



Nexus Education Schools Trust

Supporting Pupils with Medical Conditions and Allergy Policy

Reviewed: July 2026
Statutory

Contents

1. Introduction	3
2. Aims	3
3. Legislation and statutory responsibilities	3
4. Roles and responsibilities	4
5. Equal opportunities	6
6. Being notified that a child has a medical condition or allergy	7
7. Individual Healthcare Plans.....	9
8. Managing medicines	10
9. Emergency procedures	13
10. Training.....	14
11. Record keeping.....	14
12. Liability and indemnity.....	15
13. Complaints.....	15
14. Monitoring arrangements	15
15. Links to other policies	16
Appendix 1: Procedures for children who are sick or infectious.....	17
Appendix 2: Individual Healthcare Plan.....	18
Appendix 3: Parent Agreement for Administering Medication at school	20
Appendix 4: Record of Medicine Administered to an Individual Child at school	21
Appendix 5: Contacting Emergency Services	22
Appendix 6: Letter inviting parents to contribute to Individual Health Care Plan development...	23

1. Introduction

This policy applies to pupils with medical conditions, including allergy. Allergy will be supported through the arrangements in this policy and through the Trust's separate Allergy Safety Policy, which sets out how schools identify pupils, staff and visitors with allergy; reduce the risk of exposure to known allergens; provide safe food arrangements; train staff; ensure access to prescribed and spare adrenaline auto-injectors; and respond to allergic reactions and anaphylaxis.

2. Aims

Where children have been prescribed medication by a doctor, another appropriately qualified health care professional or over the counter (OTC) medication, we understand it may be necessary for them to continue with their treatment in school. Our policy is to ensure pupils with medical needs and those requiring medication during school hours have these needs met.

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions, including allergy, in a safe and sensitive manner.
- Pupils with medical conditions, including allergy, are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The Local Committee will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's conditions and allergies, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions, including allergy
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring Individual Healthcare Plans (IHPs) (See Appendix 2).

The named person with responsibility for implementing this policy is The Headteacher.

3. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on The Trust to make arrangements for supporting pupils at their school with medical conditions.

In addition, a wider range of statutory duties are of relevance to children and young people with medical conditions (including allergy), including:

- The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;
- The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;
- The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;
- The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.
- The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.
- The Early Years Foundation Stage (EYFS) statutory framework.

This policy has regard to the Department for Education's statutory guidance Supporting pupils at school with medical conditions, which remains in force, and the Department for Education's statutory guidance Allergy safety in schools, published July 2026.

The Trust will review this policy again when the Department for Education publishes updated statutory guidance on supporting pupils with medical conditions.

This policy should be read alongside the Trust's linked policies (see section 15).

This policy also complies with our funding agreement and articles of association.

4. Roles and responsibilities

4.1 The Local Committee

The Local Committee has ultimate responsibility to make arrangements to support pupils with medical conditions, including allergy. The Local Committee will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions, including allergy. The Local Committee will appoint a named governor or committee member with responsibility for oversight of medical conditions and allergy safety.

4.2 The Headteacher

The Headteacher will:

- Appoint a named senior leader to act as Medical Conditions and Allergy Lead. This person will coordinate implementation of this policy and the Allergy Safety Policy, monitor training, ensure records are up to date, and report serious incidents and near misses to the Headteacher and Local Committee.
- 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 the school has effective arrangements to identify pupils with allergy, including food allergy, insect-sting allergy, latex allergy and other allergies requiring active management.
- Ensure all relevant staff, including lunchtime staff, supply staff, club staff, catering staff and educational visit leaders, know which pupils have allergy and what support is required.
- Ensure pupils with prescribed adrenaline auto-injectors have rapid access to them at all times and that spare adrenaline devices are stored, checked and accessible in accordance with the Allergy Safety Policy.
- Ensure allergic reactions, anaphylaxis and allergy-related near misses are recorded, reported and reviewed.
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

4.3 Staff

All staff must be able to recognise possible signs of an allergic reaction and anaphylaxis, know how to summon help, know where emergency medication is kept, and understand their role in supporting pupils with allergy.

Supporting pupils with medical conditions, **including allergy**, 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, **including allergy**, 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, **including allergy**, 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, **including allergy**, that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition **or allergy** needs help.

4.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs, **including allergy, including known allergens, previous reactions, prescribed medication, Allergy Action Plans, Asthma Action Plans where relevant, and any changes to medical advice.**
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment and regularly check that these are in date.

4.5 Pupils

Pupils with medical conditions, **including allergy**, will often be best placed to provide information about how their condition affects them. 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.

4.6 School nurses and other healthcare professionals

The school and parents/carers will endeavour to contact the school nursing team when a pupil has been identified as having a medical condition, **including allergy**, that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nursing team and notify them of any pupils identified as having a medical condition, including allergy.

The school will seek advice from relevant healthcare professionals on IHPs.

4.7 Extra Curricular Club providers responsibilities

Where pupils with allergy or other medical conditions attend breakfast clubs, after-school clubs, sports clubs, enrichment activities or externally provided activities, the school will ensure that relevant information is shared with the provider in line with data protection requirements.

Club leaders and external providers must be made aware of pupils' relevant medical needs, including allergy, the location of emergency medication, the action to take in an emergency and any food-related restrictions or risk reduction measures. Where food is provided or used as part of an activity, providers must follow the school's allergy safety arrangements and take reasonable steps to reduce the risk of exposure to known allergens.

It is the Club Leader's responsibility to ensure that parents/carers complete their own Health Declaration & Registration Forms. Club Leaders must ensure that all their staff are appropriately trained and have a First Aid trained member of staff attending each session.

The school keeps records of all the club providers' Public Liability Insurance details and copies of first aid certificates and DBS numbers.

~~All accidents are recorded in the Club/Organisations own First Aid Book. All major accidents are to be reported to the school office.~~

All accidents, medical incidents, allergic reactions and near misses must be recorded in the Club/Organisation's own accident or first aid record. All significant incidents, including the use of emergency medication, suspected allergic reactions, exposure to a known allergen, near misses or any incident requiring further medical advice, must be reported to the school office as soon as possible.

Risks relating to medical conditions and allergy in extra-curricular and externally provided activities will be included in the school's risk management arrangements and reviewed regularly by senior leaders and the Local Committee.

5. Equal opportunities

Our school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical conditions, including allergy, 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, including allergy, are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

For pupils with allergy or another medical condition, planning for school trips, educational visits, residential visits, sporting activities and off-site provision will include consideration of the pupil's Individual Healthcare Plan, Allergy Action Plan and/or Asthma Action Plan where applicable.

Risk assessments will consider exposure to allergens, access to food and drink, travel arrangements, emergency access, medication, prescribed adrenaline auto-injectors, spare adrenaline auto-injectors where appropriate, staff training and communication with external providers.

A suitably informed member of staff will have access to relevant medical information and emergency medication throughout the visit. Pupils will not be excluded from trips, visits, clubs or activities because of allergy or another medical condition unless, following an individual risk assessment and consultation with parents/carers and relevant professionals, safe participation cannot reasonably be achieved.

The school recognises that pupils with medical conditions, including allergy, may experience anxiety, isolation, embarrassment or bullying linked to their condition. The school will promote inclusion, avoid unnecessary separation or stigmatising practice, and ensure that allergy-related or medical-condition-related bullying is addressed through the behaviour and anti-bullying policies.

Pupils and families will be involved in reviewing support arrangements, particularly following incidents, near misses, changes in condition or concerns about wellbeing.

6. Being notified that a child has a medical condition or allergy

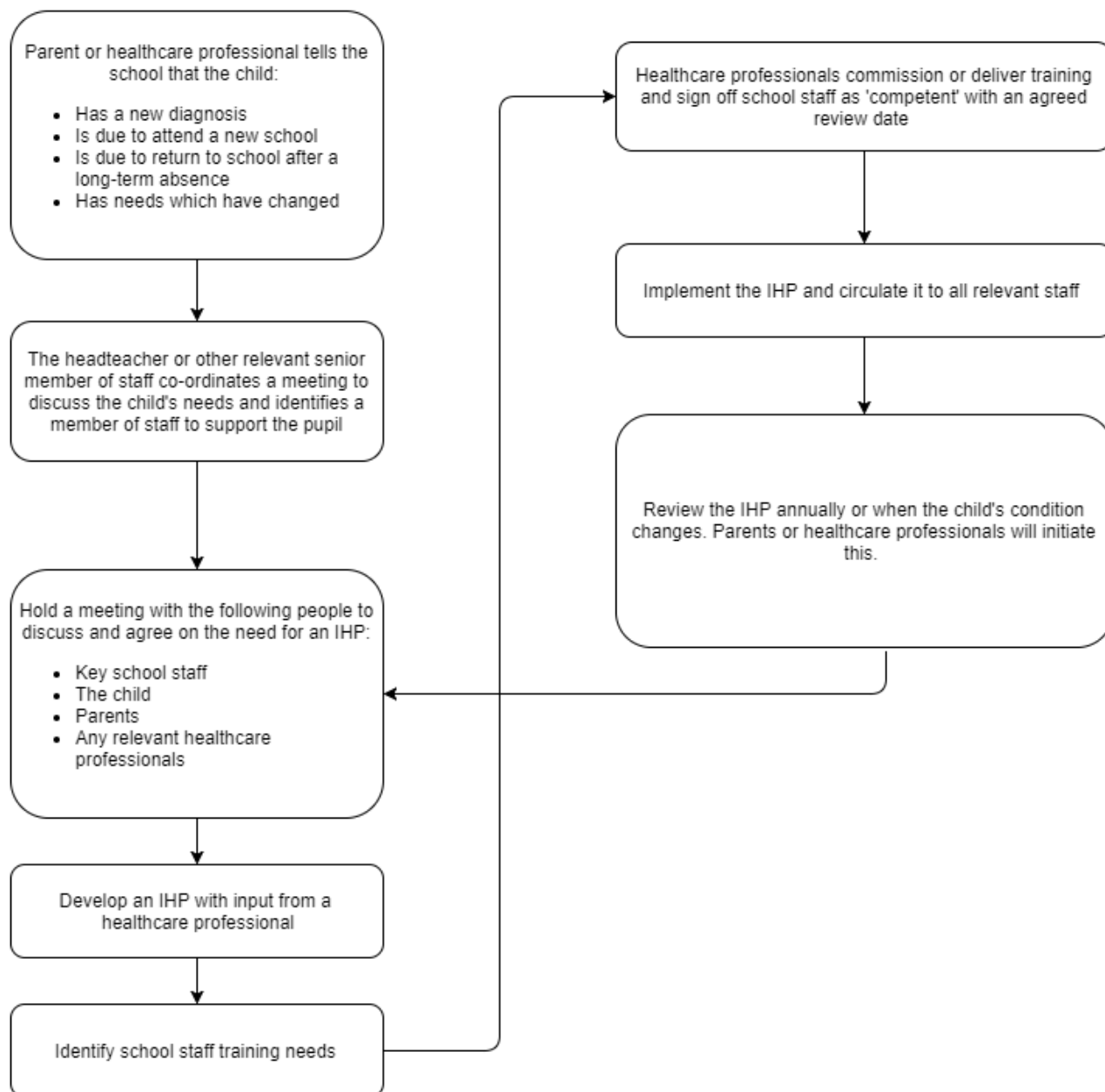
The school will actively seek information about allergies as part of admission, transition, annual data collection and whenever a pupil's needs change. This will include information about food allergies, non-food allergies, previous reactions, prescribed medication, dietary requirements, emergency plans and whether the pupil has asthma.

Allergy information will be shared with relevant staff, including catering and lunchtime staff, in a proportionate way that supports safety while respecting confidentiality.

When the school is notified that a pupil has a medical condition or allergy, the process outlined below will be followed to decide whether the pupil requires an IHP.

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

Being notified that a child has a medical condition, including allergy flowchart



The EYFS framework states that settings must include how they obtain information about a child's need for medicine, and a system for keeping this information up to date (see section 11 of this policy.) We will:

- For new starters, send a form to all parent/carers of pupils after their place at the nursery or school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by email to the school office if their child's medical needs change during the school year.

7. Individual Healthcare Plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions, including allergy.

Plans will be reviewed at least annually and sooner if there is evidence that the pupil's needs have changed, including a change in medical advice, medication, allergy status, school arrangements, a serious incident or a near miss.

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 healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

An Individual Healthcare Plan will be put in place for any pupil with a known allergy that requires active management in school. This includes pupils who have been prescribed adrenaline auto-injectors, pupils with a history of anaphylaxis, pupils whose allergy requires risk reduction arrangements, and pupils whose allergy requires adjustments to food provision, curriculum activities, trips or clubs.

Where a pupil has an Allergy Action Plan and/or Asthma Action Plan, this will be attached to the IHP. The IHP will specify known allergens, symptoms, risk reduction measures, medication, storage arrangements, emergency procedures, access to prescribed and spare adrenaline auto-injectors, and arrangements for trips, clubs, meals and practical activities.

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 (Appendix 2). The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) Plan. If a pupil has SEND but does not have a statement or EHC plan, the SEND 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 Headteacher and the Special Educational Needs and Disability Coordinator (SENDCo) 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~~
- Separate arrangements or procedures required for school trips, residential visits, sporting activities, breakfast clubs, after-school clubs, external provision or other activities outside the normal school timetable. For pupils with allergy this will include arrangements for allergen exposure, food provision, prescribed and spare adrenaline auto-injectors, staff awareness, emergency response, communication with external providers and any reasonable adjustments needed to enable participation.
- 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

8. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed and non-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

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. 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.

Medicines will be returned to parents to arrange for safe disposal when no longer required. Any medications given to pupils during the school day will be recorded using Appendix 4.

8.1 Short term need for medication

If a child returns to school following an illness and still requires a dose/s of medicine, we ask that, where possible, parents/carers make arrangements themselves for the dose/s to be administered.

Named adults in the school are permitted to administer **prescribed medicines** in the event that parents/carers are unable to make their own arrangements.

Where medicines are prescribed, for example, to be administered 3 times daily – as in the case with antibiotics – the expectation would be that this would mean early morning, after school and in the evening. In this case, there would not be the need for school staff to be involved in the process.

Where a parent/carer requested that the school administers medicines, the child's name and stated dose needs to be clearly visible on the bottle, container or packaging in the form of a standard pharmaceutical label (thereby verifying the prescribed status of the medicine).

Parents/carers will also need to sign a medicine consent form (Appendix 3). If this has not been signed, the medicine will not be administered.

Parents/carers are advised that children who are unwell should not be sent to school. Please note that this must include children who have vomited and/or had diarrhoea. Children must be absent from school for 48 hours following the last bout of illness.

8.2 Over the counter medicines (OTC)

Over the counter medicines (non-prescription medication), can be administered by the school, when they are required at least four times a day. Written consent will need to be given from a parent/carer and the appropriate school documentation completed in order for this to happen (Appendix 3).

NB: Medication for pain relief should never be administered without first checking maximum dosages and when the previous dose was taken.

Medications such as creams and eye drops will need to be administered by the child concerned. Exceptions to this are:

- Where an OTC medicine is outside of its marketing authorisation, also known as “off label use” or “unlicensed use”.
- Where an OTC medicine is being prescribed for a long term (chronic) condition.

8.3 Use of prescribed and spare adrenaline auto-injectors ~~generic EpiPens and inhalers~~

~~Two generic EpiPens and inhalers are kept in school for emergency use. These EpiPens will need to be signed in and out using the record book provided.~~

The school will maintain arrangements for prescribed and spare adrenaline auto-injectors in accordance with the Allergy Safety Policy. Pupils prescribed adrenaline should have rapid access to their own devices at all times. Spare adrenaline auto-injectors will be accessible, clearly labelled, stored safely but not locked away, checked regularly for expiry and recorded when used.

If anaphylaxis is suspected, adrenaline should be administered without delay where an adrenaline auto-injector is available, 999 should be called immediately and staff should state “anaphylaxis”. The pupil should not be moved unnecessarily. A second dose should be given after five minutes if there is no improvement and a second device is available. Parents/carers must be contacted as soon as possible.

~~Use of generic EpiPens~~

~~If a child displays signs of anaphylactic shock and hasn't previously been identified as someone who needs an EpiPen, school will immediately call 999 and ask for advice. Advice then needs to be followed, and the parents/carers called.~~

Medical advice must be sought before giving an asthma inhaler to anyone without an asthma plan.

8.4 Chronic Illness or Allergy

In the event of a child suffering from a chronic illness or allergy such as diabetes or asthma and where they cannot self-administer medication, the school will administer, if possible, the necessary medication, provided:

- The school has a qualified member of staff who opts to receive appropriate training that is validated by a qualified member of the Primary Care Trust.
- There is a full Individual Health Care Plan in place, drawn up by the school nursing team or other relevant health care professional who will advise the school on how to appropriately look after and support the child. Health care plans will be reviewed annually or earlier if evidence is presented that the child's needs have changed.
- Asthma cards are completed by parents and reviewed annually to ensure information is up to date.
- The parent has given written permission and a signed disclaimer absolving the school from liability in respect of consequences of administering the medication.

Where a pupil has a chronic illness, allergy or other long-term medical condition and requires support with medication or medical procedures, the school will provide support in line with the pupil's IHP, relevant healthcare advice, staff training and the school's insurance arrangements.

Staff who provide such support will receive suitable training and will be competent to carry out the agreed support. Parents/carers will provide up-to-date medication, equipment and medical information, and will inform the school of any changes.

Medication will be stored safely in accordance with the instructions on its container and with the pupil's IHP. Where medication requires refrigeration or other specific storage arrangements, this will be agreed as part of the IHP.

Parents/carers should note:

- That there are designated members of staff who have been appropriately trained in First Aid and Paediatric First Aid. Details of children with chronic allergies are known to all adults working in the school.
- The advice from the central safety unit at the Local Authority is that no member of staff, can be **required** to administer prescribed medication and that, therefore, where staff do, it is purely on a **voluntary** basis.

8.5 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

8.6 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary

- Prevent pupils from rapid access to prescribed adrenaline auto-injectors or other emergency medication.
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Exclude pupils with allergy from meals, curriculum activities, celebrations, trips, clubs or visits without an individual risk assessment and consideration of reasonable adjustments.
- Administer, or ask pupils to administer, medicine in school toilets
- Fail to record and review allergy-related serious incidents or near misses.

8.7 Storage of medicines

Asthma inhalers (two for each child) will be kept in an individually named zip lock bag in the child's class first aid bag and in the school office. This will be visibly hung (out of reach from children) on the outside side of the cupboard door in each classroom. All staff will be informed that inhalers for each child will be stored in this way. All other medication will either be kept in the school office in a shut cupboard, or on the top shelf of the first aid room fridge for medicines requiring refrigeration. All medicines stored must be clearly labelled with the child's name and dosage to be given. Correct storage of medicine for children with chronic conditions will be considered when initially completing the IHP for the child.

All medication kept in school will be sent home at the end of each full term for parents/carers to check expiry dates.

9. Emergency procedures

Emergency procedures apply on the school site and during off-site activities, including trips, visits, residential and extended provision. Visit leaders must ensure that relevant IHPs, emergency contact details and prescribed medication, including adrenaline auto-injectors where applicable, are available throughout the activity.

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.

In the event of a suspected allergic reaction or anaphylaxis, staff will follow the pupil's IHP and Allergy Action Plan where one is in place. Where anaphylaxis is suspected, staff should act immediately: call for help, administer adrenaline without delay where available, call 999 and state "anaphylaxis", keep

the pupil lying flat or seated if breathing is difficult, do not allow the pupil to stand or walk, contact parents/carers, and record the incident.

Any life-threatening emergency requires immediate action. Staff, volunteers or bystanders may take reasonable action to save life, including administering adrenaline where an individual is suffering anaphylaxis.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

Full details of the Trust's approach to food provision and allergen risk-management can be found in the Allergy Safety Policy.

10. Training

All staff will receive annual awareness training on medical conditions and allergy safety. This will include recognising allergic reactions and anaphylaxis, emergency response, location and use of adrenaline auto-injectors, the importance of rapid access to medication, food allergy risk reduction, and the school's reporting procedures for incidents and near misses.

New staff, supply staff, cover staff, lunchtime staff, volunteers and club providers will receive appropriate information and training as part of induction or before supervising pupils.

Staff supporting a pupil with an IHP will receive additional training where required, including child-specific arrangements, medication, emergency procedures and risk reduction measures.

~~Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. EpiPen and asthma training will take place annually for all staff as needed.~~

Adrenaline auto-injector and asthma emergency-response training will take place annually, with additional child-specific training where required by an IHP.

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 Headteacher. 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.

11. Record keeping

The Local Committee will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11.1 Recording information about medicines

We will:

- Enter each pupil's medicine need in the school's system
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

11.2 Recording information about serious incidents and near misses

The school will record any serious incident or near miss relating to a medical condition or allergy. This includes allergic reactions, suspected anaphylaxis, administration of adrenaline, failure to access medication, incorrect food provision, exposure to a known allergen, medication errors or any event that placed a pupil at immediate and significant risk of harm.

Reports will record who was affected, what happened, when and where it happened, how staff responded, whether emergency services were called, how the incident concluded and what learning has been identified.

Reports will be shared with parents/carers and with the Local Committee or named governor. Serious incidents and near misses will trigger a review of the relevant IHP, the medical conditions policy and/or the Allergy Safety Policy where appropriate.

12. Liability and indemnity

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

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

13. Complaints

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

14. Monitoring arrangements

~~This policy will be reviewed and approved by The Trust every three years.~~

This policy will be reviewed at least annually by the Trust and sooner where there is a change in statutory guidance, a serious incident, a near miss, a significant change in school provision or evidence that arrangements are not effective.

15. Links to other policies

This policy links to the following policies:

- Child Protection and Safeguarding Policy
- Health and Safety Policy
- Accessibility Plan
- Complaints Policy
- Equality information and objectives
- First Aid Policy
- Special Educational Needs Information Report and policy
- Allergy Safety Policy

- Pupils who have an infectious disease shouldn't attend school/nursery
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the [UK Health Security Agency's exclusion table](#) will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- Establishing a daily cleaning routine in nurseries for:
 - Nappy changing facilities
 - Play areas
 - Toys, activities and equipment



Appendix 2: Individual Healthcare Plan

Name of school	
Pupil's Name & Address	
Date of Birth	
Class	
Medical Diagnosis or Condition	
Triggers	
Date	
Review Date	

FAMILY CONTACT INFORMATION

Name of Parent/Carer	
Telephone Numbers	
Relationship to Child	
Name of Parent/Carer	
Telephone Numbers	
Relationship to Child	

CLINIC/HOSPITAL CONTACT

Name	
Phone Number	

GP CONTACT

Name	
Phone Number	

SCHOOL CONTACT

Who is responsible for providing support in school	
Name/role of person who completed this IHP	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered, with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips etc. (e.g. risk assessments, who is responsible in an emergency)	
Other relevant information	
Who needs to know about pupil's condition & what constitutes an emergency	
Action to be taken in Emergency and by whom	
Staff training needed/undertaken – who, what, when	
Form distributed to	



Appendix 3: Parent Agreement for Administering Medication at school

The school will not give your child any medication unless this form is completed and signed.
(one form to be completed for each medicine)

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine: To be brought in original container with label as dispensed by the pharmacy

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Time to be given	
Special precautions/other instructions	
Are there any side effects that the school needs to be aware of?	
Self-administration Yes/No	
Procedures to take in an emergency	

PARENT/CARER CONTACT DETAILS

Name	
Daytime Telephone Number	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to the school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature _____ Date _____



Appendix 4: Record of Medicine Administered to an Individual Child at school

Name of child		Class	
Name & strength of medicine provided by parent		Date of medicine provided by parent	
Quantity received		Expiry date	
Dosage & frequency of medicine		Quantity returned & date	

Staff Signature _____ Signature of Parent/Carer _____

Date	Time	Dose given	Any reactions/observations	Name of staff member administering	Signature of staff member



Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location – school name and address
- 4. State the postcode**
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone



Appendix 6: Letter inviting parents to contribute to Individual Health Care Plan development

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTH CARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical needs, **including allergy**, for your information.

A central requirement of the policy is for an Individual Health Care Plan (IHP) to be prepared, setting out what support each pupil needs and how this will be provided. IHPs are developed in partnership between the school, parents, pupils and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although IHPs are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgments about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's IHP has been scheduled for **xx/xx/xx**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve the following people: **xxxxxxxx**. Please let us know if you would like to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached Individual Health Care Plan template and return it, together with any relevant evidence, for consideration at the meeting. I (**or another member of staff involved in plan development/pupil support**) would be happy for you to contact me (**them**) by email or to speak by phone if this would be helpful.

Yours sincerely