



Supporting Pupils with Medical Conditions Policy

Friar's Grove Primary School

This policy sets out how the school supports pupils with medical conditions so that they are safe, included and able to access education fully, including school trips, PE and wider school life.

Approved by	Full Governing Board
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Key references: Section 100 Children and Families Act 2014; DfE statutory guidance Supporting pupils at school with medical conditions; EYFS statutory framework (September 2025); Equality Act 2010; Keeping Children Safe in Education 2025; and current UKHSA health protection guidance for education settings.

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1. Aims

At Friar's Grove Primary School we want all pupils with medical conditions to be safe, well supported, included and able to access learning and wider school life on the same basis as their peers.

This policy aims to:

- make sure pupils, staff and parents/carers understand how the school supports pupils with medical conditions;
- set out clear roles, responsibilities and lines of accountability;
- describe how the school identifies needs and puts support in place promptly;
- set out how medicines are stored, administered and recorded safely;
- make sure pupils with medical conditions can participate fully in lessons, PE, clubs, school trips and residential visits, with reasonable adjustments where needed;
- promote pupils' dignity, wellbeing, attendance and inclusion.

The headteacher has overall responsibility for implementing this policy and may delegate aspects of day-to-day coordination to an appropriate senior leader.

2. Legislation and statutory responsibilities

This policy has been written with regard to:

- section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils with medical conditions at school;
- the Department for Education statutory guidance Supporting pupils at school with medical conditions (current statutory guidance in force);
- the Early Years Foundation Stage statutory framework for group and school-based providers (September 2025), where applicable;
- the Equality Act 2010 and the duty to make reasonable adjustments for disabled pupils;
- Keeping Children Safe in Education 2025;
- the SEND Code of Practice: 0 to 25 years; and
- current UK Health Security Agency guidance for health protection in children and young people settings, including the exclusion table for infectious diseases.

The governing board must make arrangements to support pupils with medical conditions and must have regard to statutory guidance. The school will also keep practice under review in light of emerging national guidance on allergy and medical conditions support.

3. Roles and responsibilities

3.1 Governing board

- ensure the school has suitable arrangements in place to support pupils with medical conditions;
- review this policy and receive assurance that it is being implemented effectively;
- make sure staff training, insurance and staffing arrangements are sufficient to meet pupils' needs;
- monitor how the school enables pupils with medical conditions to attend regularly and participate fully, including on visits and in physical activity.

3.2 Headteacher

- ensure this policy is communicated to staff, parents/carers and, where appropriate, pupils;
- make sure there are enough trained staff available to support pupils safely, including in emergencies and during staff absence;
- ensure appropriate systems are in place to obtain, record and share information about pupils' medical needs;
- approve and oversee individual healthcare plans (IHPs) and associated risk assessments where needed;
- make sure school visits, clubs and activities outside the normal timetable are planned so that pupils with medical conditions can participate safely;
- seek advice from healthcare professionals, the school nurse or other specialists where appropriate;
- make sure the school's safeguarding procedures are followed if a pupil's medical needs raise a safeguarding concern or if support needs are not being met.

3.3 Staff

- take account of pupils' medical needs and follow this policy, any relevant IHP and any agreed care or emergency plan;
- only undertake medical support tasks or administer medicines if they have agreed to do so and have received suitable training where required;
- report concerns promptly, including concerns about a pupil's health, attendance, wellbeing or access to learning;

- record administration of medicines and any significant medical incident in line with school procedures;
- treat pupils with dignity, protect confidentiality appropriately and promote inclusion.

3.4 Parents/carers

- provide the school with sufficient, accurate and up-to-date information about their child's medical needs and notify the school promptly of any changes to diagnosis, medication, dosage, treatment or emergency procedures;
- provide prescribed medicines, medical devices, in-date emergency medication and written consent where required;
- work with the school and relevant healthcare professionals to develop and review IHPs and risk assessments;
- inform the school promptly of any changes to diagnosis, treatment, medication, emergency procedures or contact details.

3.5 Pupils

- be involved, where developmentally appropriate, in discussions about their support needs;
- follow agreed arrangements for managing their condition and medicines, where they are able to do so;
- tell a trusted adult if they feel unwell, are worried, or need help with their medical condition.

3.6 School nurses and other healthcare professionals

- notify the school when a pupil has been identified as having a medical condition that will require support at school, wherever possible before the pupil starts;
- provide advice and, where appropriate, training to support the development and implementation of IHPs;
- work with the school, parent/carers and pupil to review provision where needs change.

4. Equal opportunities and inclusion

The school will not unlawfully discriminate against pupils because of disability or medical need. We will consider what reasonable adjustments are required so that pupils with medical conditions can participate fully and safely in lessons, playtimes, PE, clubs, educational visits, residential visits and other activities.

Planning will take account of the pupil's medical, educational, social and emotional needs. Risk assessments will be proportionate and focused on enabling participation safely, not creating unnecessary barriers. Parents/carers, pupils and relevant healthcare professionals will be consulted where appropriate.

The school recognises that medical conditions can affect attendance, confidence and wellbeing. Support will therefore include consideration of emotional wellbeing, peer understanding, attendance support and reintegration after absence where needed.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, we will act promptly. This may happen through admission information, contact from a parent/carer, the school nursing service, hospital staff or another education setting.

- The school will gather the relevant information and decide whether an IHP is required.
- For new starters, the school will seek to have arrangements in place before the pupil starts, wherever possible.

- For an existing pupil with a new diagnosis or change in need, the school will put arrangements in place as soon as reasonably practicable and usually within 2 school weeks.
- Where a child is in EYFS, systems for obtaining information about medicines and healthcare needs will be followed as part of induction and updated whenever needs change.

6. Individual healthcare plans (IHPs)

Not all pupils with a medical condition will require an IHP. The decision will be based on evidence and, where appropriate, discussion with parents/carers and a relevant healthcare professional. If there is no consensus, the headteacher will make the final decision.

IHPs will be developed in the pupil's best interests and will normally include:

- details of the medical condition, triggers, signs, symptoms and treatment;
- the pupil's resulting needs, including medication, equipment, dietary needs, environmental considerations and support required;
- specific support for the pupil's educational, social and emotional needs;
- arrangements for self-management, where appropriate;
- what to do in an emergency, including who to contact and when to call 999;
- staff training needs and confirmation of competency where this is needed;
- information about school trips, sports, clubs or off-site activities;
- review arrangements and the date of the next review.

IHPs will be reviewed at least annually and sooner if needs change. They will be shared with staff on a need-to-know basis so that support can be provided safely.

Where a pupil has an allergy, the school may also use an Allergy Action Plan alongside the IHP to support day-to-day management and emergency response.

Where a pupil also has special educational needs or an Education, Health and Care Plan, the Individual Healthcare Plan will be linked to any wider support or planning documentation where appropriate. Medical information will be shared only with staff who need it in order to support the pupil safely and appropriately, in line with data protection requirements and the school's confidentiality procedures.

7. Managing medicines

7.1 General principles

- Prescription and non-prescription medicines will only be administered at school when it would be detrimental to a pupil's health or attendance not to do so, and where the school has written parent/carer consent.
- The school will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist, and include instructions for administration, dosage and storage. Insulin may be supplied in an insulin pen or pump if in date.
- Before administering any medicine, staff will check the child's name, the prescribed or agreed dose, the expiry date, the method of administration, and the time of the previous dose where relevant. Where appropriate, staff will also check the maximum daily dosage and any written instructions provided by parents or prescribers.
- A written record will be kept each time a medicine is administered by the school.

- Parents/carers will be informed on the same day, or as soon as reasonably possible, when a medicine has been administered, unless alternative arrangements have been agreed for routine medicines.
- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

7.2 Storage and access

- Medicines will be stored safely, in line with product instructions and with due regard to access in an emergency.
- Emergency medicines and devices, such as inhalers, blood glucose testing kits and adrenaline auto-injectors, will be readily available and not locked away in a manner that delays access.
- Pupils will be informed about where their emergency medicines are kept and who can help them access them.
- Medicines no longer required will be returned to parents/carers for safe disposal.

7.3 Controlled drugs

- Controlled drugs will be stored securely and records kept of doses administered and quantities held.
- A pupil prescribed a controlled drug may have it in their possession if this has been agreed as part of their support plan and they are judged competent to do so. The medicine must never be shared with another pupil.

7.4 Pupils managing their own needs

- Pupils who are competent will be encouraged to take increasing responsibility for managing their own medicines and procedures, where appropriate to their age and understanding.
- Any self-management arrangements will be agreed with parents/carers and clearly recorded in the IHP.
- The school will put in place a clear procedure to follow if a pupil refuses to take medicine or carry out a necessary medical procedure.

7.5 Emergency salbutamol inhalers and spare adrenaline auto-injectors

Where the school chooses to hold an emergency salbutamol inhaler and/or spare adrenaline auto-injectors, this will be in line with current Department of Health and Social Care guidance, with suitable parental consent, medical authorisation, staff training, storage and record keeping.

7.6 Unacceptable practice

- preventing pupils from easily accessing inhalers, adrenaline auto-injectors or other essential medication, or from administering medication when and where necessary;
- assuming that every pupil with the same condition requires the same treatment;
- ignoring the views of the pupil, parents/carers or relevant medical evidence;
- sending pupils with medical conditions home frequently or preventing them from staying for normal activities, including lunch, clubs or visits, unless this is clearly set out in their IHP or they are too unwell to remain in school safely;
- penalising pupils for attendance linked to their medical condition, such as medical appointments or treatment;
- creating unnecessary barriers to participation, for example by routinely requiring a parent/carer to accompany a pupil on a visit when reasonable adjustments can be made by the school;
- administering, or asking pupils to administer, medicine in school toilets.
- prevent a pupil from drinking, eating or taking toilet or other breaks whenever these are needed in order to manage their medical condition safely.

8. Emergency procedures

All staff will know how to respond in an emergency for pupils in their care. IHPs and any emergency care plans will clearly set out what constitutes an emergency and what action must be taken.

- If emergency services are required, staff will call 999 without delay.
- If a pupil needs to go to hospital, a member of staff will stay with the pupil until a parent/carer arrives, or will accompany the pupil in the ambulance if necessary.
- The school office and senior leaders will be informed as soon as possible.
- A significant medical incident, near miss or emergency treatment given in school will be recorded and reviewed so that any learning can inform future practice.
- Where a pupil has an Individual Healthcare Plan, this will clearly set out what constitutes an emergency and what action staff should take. If a pupil needs to be taken to hospital, a member of staff will stay with the pupil until a parent, carer or other responsible adult is able to take over, where reasonably possible.

Educational visits, residential visits and off-site activities will include specific emergency planning for pupils with medical conditions. Staff leading the visit will have access to relevant medical information, medicines and emergency contact details, and staff will be trained where required.

9. Training

Staff who agree to support pupils with medical conditions will receive suitable and sufficient training to do so. Training will be identified through the IHP process and refreshed as needed.

- Training may be delivered by the school nurse, specialist nurses, clinicians or other suitably qualified professionals.
- Where a healthcare professional advises that a procedure requires competency sign-off, confirmation of proficiency will be obtained.
- All staff will receive awareness information so that they understand this policy, know what to do in an emergency and can recognise when a pupil needs help.
- Supply staff and temporary staff will be briefed appropriately where they work with pupils who have known medical needs.
- Training will be sufficient to ensure that staff are competent and confident in supporting pupils with medical conditions, including in responding to emergencies where required. A record of relevant staff training will be kept by the school.

10. Record keeping, confidentiality and data protection

The school will keep written records of medicines administered, IHPs, permissions, relevant training and significant medical incidents. Records will be kept securely and only shared with staff who need the information to support a pupil safely.

Information about a pupil's medical condition is personal data and will be handled in line with the UK GDPR and Data Protection Act 2018. The school will balance confidentiality with the need to share information appropriately in order to safeguard and support the pupil.

Parents/carers should notify the school promptly if there are any changes to medication, dosage, emergency procedures or contact details so that records remain accurate and current.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and that staff are aware they are insured to support pupils with medical conditions in line with this policy, including the administration of medicines where this has been agreed by the school. Where a particular healthcare procedure requires additional cover or confirmation, this will be checked before the procedure is undertaken.

12. Complaints

Parents/carers who are dissatisfied with the support provided should raise concerns with the headteacher in the first instance so that the matter can be addressed promptly. If the issue remains unresolved, the school's complaints procedure should be followed.

13. Monitoring arrangements

This policy will be monitored by the headteacher and reviewed at least annually, or sooner if legislation, statutory guidance or school practice changes. The governing board will approve the policy and receive updates where significant issues arise.

14. Links to other policies

This policy should be read alongside the following school policies and documents:

- safeguarding and child protection;
- first aid;
- health and safety;
- SEND policy and information report;
- accessibility plan;
- educational visits;
- intimate care (if applicable);
- complaints;
- data protection and records management.

Appendix 1: Notification and planning process

When the school becomes aware that a pupil has a medical condition, the following steps will usually be taken:

1. Information is received from the parent/carer, previous setting, school nurse, healthcare professional or admission documentation.
2. The headteacher or delegated senior leader reviews the information and decides whether immediate arrangements are needed.
3. A meeting is arranged with parents/carers and, where appropriate, the pupil and healthcare professional.
4. The school decides whether an Individual Healthcare Plan is required.
5. If needed, an IHP and any emergency care plan or risk assessment are drafted, agreed and shared with relevant staff.
6. Medicines, devices, permissions and training are put in place before the support starts, wherever possible.
7. The arrangements are reviewed regularly and whenever needs change.

Appendix 2: Procedures for children who are sick or infectious

The school will follow current UKHSA guidance for health protection in children and young people settings. In practice this means:

- pupils who are acutely unwell or who have an infectious disease should not attend school while they are unwell and during any required exclusion period;
- parents/carers should tell the school if their child has an infectious disease or is being advised to stay away from school by a healthcare professional;
- if a pupil becomes unwell during the day, for example with a temperature, vomiting, diarrhoea or symptoms of an infectious disease, parents/carers will be contacted to collect them as soon as possible;
- the school will use the current UKHSA exclusion table and outbreak guidance rather than relying on fixed times printed in this policy, so that practice stays up to date;
- staff will promote good hygiene, including handwashing, respiratory hygiene, cleaning of shared surfaces and appropriate management of bodily fluids;
- where a risk to other pupils or staff exists, the school will follow UKHSA advice and seek additional public health advice where appropriate.

Where a pupil's medical condition makes infection control or attendance more complex, the school will work with parents/carers and relevant professionals to agree a suitable plan.