attending school because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, where a pupil's health or an infectious condition means that attendance would present a significant risk to the pupil or others, the school will act in accordance with appropriate medical/public-health advice and its attendance and infection-control procedures.

11. Insurance & Liability

The school is insured through Lancashire County Council for medical support provided staff:

- Follow IHPs and this policy
- Administer medication only if trained and authorised
- Complete all necessary records and risk assessments

12. Confidentiality and Information Sharing

• Medical information will be handled appropriately and confidentially

• Relevant information will be shared with staff who need it to support the pupil safely

• Supply/temporary staff will receive appropriate information

• Information will be shared with healthcare professionals and other agencies where appropriate and lawful

• Parents/carers will be informed about relevant arrangement

Policy Review

This policy will be reviewed annually and following significant changes in legislation, statutory guidance, school arrangements, premises or staffing, or following a significant medical incident or learning from an incident/near miss.

Next review: September 2027

Appendix A

This policy has been framed to fulfil statutory duties and operational responsibilities set out in the following legislation and statutory guidance:

• Section 100 of the Children and Families Act 2014: Placing a legal duty on governing bodies to make arrangements for supporting pupils at school with medical conditions.

• Children's Wellbeing and Schools Act 2026: Establishing statutory duties regarding allergy safety, mandatory staff training, and operational oversight in educational settings.

• Department for Education Statutory Guidance 'Allergy safety in schools' (July 2026): Setting mandatory requirements for allergen risk reduction, food safety, and emergency response.

• Department for Education Statutory Guidance 'Supporting pupils with medical conditions at school': Maintaining statutory force while revised guidance is developed following the 2026 consultation.

• The Early Years Foundation Stage (EYFS) Statutory Framework (applicable from 1 September 2026): Mandating specific Paediatric First Aid (PFA) coverage, medical procedures, and statutory notification obligations for early years settings.

• Equality Act 2010: Protecting pupils with medical conditions or disabilities against discrimination and requiring reasonable adjustments.

• Special Educational Needs and Disability (SEND) Code of Practice: Ensuring integrated support for medical and special educational needs.

• Human Medicines (Amendment) Regulations 2017: Permitting schools to obtain and hold spare Adrenaline Auto-Injectors (AAIs) and emergency salbutamol inhalers for emergency administration without prior individual consent in life-saving situations.

• Food Information Regulations 2014: Mandating strict allergen tracking and disclosure for the 'Top 14' food allergens across all catering services.

• Health and Safety at Work etc. Act 1974 & Health and Safety (First Aid) Regulations 1981: Establishing employer and school safety duties.

• Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR): Setting mandatory statutory incident reporting requirements.