

KING'S STANLEY C OF E PRIMARY SCHOOL

WHERE WE CARE ABOUT LEARNING AND EACH OTHER

King's Stanley C of E Primary School: Supporting pupils with medical conditions policy

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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 to allow them to access the same education as other pupils, including school trips and sporting activities

The school 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 healthcare plans (IHPs)

2. LEGISLATION AND STATUTORY RESPONSIBILITIES

This policy is underpinned by the statutory duties set out in **Section 100 of the Children and Families Act 2014**, which places a legal obligation on governing bodies of maintained schools, academies and pupil referral units to make arrangements to support pupils with medical conditions.

[\[assets.pub...ice.gov.uk\]](#)

The policy is also based on the Department for Education's statutory guidance *Supporting Pupils at School with Medical Conditions* (2015). However, this guidance is currently undergoing significant revision. In **March 2026**, the DfE launched a national consultation proposing strengthened statutory requirements, including:

- The requirement for every school to publish a medical conditions policy
- Strengthened expectations for Individual Healthcare Plans (IHPs)
- Mandatory recording, reporting and learning from serious incidents and 'near misses'
- A new requirement for all schools to have a separate allergy-safety policy, including compulsory staff training and the use of adrenaline auto-injectors

[\[gov.uk\]](#), [\[gov.uk\]](#)

3. ROLES AND RESPONSIBILITIES

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The school 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 will:

- 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 of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 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.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- 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 ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions 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.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing 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.

4.1 Pupils who cannot attend school

Any pupils who cannot attend school due to a medical condition will initially be supported with work set by school. Following an extended period of absence the school will refer pupils to the hospital school service.

5. BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION

When the school is notified that a pupil has a medical condition, 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 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. INDIVIDUAL HEALTHCARE PLANS

Individual Healthcare Plans (IHPs) are created for pupils whose medical needs require coordinated support. They are developed with parents, the pupil (where appropriate) and relevant healthcare professionals, and reviewed at least annually. [\[gov.uk\]](#)

IHPs will include:

- The pupil's medical condition, symptoms, medication and required support
- Who provides support and what training is needed
- Emergency procedures and arrangements for school activities
- Any specific educational, social or emotional needs [\[assets.pub...ice.gov.uk\]](#)

In line with strengthened DfE expectations (2026), IHPs must also include:

- Condition-specific information for allergies, epilepsy and diabetes
- Clear procedures for reporting and learning from serious incidents or 'near misses'
- Allergy-specific planning in line with national allergy-safety requirements [\[gov.uk\]](#), [\[gov.uk\]](#)

Where a pupil has an EHCP, the IHP may be linked or incorporated to ensure consistent support. [\[assets.pub...ice.gov.uk\]](#)

6.1 ASTHMA PLANS

- Where a pupil has asthma and uses an inhaler independently and on a regular basis parents will be asked to fill out an Asthma Plan (Appendix B)
- Asthma Plans will be kept in the first aid cupboard and within the classroom
- These will be review an needed

7. MANAGING MEDICINES

Medicines will only be administered when necessary for a pupil's health or attendance and with parental consent. All prescribed medicines must be in-date, labelled and provided in their original packaging. Staff will check dosage and record all administration.

In line with new DfE requirements, the school will **store and maintain emergency adrenaline auto-injectors (AAIs)** on site, and **staff will be trained in their safe and prompt use**, reflecting strengthened national allergy-safety expectations. [\[gov.uk\]](https://www.gov.uk)

Medicines such as inhalers, insulin and AAIs must remain easily accessible to pupils at all times. Unused or expired medicines will be returned to parents for safe disposal.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 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 a 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.

7.3 Unacceptable practice

While staff must use their professional judgement and refer to each pupil's IHP, the following practices are **not acceptable**:

- Preventing pupils from accessing their medication, including inhalers and emergency AAIs, when needed.
- Ignoring the views of pupils, parents or medical professionals.
- Sending pupils home or preventing participation in school activities because of their medical condition, unless stated in their IHP.
- Penalising pupils for absences linked to medical needs.
- Requiring parents to attend school to administer medication.
- Creating unnecessary barriers to participation in trips or activities.

- **Failing to follow the school's Allergy Safety Policy or delaying emergency treatment, including the use of emergency adrenaline auto-injectors, as required under strengthened DfE allergy-safety expectations.** [gov.uk]

8. EMERGENCY PROCEDURES

Staff will follow the school's standard emergency procedures, including calling **999** when required. All IHPs must clearly outline what constitutes an emergency for each pupil and the actions staff should take.

In line with strengthened national allergy-safety expectations, staff must act **immediately** in cases of suspected anaphylaxis, including using the school's **emergency adrenaline auto-injectors (AAIs)** where appropriate. Schools are required to maintain spare AAIs and ensure staff are trained in their safe use. [\[gov.uk\]](#)

If a pupil needs to be taken to hospital, a member of staff will remain with them until a parent or carer arrives.

9. TRAINING

Staff who support pupils with medical needs will receive training that is **sufficient, up to date, and appropriate** to a pupil's condition. Training needs will be identified through IHP development and review, and healthcare professionals may support delivery.

In line with new DfE requirements, **all staff will complete allergy-awareness training**, including recognising symptoms of anaphylaxis and administering emergency AAIs. This aligns with national expectations for strengthened allergy safety and emergency preparedness in schools. [\[gov.uk\]](#)

All new staff will be introduced to the school's medical-conditions policy, emergency procedures, and allergy-safety requirements as part of their induction.

10. RECORD KEEPING

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. 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. LIABILITY AND INDEMNITY

The governing board will ensure that the school's insurance arrangements adequately cover the support of pupils with medical conditions, including the administration of medicines and emergency interventions, as required under Section 100 of the Children and Families Act 2014.

[\[assets.pub...ice.gov.uk\]](#)

In line with strengthened national allergy-safety expectations, the school's insurance must also cover the use of **emergency adrenaline auto-injectors (AAIs)** and staff responding to medical emergencies

involving allergies. Schools are now required to maintain spare AAls and ensure trained staff are covered to use them safely and promptly. [\[gov.uk\]](#)

The school will review its insurance arrangements as updated DfE guidance (expected from the 2026 consultation) comes into force to ensure continued compliance. [\[gov.uk\]](#)

The details of the school's insurance policy are:

Our policy number: P21CASLFG00042

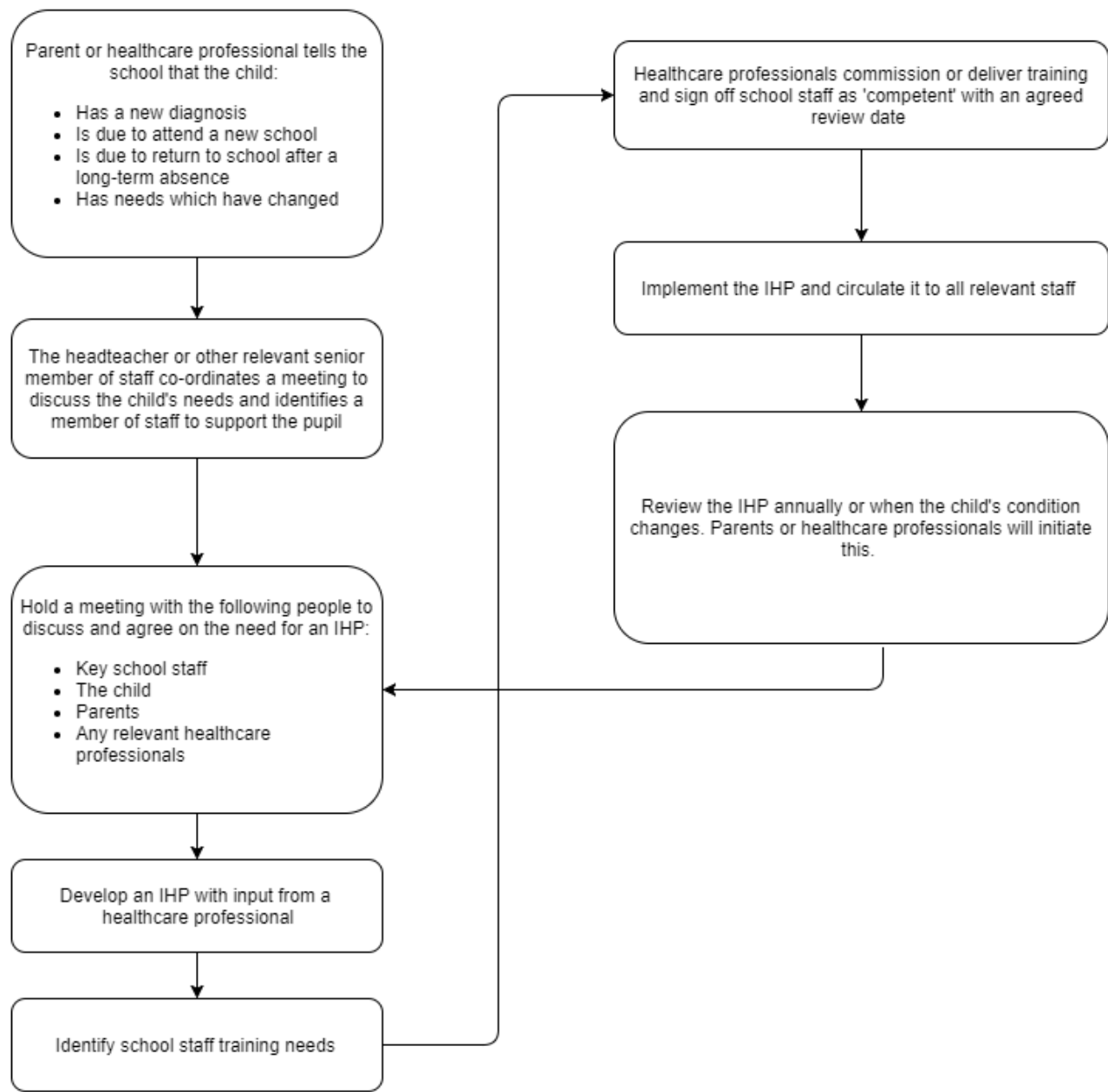
12. COMPLAINTS

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

13. MONITORING ARRANGEMENTS

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

Appendix 1: Being notified a child has a medical condition





King's Stanley Primary School Asthma Plan

Name

Reliever Inhaler (usually BLUE)

- I usually take puffs of this inhaler. I should use it with a spacer*.
- If I am having an asthma attack, I may take up to puffs of a salbutamol inhaler using a spacer, taking one puff every minute.

If I am not better call an ambulance and inform my parent/guardian.

I must take my inhaler before PE or exercise.

I may need to take my inhaler:

during or after PE or exercise

when I have a cold

when the pollen is high

other situation (describe)

.....

.....

When I have an asthma attack:

I start wheezing

I start coughing

I find it difficult to breathe

My chest feels tight

other

.....

.....

Please let me sit down and arrange for my inhaler to be fetched for me

- I will update the school if my child's asthma symptoms or triggers change
- I have provided school with an asthma inhaler and spacer and will replace them when needed.
- I consent to the use of the schools emergency asthma inhaler if necessary.

Parent/Guardian name Relationship

Parent/Guardian Signature Date

Emergency Contact Number

ALL children with asthma should have an asthma plan and an appropriate inhaler / spacer

*Delete if the inhaler is not designed to be used with a spacer (i.e. Turbohaler / Accuhaler)