



Supporting Pupils at School with medical conditions

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We believe that everyone is precious and loved by God. We aspire to let our light shine in all that we do. We nurture and empower one another to flourish. Together we shine in our world by showing compassion and by serving others. Let God's light shine through us.

Statement of Intent

The Governing Body of St Mary's C.E. Primary School has a duty, under **section 100 of the Children and Families Act 2014**, to make arrangements to support pupils at school with medical conditions.

The aim of this policy is to ensure that all pupils with medical conditions, including those relating to their **physical and mental health**, are properly supported so that they can access and participate fully in school life. We aim to ensure that pupils with medical conditions are able to remain healthy and safe, access their education, participate in the curriculum and wider opportunities, including PE, school trips, residential visits and extra-curricular activities, and achieve their academic potential.

St Mary's is committed to providing an **inclusive education** in which medical needs do not create unnecessary barriers to attendance, learning, participation, wellbeing or achievement. Support will be based on the individual needs of the pupil, with reasonable and proportionate arrangements put in place where required.

We recognise the importance of ensuring that parents and carers of pupils with medical conditions feel confident that the school will provide appropriate and effective support for their child. We also want pupils to feel safe, listened to, understood and confident that their medical needs will be appropriately supported in school.

Some pupils with medical conditions may meet the definition of disability under the **Equality Act 2010**. Where this is the case, the school will comply with its duties under the Act, including its duty to make reasonable adjustments and to ensure that disabled pupils are not placed at a substantial disadvantage.

Some pupils with medical conditions may also have **special educational needs and/or disabilities (SEND)**. Where a pupil has an Education, Health and Care (EHC) plan, the school will work in accordance with the provision specified within the plan and with the **SEND Code of Practice: 0 to 25 years**, alongside the school's SEND Policy. An EHC plan may bring together the education, health and care provision required to meet a pupil's individual needs.

To ensure that pupils with medical conditions are effectively supported, the school will work collaboratively with **pupils, parents and carers, relevant health professionals, the local authority and other professionals and agencies**, where appropriate. The views of the pupil will be sought and taken into account according to their age, understanding and individual circumstances.

Our approach is centred on the individual child and is designed to ensure that medical needs are identified, understood and supported effectively so that every pupil has the opportunity to participate, belong, attend regularly and make progress.

Legal Framework

This policy has been developed with due regard to relevant legislation, statutory guidance and government guidance, including, but not limited to, the following:

- **Legislation**
 - **Children and Families Act 2014**, in particular sections 100, 100A and 100B relating to pupils with medical conditions and allergy safety
 - **Children's Wellbeing and Schools Act 2026**, in particular section 34 relating to allergy safety in schools
 - **Equality Act 2010**
 - **Education Act 1996**, as amended
 - **Education Act 2002**
 - **Children Act 1989**, as amended
 - **Health and Safety at Work etc. Act 1974**
 - **National Health Service Act 2006**, as amended
 - **Misuse of Drugs Act 1971**
 - **Human Medicines Regulations 2012**, as amended
 - **Human Medicines (Amendment) (No. 2) Regulations 2014**, relating to emergency salbutamol inhalers in schools
 - **Human Medicines (Amendment) Regulations 2017**, relating to emergency adrenaline auto-injectors in schools
 - **School Premises (England) Regulations 2012**, as amended
 - **Special Educational Needs and Disability Regulations 2014**, as amended
 - **Food Information Regulations 2014**, as amended by the **Food Information (Amendment) (England) Regulations 2019** ("Natasha's Law")
- **Statutory and Government Guidance**

The school will also have regard to the most recent versions of relevant statutory and government guidance, including:

- DfE, **Supporting pupils at school with medical conditions**
- DfE, **Allergy safety in schools** (2026)
- DfE and Department of Health, **Special educational needs and disability code of practice: 0 to 25 years**
- DfE, **Arranging education for children who cannot attend school because of health needs**
- DfE, **Working together to improve school attendance** (2026)
- DfE, **Keeping Children Safe in Education** (2026)
- DfE, **School Admissions Code** (2021)
- DfE, **First aid in schools, early years and colleges**
- Department of Health and Social Care, **Using emergency adrenaline auto-injectors in schools**
- Department of Health, **Guidance on the use of emergency salbutamol inhalers in schools**
- The current **Early Years Foundation Stage statutory framework**, where applicable

The school will review this policy in response to any changes to legislation or statutory guidance and will ensure that its practice reflects the most current national requirements.

Roles and Responsibilities

The Governing Body will be responsible for:

- Fulfilling its statutory duties under relevant legislation and statutory guidance, including its duties under the Children and Families Act 2014, the Equality Act 2010 and relevant allergy-safety legislation.
- Ensuring that appropriate arrangements are in place to support pupils with medical conditions so that they can access and participate fully in education and wider school life.
- Ensuring that pupils with medical conditions are not unnecessarily excluded from lessons, PE, educational visits, residential visits, extra-curricular activities or other aspects of school life because of their medical needs.
- Ensuring that arrangements focus on the individual needs of each pupil and the support required to enable them to participate, attend, remain safe and make progress.
- Ensuring that reasonable adjustments are made for pupils whose medical condition meets the definition of disability under the Equality Act 2010.
- Working with the local authority, health professionals, Integrated Care Board (ICB), school nursing service and other relevant services to ensure that pupils with medical conditions receive appropriate support and access to suitable education.
- Ensuring that pupils who experience prolonged or recurrent absence because of health needs are supported to maintain access to education and are reintegrated effectively when they return.
- Ensuring that parents and carers can be confident that the school will provide appropriate support for their child's medical condition and that pupils feel safe, listened to and supported.
- Ensuring that sufficient appropriately trained staff are available to meet pupils' medical needs, including during emergencies, educational visits and other off-site activities.
- Ensuring that staff have access to appropriate information, guidance, training and specialist advice.
- Ensuring that prospective pupils are not refused admission solely because arrangements to manage their medical condition have not yet been put in place.
- Ensuring that pupils' health and safety are not placed at unnecessary risk and that appropriate infection prevention and public-health guidance is followed where a pupil has an infectious illness.
- Ensuring that the school's policies, Individual Healthcare Plans (IHPs), procedures and systems relating to medical conditions are implemented effectively and reviewed appropriately.
- Ensuring that the school complies with its statutory responsibilities relating to **allergy safety**, including maintaining and reviewing appropriate allergy-safety arrangements.

The Headteacher will be responsible for:

- Having overall responsibility for the implementation of this policy and for ensuring that arrangements for pupils with medical conditions are effective.
- Ensuring that all staff are aware of this policy and understand their responsibilities.
- Ensuring that sufficient numbers of appropriately trained staff are available to implement Individual Healthcare Plans and respond to foreseeable medical emergencies, including when the usual member of staff is absent.
- Ensuring that contingency arrangements are in place for staff absence, school trips, residential visits and other activities away from the school site.

- Ensuring that appropriate staff receive relevant training and are competent before undertaking healthcare procedures for which specialist training is required.
- Having overall responsibility for ensuring that Individual Healthcare Plans are developed, implemented and reviewed where required, in consultation with the pupil, parents or carers and relevant professionals.
- Ensuring that appropriate arrangements are in place for pupils with allergies and that staff understand how to prevent, recognise and respond to allergic reactions and anaphylaxis.
- Ensuring that emergency medication and equipment are appropriately stored, readily accessible and available to pupils who require them.
- Ensuring that staff supporting pupils with medical conditions are appropriately insured and are made aware of the school's insurance arrangements.
- Liaising with the school nursing service or other appropriate healthcare professionals where a pupil has a medical condition requiring support that has not yet been adequately identified or planned for.
- Considering staffing and deployment needs so that pupils with medical conditions can be safely and effectively supported.
- Ensuring appropriate communication with parents, carers and professionals and that relevant information is shared with staff on a need-to-know basis.

Parents and Carers will be responsible for:

- Informing the school as soon as possible if their child has a medical condition, allergy or change in their health needs.
- Providing sufficient, accurate and up-to-date information about their child's medical needs, medication, treatment and emergency arrangements.
- Providing prescribed medicines, devices and equipment required in school in accordance with the school's procedures.
- Ensuring that medicines and devices supplied to school are in date and appropriately labelled and replacing them when required.
- Participating in the development and review of their child's Individual Healthcare Plan, where one is required.
- Carrying out any actions agreed within their child's Individual Healthcare Plan.
- Informing the school promptly of changes to medication, treatment, medical advice or emergency contact details.
- Ensuring that the school has current emergency contact details and making reasonable arrangements to be contactable, or to provide an alternative nominated contact, where necessary.

Pupils will be supported and encouraged to:

- Be involved, according to their age, maturity and understanding, in discussions and decisions about their medical needs and the support they receive.
- Contribute to the development and review of their Individual Healthcare Plan, where appropriate.
- Provide information about how their condition affects them and what support helps them.
- Tell an adult if they feel unwell, experience symptoms or require their medication or medical support.
- Manage their own medicines and devices where this has been agreed as appropriate and safe.
- Show understanding and respect towards other pupils who have medical conditions, disabilities or additional health needs.

Pupils will **not be made responsible for managing their medical condition beyond what is appropriate for their age, maturity, understanding and individual circumstances.**

School Staff will be responsible for:

- Understanding their responsibilities under this policy and knowing which pupils they support have medical conditions where this information is necessary for the safe performance of their role.
- Taking account of pupils' medical needs when planning and delivering lessons, PE, educational visits and other school activities.
- Knowing how to respond if a pupil with a medical condition becomes unwell or requires assistance.
- Responding promptly to medical emergencies and following the pupil's Individual Healthcare Plan or emergency procedures where applicable.
- Undertaking training and achieving an appropriate level of competency before carrying out specialist healthcare procedures.
- Administering medicines or providing medical support where they have agreed to undertake this responsibility and have received appropriate information and training.

No member of staff will be required to undertake a healthcare procedure requiring specialist knowledge or training unless they have been appropriately trained and are competent to do so.

All staff should nevertheless know **what to do in an emergency**, including how to obtain appropriate medical assistance.

The School Nursing Service will, where appropriate:

- Support the school when a pupil has been identified as having a medical condition requiring support at school.
- Provide advice to the school, parents and carers and contribute to the development of Individual Healthcare Plans where appropriate.
- Support or advise on relevant staff training and competency requirements.
- Liaise with other healthcare professionals and specialist services where appropriate.
- Support communication between health services, families and the school where this forms part of the commissioned school nursing service.

Integrated Care Boards (ICBs) and NHS Commissioners

Integrated Care Boards and relevant NHS commissioners are responsible for commissioning health services to meet the needs of their local population and for supporting effective cooperation between health services, local authorities and education settings.

Where appropriate, they will:

- Support joint commissioning arrangements for children and young people with SEND.
- Work with local authorities and education settings to support effective links between health services and schools.
- Commission appropriate health services for children and young people with long-term health conditions and disabilities.
- Ensure that commissioned services can contribute appropriately to the assessment, planning and delivery of healthcare support for pupils.

Healthcare Professionals

Relevant healthcare professionals, which may include GPs, paediatricians, specialist nurses, therapists and other clinicians, may:

- Provide advice about a pupil's medical condition and the support required in school.
- Contribute to the development and review of an Individual Healthcare Plan where appropriate.
- Provide relevant clinical information and advice, with appropriate consent.
- Advise on medication, treatment, emergency procedures and healthcare interventions.
- Support or contribute to specialist training for school staff where this is required.
- Liaise with the school nursing service and other professionals involved with the pupil.

Providers of Health Services

Health service providers should cooperate with the school and other relevant agencies to support pupils with medical conditions. This may include communicating with the school, contributing to Individual Healthcare Plans, providing specialist advice and supporting appropriate training or outreach services.

The Local Authority will be responsible for:

- Promoting cooperation between relevant education, health and social care partners.
- Working with schools, health services and families to support children whose medical conditions affect their access to education.
- Making appropriate joint commissioning arrangements for children and young people with SEND, where applicable.
- Providing or commissioning appropriate support, advice and services in accordance with its statutory responsibilities.
- Supporting schools to secure suitable education for pupils whose health needs significantly affect their attendance.
- Working with the school and relevant professionals to support pupils with medical conditions to access as much education as their health needs allow, with the aim of returning to full-time education where appropriate.

Where a child of compulsory school age **cannot attend school because of physical or mental health needs**, the local authority has responsibilities under **section 19 of the Education Act 1996** to arrange suitable education where it would otherwise not be provided.

Where it is clear that a pupil is likely to be unable to attend school for **15 school days or more**, whether consecutively or cumulatively during a school year, because of their health needs, the school will work with the local authority so that suitable alternative education can be considered and arranged without unnecessary delay.

The school and local authority will work together to ensure that educational provision is appropriate to the pupil's health needs, maintains links with the school wherever possible and supports effective reintegration when the pupil is able to return.

Admissions

Admissions to St Mary's C.E. Primary School will be managed in accordance with the school's **Admissions Policy**, the **School Admissions Code** and relevant equality legislation.

No child will be denied admission to the school, or prevented from taking up a place that has been offered, solely because they have a medical condition or because arrangements to support their medical needs have not yet been put in place.

The school will work with parents and carers, healthcare professionals and other relevant services to ensure that appropriate arrangements are established as quickly as possible so that the child can access school safely and participate fully in school life.

A pupil's medical condition will not be used as a reason to discriminate against them in the admissions process. Where a medical condition amounts to a disability under the **Equality Act 2010**, the school will comply with its duties under the Act, including the duty to make reasonable adjustments.

The school will not request information about a child's medical condition for the purpose of deciding whether to offer them a school place, except where medical or social need forms part of a lawful and published admissions criterion and relevant information is required to consider the application under that criterion.

Once a place has been offered, the school may request relevant medical and health information from parents and carers so that appropriate support, risk assessments, emergency arrangements and, where necessary, an **Individual Healthcare Plan (IHP)** can be put in place before or as soon as possible after the pupil starts school.

Where a pupil has an **Education, Health and Care (EHC) plan**, admissions will also be considered in accordance with the statutory arrangements that apply to pupils with EHC plans.

The school will not routinely delay a pupil's admission because of their medical condition. In exceptional circumstances, where there is clear professional evidence that immediate attendance would present a significant risk to the health or safety of the pupil or others, the school will work with the family, local authority and relevant healthcare professionals to agree appropriate arrangements and enable attendance as soon as it is safe to do so.

Notification Procedure

Parents and carers should inform the school as soon as possible if their child has a medical condition, allergy or health need that may require support during the school day. The school may also receive relevant information from the school nursing service, healthcare professionals, a previous education setting, the local authority or other professionals involved with the child.

When the school is notified that a pupil has a medical condition that may require support in school, the **Headteacher or designated member of staff** will ensure that the pupil's needs are considered promptly and that appropriate arrangements are put in place.

Where necessary, the school will consult with the pupil, their parents or carers and relevant healthcare professionals to determine the support required and whether an **Individual Healthcare Plan (IHP)** is necessary. The pupil's views will be sought and taken into account according to their age, maturity, understanding and individual circumstances.

Not every pupil with a medical condition will require an IHP. The decision will be based on the complexity of the pupil's medical needs and the level of support required to ensure their health, safety, inclusion and access to education. Where an IHP is not considered necessary, the school will nevertheless ensure that appropriate information and arrangements are in place to meet the pupil's needs.

The school will **not wait for a formal diagnosis** before providing reasonable and appropriate support where a pupil has an identified or emerging health need. Support will be based on the pupil's presenting needs and the best available information.

Where a pupil's medical needs are unclear, complex or disputed, the school will work collaboratively with parents or carers and seek advice from appropriate healthcare professionals. Decisions about school-based support will be made by the Headteacher, or an appropriately delegated member of staff, taking account of all available evidence and the school's statutory duties. Where clinical judgement is required, the school will seek appropriate advice from a suitably qualified healthcare professional.

Where a pupil has an **allergy or is at risk of anaphylaxis**, the school will ensure that appropriate allergy-safety and emergency arrangements are put in place in accordance with current statutory guidance. Relevant staff will be informed of the pupil's needs and emergency procedures on a need-to-know basis.

For pupils joining St Mary's at the beginning of the academic year, the school will aim to establish appropriate arrangements **before the pupil starts**, wherever sufficient information is available. This will include liaison with parents or carers, the previous education setting and relevant professionals where appropriate.

Where a pupil joins the school during the academic year, develops a new medical condition, receives a new diagnosis, or experiences a significant change in their existing medical needs, the school will put appropriate arrangements in place **as soon as reasonably practicable**. Where an IHP is required, the school will normally aim to develop this within **two weeks** of being notified.

Where immediate support is required, the school will **not wait for the completion of an IHP** before putting reasonable interim safety and support arrangements in place.

Information about a pupil's medical needs will be shared with relevant members of staff on a **need-to-know basis**, with due regard to confidentiality and data protection requirements. Staff responsible for the pupil will be informed of the support required and of the action to take in an emergency.

Medical arrangements will be reviewed whenever there is a significant change in the pupil's condition, medication, treatment or support needs, and at least as frequently as specified within the pupil's Individual Healthcare Plan.

Staff Training and Support

The school will ensure that staff who support pupils with medical conditions receive appropriate information, instruction and training so that they are able to carry out their responsibilities safely and confidently.

Any member of staff who undertakes a **specialist healthcare procedure** or provides medical support requiring specific knowledge or skills will receive appropriate training before taking responsibility for that procedure. Staff will not undertake a healthcare procedure for which they have not received the necessary training and, where appropriate, been assessed as competent.

Training requirements will be identified according to the individual pupil's needs, including through the development and review of their **Individual Healthcare Plan (IHP)**. Advice will be sought from the school nursing service, specialist nurses or other suitably qualified healthcare professionals where appropriate.

Where a healthcare procedure requires an assessment of competency, this will be undertaken or confirmed by an **appropriately qualified healthcare professional**. Competency will be reviewed when required, particularly where there is a change in the pupil's condition, treatment, equipment or procedure.

A general **first-aid qualification does not, by itself, constitute sufficient training** for staff to undertake specialist medical procedures or provide condition-specific medical support.

The Headteacher will ensure that there are sufficient appropriately trained staff available to support pupils with medical conditions, including arrangements for:

- staff absence;
- break and lunchtimes;
- before- and after-school activities where applicable;
- PE and sporting activities;
- educational visits and residential visits; and
- emergency situations.

Training will be appropriate to the pupil and the procedure involved. Where relevant, this may include training relating to conditions such as **asthma, epilepsy, diabetes, severe allergies and anaphylaxis**, as well as the safe administration of prescribed medication or use of specialist equipment.

• **Whole-School Awareness**

All staff will receive appropriate awareness information so that they:

- understand the school's procedures for supporting pupils with medical conditions;
- know how to obtain help in a medical emergency;
- understand the importance of following Individual Healthcare Plans and emergency procedures;

- know how to recognise and respond to relevant medical emergencies where this forms part of their role;
- understand the importance of inclusion and ensuring that pupils with medical conditions are not unnecessarily excluded from learning or wider school activities; and
- know which pupils have medical needs where this information is necessary for them to fulfil their responsibilities safely.

Whole-school medical awareness will form part of the school's induction arrangements for new staff and will be refreshed **regularly and whenever pupils' needs, guidance or procedures change**.

• **Allergy and Anaphylaxis Training**

In accordance with current statutory allergy-safety guidance, the school will ensure that staff receive appropriate **allergy-awareness training**.

Training and information will enable staff to understand:

- common allergens and how exposure may occur;
- how allergies may affect individual pupils;
- how to reduce avoidable risks;
- the signs and symptoms of an allergic reaction and anaphylaxis;
- how to summon emergency assistance;
- the school's procedures for responding to an allergic reaction; and
- the use of adrenaline auto-injectors where this is relevant to their responsibilities and training.

Staff who have specific responsibility for pupils at risk of anaphylaxis will receive any additional training required to implement the pupil's emergency arrangements safely.

• **Parents and Carers**

Parents and carers are important partners and will be consulted about their child's medical condition, how it affects them and the support that works well for them.

Parents and carers may contribute useful information or demonstrate routines familiar to their child; however, they will **not normally be used as the sole provider of training for a healthcare procedure that requires clinical or professional competency**. Where specialist training is required, this will be provided or supported by an appropriately qualified professional.

• **Training Records and Continuing Professional Development**

The school will maintain appropriate records of relevant medical training undertaken by staff, including, where applicable:

- the nature of the training;
- the date completed;
- the member of staff trained;
- the trainer or professional providing the training;
- any competency assessment undertaken; and
- the date on which refresher training or review is required.

The Headteacher and Governing Body will ensure that appropriate continuing professional development and refresher training are made available where necessary to support pupils safely and effectively.

Training will be reviewed when:

- a new pupil with significant medical needs joins the school;
- an existing pupil develops a new condition or their needs change;
- a new procedure, medication or piece of equipment is introduced;
- an Individual Healthcare Plan identifies additional training requirements;
- new staff take on relevant responsibilities;
- statutory or national guidance changes; or
- an incident, emergency or near miss indicates that further training or review is required.

• **Supply, Temporary and Visiting Staff**

Supply teachers, temporary staff and other relevant adults working with pupils will be provided with the information they need to carry out their role safely.

Where relevant to their duties, they will:

- be made aware of this policy and the school's emergency procedures;
- be informed of pupils in their care who have medical conditions that they need to know about;
- be informed of relevant Individual Healthcare Plans and emergency arrangements;
- know how and where to obtain appropriate assistance;
- know how to access emergency medication where relevant; and
- be informed only of medical information that is necessary for them to fulfil their responsibilities, with due regard to confidentiality and data protection.

Where a supply or temporary member of staff has not received the specialist training required to undertake a particular healthcare procedure, the school will ensure that an appropriately trained member of staff remains available to provide the necessary support.

The school will ensure that staff undertaking agreed medical responsibilities are covered by the school's appropriate **insurance and indemnity arrangements**.

Self-Management

St Mary's will encourage pupils, where appropriate, to develop independence and confidence in managing their own medical conditions, medicines and healthcare procedures.

Following discussion with the pupil, their parents or carers and, where appropriate, relevant healthcare professionals, pupils who are considered sufficiently competent to manage some or all of their own health needs will be supported to do so.

Decisions about self-management will take account of the pupil's:

- age, maturity and understanding;
- individual medical condition and treatment;
- ability to recognise when they require medication or support;
- ability to use medicines or medical devices safely;
- wishes and preferences;
- need for supervision or assistance; and
- any relevant advice from healthcare professionals.

Where a pupil has an **Individual Healthcare Plan (IHP)**, the agreed arrangements for self-management, including any required supervision or support, will be clearly recorded within it.

Access to Medicines and Medical Devices

Where it is appropriate and safe for a pupil to do so, they will be permitted to carry their own medicines and medical devices, such as inhalers, adrenaline auto-injectors or other prescribed emergency medication.

Where a pupil does not carry their own medication or device, it will be stored securely but in a location that allows it to be **accessed quickly and easily when required**.

Emergency medication must always be readily accessible to the pupil and to appropriately trained staff. Arrangements will also ensure access during:

- PE and sporting activities;
- break and lunchtimes;
- educational visits and residential visits;
- before- and after-school activities, where applicable; and
- emergency evacuations or other situations in which pupils leave their usual classroom.

A pupil who is able to self-manage their medication may still require an appropriate level of adult supervision or support.

Allergies and Emergency Adrenaline

For pupils with allergies or at risk of anaphylaxis, arrangements for carrying or accessing prescribed adrenaline auto-injectors will be agreed with parents or carers and reflected in the pupil's IHP or allergy-management arrangements.

The pupil's own prescribed emergency medication must be readily accessible. The school will also maintain arrangements for access to any **spare emergency adrenaline auto-injectors** required under current statutory allergy-safety arrangements.

A pupil will not be expected to manage an allergic reaction or other medical emergency without appropriate adult support.

Refusal of Medication or Treatment

If a pupil refuses to take medication or declines a healthcare procedure, staff will **not force the pupil to take the medicine or undergo the procedure**.

Staff will follow the arrangements recorded within the pupil's IHP or other agreed healthcare plan and will consider the pupil's age, understanding, capacity and immediate health needs.

Parents or carers will be informed as soon as reasonably practicable so that appropriate next steps can be considered.

Where refusal of medication or treatment creates an **immediate or potentially serious risk to the pupil's health**, staff will follow the pupil's emergency procedures and seek appropriate medical assistance, including contacting the emergency services where necessary.

Any repeated difficulty with taking medication or completing an agreed healthcare procedure will lead to a review of the pupil's arrangements with the pupil, parents or carers and relevant healthcare professionals.

Controlled Drugs

Where a pupil has been prescribed a controlled drug, arrangements for its possession, storage, administration and self-management will comply with relevant legislation and the school's procedures for managing medicines.

A pupil who has been prescribed a controlled drug may, where legally permitted and considered competent, have access to it for their own use in accordance with agreed school arrangements.

Controlled medication prescribed for one person **must never be shared with or supplied to another pupil**.

Any incident involving the inappropriate possession, sharing or attempted supply of prescribed medication will be managed immediately in accordance with the school's safeguarding, behaviour and medicines procedures. Where necessary, appropriate professional advice will be sought and parents or carers will be informed.

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans (IHPs) are used where they will help the school to effectively support a pupil with a medical condition and ensure that their health, safety, inclusion, attendance and access to education are appropriately supported.

Not every pupil with a medical condition will require an IHP. The need for an IHP will be considered on an individual basis, taking account of the nature and complexity of the pupil's condition, the level of support required and any risks associated with their medical needs.

The school will work in partnership with the pupil's parents or carers and relevant healthcare professionals to determine whether an IHP is required. The pupil will be involved in developing and reviewing their plan wherever appropriate, taking account of their age, maturity, understanding and preferred means of communication.

Where there is disagreement about whether an IHP is required or about the arrangements that should be included, the school will seek to resolve this collaboratively with parents or carers and relevant healthcare professionals. The Headteacher will be responsible for determining the school-based arrangements, having regard to all available evidence, professional advice and the school's

statutory duties. The school will not make clinical decisions that require healthcare expertise without seeking appropriate professional advice.

An IHP will be clear, proportionate to the pupil's needs and sufficiently detailed to enable staff to understand how the pupil should be supported.

Contents of an IHP

Where relevant to the individual pupil, an IHP will include:

- the pupil's medical condition and how it affects them;
- known triggers, signs, symptoms and treatments;
- the pupil's own understanding of their condition and the support that helps them;
- medication requirements, including the name of the medicine, dosage, timing, method of administration, possible side effects and storage arrangements;
- other treatments, healthcare procedures, medical equipment or devices required;
- arrangements for access to food, drink or snacks where these are necessary for management of the condition;
- dietary requirements and any relevant allergy-management arrangements;
- environmental requirements or adjustments needed to reduce medical risks or enable participation;
- the support required for the pupil's educational, social, emotional and wellbeing needs;
- any reasonable adjustments required to support attendance, learning and participation;
- the level of support or supervision required, including during emergencies;
- arrangements for self-management, including whether the pupil carries and/or administers their own medication or medical device;
- the members of staff responsible for providing support and the expectations of their role;
- any training or competency requirements for staff undertaking healthcare procedures;
- the appropriately qualified professional responsible for providing or confirming specialist training or competency, where required;
- contingency and cover arrangements when a usual member of staff is absent;
- which members of staff need to know about the pupil's condition and the support required;
- appropriate arrangements for consent to administer medication and/or support self-administration;
- arrangements for PE, break and lunchtimes, extra-curricular activities, educational visits and residential visits;
- any additional risk assessment or planning required for activities away from the usual school environment;
- arrangements for examinations or assessments where the pupil's medical condition may require reasonable adjustments, where applicable;
- arrangements for absences relating to medical appointments, treatment or periods of ill health where these are relevant;
- arrangements for supporting the pupil following periods of medical absence and for reintegration into school;
- confidentiality arrangements, including how relevant information will be shared appropriately while respecting the pupil's privacy;
- emergency procedures, including the signs that indicate an emergency, the action staff should take, when emergency services should be contacted and who should be informed;
- arrangements for ensuring that emergency medicines and medical devices are readily accessible; and
- relevant emergency and parental/carers contact information.

Allergies and Anaphylaxis

Where a pupil has a diagnosed allergy or is at risk of anaphylaxis, the school will ensure that appropriate individual arrangements are documented in accordance with current statutory **Allergy safety in schools** guidance.

The pupil's IHP or associated allergy-management documentation will, where relevant, identify:

- the pupil's known allergens;
- how exposure may occur and measures to reduce avoidable risk;
- the signs and symptoms of an allergic reaction;
- the pupil's prescribed emergency medication;
- where adrenaline auto-injectors are kept and how they can be accessed rapidly;
- arrangements for any school-held spare adrenaline auto-injectors;
- staff responsibilities and training;
- emergency procedures, including when to call 999; and
- arrangements for food, catering, educational visits and other activities where exposure to an allergen may present additional risk.

Emergency Healthcare Plans

Where a pupil has an emergency healthcare, treatment or management plan prepared by an appropriate healthcare professional or specialist service, this will inform and, where appropriate, be incorporated into the school's IHP arrangements.

The school will follow clinical emergency instructions provided by appropriately qualified healthcare professionals and will ensure that relevant staff understand the action they must take.

Accessibility and Confidentiality

IHPs will be readily accessible to members of staff who need the information to keep the pupil safe and provide appropriate support.

Medical information will be handled sensitively and in accordance with data protection and confidentiality requirements. Information will only be shared with those who need it to fulfil their responsibilities safely and effectively.

Confidentiality will not prevent the school from sharing information with relevant staff where this is necessary to protect the pupil's health, safety or welfare.

Review of IHPs

IHPs will be reviewed **at least annually**, and earlier where necessary.

A review will also take place where:

- there is a significant change in the pupil's medical condition;
- medication, treatment or healthcare procedures change;
- the pupil's support needs change;
- the pupil transfers class or setting where this affects the arrangements;
- concerns arise about the effectiveness of existing support;

- there has been a medical emergency, significant incident or relevant near miss;
- parents, the pupil or relevant professionals request a review; or
- new professional advice indicates that the arrangements should be changed.

The pupil and their parents or carers will be involved in reviews alongside relevant school staff and healthcare professionals as appropriate.

Relationship with SEND and EHC Plans

A medical condition does not automatically mean that a pupil has special educational needs or a disability. However, some pupils with medical conditions will also have SEND and/or meet the definition of disability under the Equality Act 2010.

Where a pupil has an **Education, Health and Care (EHC) plan**, their IHP will be coordinated with the EHC plan so that education, health and care arrangements are consistent and do not unnecessarily duplicate one another.

Where a pupil has SEND but does not have an EHC plan, relevant SEND needs and provision will be taken into account when developing and reviewing the IHP. Equally, the impact of the pupil's medical condition will be considered through the school's graduated approach to SEND where appropriate.

Reintegration Following Medical Absence

Where a pupil is returning following hospital treatment, hospital education, alternative provision, home tuition or a significant period of absence because of physical or mental health needs, the school will work with the pupil, parents or carers, the local authority, healthcare professionals and any education provider involved to support a successful return.

The IHP will be reviewed before or as part of the pupil's return where appropriate and may include:

- a planned or phased reintegration where this is supported by the pupil's needs and professional advice;
- reasonable adjustments to lessons, routines or the school environment;
- arrangements for medication, treatment, rest or medical appointments;
- support to address gaps in learning;
- pastoral, social and emotional support;
- arrangements for communication between home, school and relevant professionals; and
- a clear plan for reviewing the pupil's progress towards fuller participation and attendance.

Any reintegration arrangements will focus on enabling the pupil to access as much suitable education as their health allows while maintaining appropriate support for their recovery, wellbeing and longer-term inclusion.

Managing Medicines

Medicines will only be administered at school where it would be detrimental to a pupil's health or school attendance not to do so, or where administration during the school day is necessary to enable the pupil to participate safely and fully in education.

The school will manage medicines in accordance with current legislation, DfE guidance, healthcare advice and the pupil's Individual Healthcare Plan (IHP), where applicable.

Consent

For pupils under the age of 16, prescription and non-prescription medicines will normally only be administered with appropriate written consent from a parent or carer and in accordance with the school's agreed procedures.

In exceptional circumstances, a young person may have been prescribed treatment confidentially by a healthcare professional. Where this situation arises, the school will seek appropriate professional advice and respect the young person's rights to confidentiality, while encouraging appropriate involvement of parents or carers where it is safe and appropriate to do so.

Staff will not administer medicines contrary to the instructions of the prescriber, pharmacist, healthcare professional or manufacturer.

Prescription and Non-Prescription Medicines

The school may administer a prescribed medicine where:

- it has been prescribed for the individual pupil;
- appropriate consent has been obtained;
- administration during the school day is necessary; and
- staff have received any information or training required to administer it safely.

Non-prescription medicines may be administered where this is consistent with the school's agreed procedures, appropriate consent has been obtained, and it is considered necessary to support the pupil's health or attendance.

The school will not routinely administer non-prescription medicines simply as a matter of convenience.

No pupil under the age of 16 will be given medicine containing **aspirin unless it has been prescribed by a doctor**.

Before administering pain relief or other medicines where repeat doses may be given, staff will check:

- when the previous dose was administered;
- the minimum interval between doses;
- the maximum permitted dose within the relevant period; and
- any other medication that may contain the same active ingredient, where this information is available.

Parents or carers will be informed where medication is administered outside a pupil's usual agreed arrangements, unless an alternative lawful confidentiality arrangement applies.

Accepting Medicines into School

The school will normally only accept medicines that are:

- in date;
- appropriately labelled;
- supplied in the original container as dispensed by a pharmacist or provided by the manufacturer;
- clearly marked with the pupil's name where appropriate; and
- accompanied by clear instructions for administration, dosage and storage.

The school will not alter dosage instructions unless supported by appropriate written advice from the prescriber or another suitably qualified healthcare professional.

The main exception to the original-container requirement is **insulin**, which may be supplied in an insulin pen, pump or other prescribed delivery system. All insulin and associated equipment must be in date and clearly identifiable for the pupil.

Other specialist medicines or devices will be managed in accordance with the manufacturer's instructions and relevant healthcare advice.

Storage and Access

All medicines will be stored safely and in accordance with the manufacturer's instructions, including any temperature or refrigeration requirements.

Medicines must be secure from unauthorised access while remaining **readily accessible when needed**.

Pupils will know where their medicines and medical devices are kept and how to obtain them. Where appropriate and agreed, pupils may carry and manage their own medicines or medical devices in accordance with the school's self-management arrangements.

Emergency medicines and devices must never be stored in a way that causes unnecessary delay in accessing them. This includes inhalers, adrenaline auto-injectors and any other emergency medication identified within a pupil's healthcare arrangements.

Appropriate access arrangements will be maintained during:

- lessons;
- break and lunchtimes;
- PE and sporting activities;
- educational visits and residential visits;
- extra-curricular activities; and
- emergency evacuations.

Where a locked storage facility is used, appropriate staff will know how to access it promptly.

Emergency Asthma Inhalers

The school may hold **salbutamol inhalers for emergency use** in accordance with current legislation and Department of Health guidance.

An emergency inhaler will only be used for a pupil who:

- has been diagnosed with asthma and prescribed a reliever inhaler, or has been prescribed a reliever inhaler;
- has appropriate parental or carer consent for use of the school's emergency inhaler; and
- requires the emergency inhaler because their own inhaler is unavailable, unusable or has run out.

Emergency inhalers and spacers will be stored so that they are readily accessible when required, and their use will be recorded.

Arrangements will be consistent with the school's **Asthma Policy** and the pupil's individual healthcare arrangements.

Emergency Adrenaline Auto-Injectors

In accordance with current legislation and statutory allergy-safety guidance, the school will maintain appropriate arrangements for **spare adrenaline auto-injectors (AAIs)** for emergency use.

A school-held spare AAI will only be used in accordance with current legal requirements, statutory guidance and the school's allergy-safety procedures.

Prescribed adrenaline auto-injectors belonging to individual pupils must remain readily accessible at all times, and relevant staff must know where they are stored and how to obtain them rapidly.

The use of prescribed or school-held emergency adrenaline will be recorded and parents or carers will be informed following its use. Emergency services will be contacted in accordance with the pupil's emergency arrangements and current guidance.

Controlled Drugs

Controlled drugs prescribed for an individual pupil will be managed in accordance with relevant legislation.

A pupil who has been prescribed a controlled drug may legally possess it where this is appropriate and agreed; however, the school may determine that secure storage is safer depending on the pupil's age, understanding and individual circumstances.

Where controlled drugs are stored by the school, they will be kept securely in a **non-portable, locked container**, with access limited to authorised staff.

Controlled drugs must nevertheless be accessible without unnecessary delay when required by the pupil.

The school will maintain an appropriate record of controlled drugs received, administered and returned or disposed of. Records will enable the school to account for the quantity held where appropriate.

A member of staff may administer a controlled drug to the pupil for whom it has been prescribed, in accordance with the prescriber's instructions and the school's procedures.

Disposal of Medicines and Sharps

School staff will not dispose of medicines in ordinary waste or down sinks or toilets.

When medicines are no longer required, have expired, or a pupil leaves the school, they will normally be returned to the parent or carer for safe disposal. Where necessary, advice will be sought from an appropriate pharmacy or healthcare service.

Approved **sharps containers** will be used for needles, lancets and other sharps. Sharps containers will be stored and disposed of safely in accordance with appropriate healthcare and waste-management arrangements.

Record Keeping

The school will maintain clear records of medicines administered to pupils.

Records will include, as appropriate:

- the pupil's name;
- the name of the medicine;
- the dose administered;
- the date and time of administration;
- the method of administration where relevant;
- the name or signature of the member of staff administering or supervising the medicine; and
- any relevant reaction, side effect, refusal or other concern.

Records will also be maintained where a pupil self-administers medication under staff supervision where this forms part of their agreed arrangements.

Where a medicine is refused, missed, given in error, or an unexpected reaction occurs, staff will follow the pupil's healthcare arrangements and school procedures and inform parents, healthcare professionals or emergency services as appropriate.

Medication records will be stored securely and processed in accordance with the school's data protection and confidentiality arrangements.

Allergens, Anaphylaxis and Adrenaline Devices

St Mary's is committed to ensuring that pupils with allergies are able to attend school safely, participate fully in school life and receive appropriate support to manage the risks associated with their allergy.

The school will act in accordance with current statutory **Allergy safety in schools** guidance and its published **Allergy Safety Policy**.

Information from Parents and Carers

Parents and carers are responsible for informing the school of any known or suspected allergy affecting their child and for providing accurate and up-to-date information about:

- the allergen or allergens concerned;
- previous allergic reactions;
- signs and symptoms that may indicate an allergic reaction;
- any prescribed medication;
- any prescribed adrenaline device;
- relevant healthcare advice; and
- the action that should be taken in an emergency.

Parents and carers should inform the school promptly whenever their child's allergy, medication, treatment or Allergy Action Plan changes.

The school will not wait for a formal diagnosis before taking reasonable steps to reduce an identified allergy risk.

Individual Healthcare Plans and Allergy Action Plans

Where a pupil's allergy has a functional impact on them in school, places them at risk of harm, or requires arrangements that are additional to or different from those generally available, the school will consider whether an **Individual Healthcare Plan (IHP)** is required.

Where a healthcare professional has issued an **Allergy Action Plan**, this will be referred to or attached to the pupil's IHP. The IHP will be reviewed when an updated Allergy Action Plan becomes available.

The school will maintain an appropriate record of pupils with known allergies and of pupils who have been prescribed adrenaline devices. Information will be available to staff who need it to keep pupils safe, while respecting confidentiality and data-protection requirements.

Reducing Exposure to Allergens

The school will take reasonable and proportionate steps to reduce avoidable exposure to known allergens while recognising that it is not normally possible to guarantee an entirely allergen-free environment.

Risk-reduction arrangements may include consideration of:

- school meals and snacks;

- food brought into school;
- cooking and food-technology activities;
- celebrations and special events;
- classroom resources and activities;
- breakfast and after-school provision;
- educational visits and residential trips;
- cleaning arrangements;
- handwashing and hygiene; and
- communication with catering providers and other relevant contractors.

Pupils with allergies will not be unnecessarily excluded from activities. Appropriate reasonable adjustments and risk-management arrangements will be used to support their participation.

Food Allergens and Natasha's Law

The Headteacher and catering provider will ensure that relevant food-allergen legislation is followed.

Where the school produces or supplies **prepacked for direct sale (PPDS)** food, the food must be labelled with:

- the name of the food;
- a full ingredients list; and
- any of the 14 regulated allergens contained within the product emphasised clearly within that ingredients list.

The school will work with external catering providers to ensure that appropriate allergen-management and food-labelling requirements are met.

Further arrangements relating to food and catering are set out in the school's Whole-School Food Policy and Allergy Safety Policy.

Staff Training and Awareness

All staff will receive **allergy-awareness training**, including information about:

- common allergens;
- reducing avoidable exposure;
- recognising the signs and symptoms of an allergic reaction;
- recognising anaphylaxis;
- how to respond in an emergency;
- how to summon emergency medical assistance;
- how and when adrenaline should be administered;
- how to use the adrenaline devices held by the school; and
- the school's Allergy Safety Policy and emergency procedures.

Allergy-awareness training will form part of staff induction and will be refreshed **at least annually**, with additional training provided where pupils' needs or school arrangements require it.

Prescribed Adrenaline Devices

Where a pupil has been prescribed an adrenaline device, this will be recorded within their IHP and/or Allergy Action Plan.

The school will ensure that pupils who have been prescribed adrenaline have **rapid access to their prescribed devices at all times**, including during lessons, lunchtimes, playtimes, PE, sporting activities, educational visits and residential trips.

The new statutory guidance states that pupils at risk of anaphylaxis should have access to **both of their two prescribed adrenaline devices at all times**.

There will be **no automatic age cut-off** determining whether a child carries their own device. Whether a pupil carries or self-manages their prescribed medication will be determined individually, taking account of their age, maturity, understanding, healthcare advice and IHP.

Where the pupil does not carry their own adrenaline devices, they will be stored in a safe location from which they can be obtained immediately. They will **not be locked away or stored somewhere with restricted access**.

School-Held “Spare” Adrenaline Auto-Injectors

The school will stock appropriate **spare adrenaline auto-injectors (AIs)** for emergency use in accordance with current statutory guidance and legislation.

Spare AIs will:

- be of an appropriate dosage for the age range of pupils attending the school;
- be **stocked and stored in pairs**;
- be clearly identified as school-held spare devices;
- be stored at room temperature in accordance with manufacturer instructions;
- not be refrigerated or exposed to direct sunlight or extremes of heat;
- be readily accessible and **not locked away**;
- be positioned so that adrenaline can be brought to any pupil who needs it without avoidable delay; and
- be regularly checked to ensure that they remain in date and are replaced following use or before expiry.

Current DfE statutory guidance states that schools should ensure adrenaline can be administered **within five minutes**, and that primary schools will generally require an appropriate pair of devices for younger pupils and a pair of the appropriate strength for older pupils.

The school will follow current Department of Health and Social Care guidance on the lawful use of school-held spare AIs.

Responding to Suspected Anaphylaxis

Anaphylaxis is a medical emergency.

Where a pupil is experiencing, or is suspected of experiencing, anaphylaxis, staff will follow the pupil's Allergy Action Plan where available and the school's emergency procedures.

The pupil's own prescribed adrenaline device should be used where it is immediately available. If it is unavailable or cannot be used, an appropriate school-held spare AAI may be used in accordance with current guidance.

999 must always be called when anaphylaxis is suspected, including where adrenaline has already been administered. Staff will not delay emergency treatment while attempting to contact a parent, a designated member of staff or another healthcare professional.

Where there is uncertainty about whether symptoms amount to anaphylaxis, staff will follow current emergency guidance and the pupil's Allergy Action Plan. The DfE guidance emphasises that suspected anaphylaxis should be treated promptly with adrenaline.

Appropriately trained staff will know how to use the adrenaline devices available within the school. Emergency arrangements will not depend on one particular named member of staff being available.

Adrenaline Dosage

The school will **not determine adrenaline dosage solely from an age table within this policy**.

Prescribed adrenaline will be administered in accordance with the pupil's prescribed device, Allergy Action Plan and healthcare advice. Spare AAIs will be purchased in appropriate strengths in accordance with current national guidance and manufacturer instructions.

This ensures that the policy remains safe if clinical guidance, devices or available forms of emergency adrenaline change.

Recording and Informing Parents

Following an allergic reaction or use of adrenaline, the school will make an appropriate written record, including:

- the pupil involved;
- the date, time and location of the reaction;
- known or suspected trigger, where known;
- signs and symptoms observed;
- action taken;
- medication or adrenaline administered;
- which device was used;
- the time it was administered;
- who administered it;
- whether and when emergency services were contacted; and
- communication with parents or carers.

Parents or carers will be informed as soon as reasonably practicable following an emergency, but contacting them will **not delay emergency treatment or calling 999**.

Serious Incidents and Near Misses

The school will record and review significant allergy incidents and **near misses**.

Following an incident, the school will consider whether changes are required to:

- the pupil's IHP or Allergy Action Plan;
- staff training;
- food or catering arrangements;
- supervision;
- medication storage or accessibility;
- educational-visit arrangements;
- risk assessments; or
- wider allergy-safety procedures.

The DfE's 2026 policy template specifically expects schools to have arrangements for recording, reporting and learning from allergy-related serious incidents and near misses.

Disposal and Replacement of AAI's

Used AAI's will not be reused. They will be disposed of safely in accordance with manufacturer instructions and appropriate medicines/sharps disposal arrangements. Used devices may, where appropriate, be handed to ambulance personnel, returned through an appropriate pharmacy route or disposed of through an approved sharps-waste arrangement.

Any school-held device that is used, damaged or expires will be replaced promptly.

Educational Visits and Activities Away from School

Pupils with allergies will be supported to participate fully in educational visits, residential visits, sporting activities and other activities away from the school site.

An appropriate risk assessment will be undertaken where a pupil is at risk of anaphylaxis.

The pupil's prescribed adrenaline devices will accompany them, and appropriate staff will know the pupil's emergency arrangements and how to administer adrenaline. The school will also consider how school-held spare AAI's should accompany off-site activities where appropriate.

Further information is contained within the school's **Allergy Safety Policy**, Individual Healthcare Plans and relevant educational-visits procedures.

Record keeping

The school will maintain clear, accurate and appropriate records relating to pupils' medical needs and the support provided.

A written or secure electronic record will be kept whenever medicine is administered to, or supervised for, an individual pupil. Records will include, as appropriate:

- the pupil's name;
- the name of the medicine;
- the dose administered;

- the date and time of administration;
- how the medicine was administered, where relevant;
- the name or signature of the member of staff who administered or supervised the medicine; and
- any relevant reaction, side effect, refusal, missed dose or other concern.

Where pupils self-administer medication under agreed arrangements, this will also be recorded where appropriate.

The school will also maintain relevant records relating to:

- parental or carer consent for medication;
- Individual Healthcare Plans (IHPs);
- Allergy Action Plans and other emergency healthcare plans;
- medicines received, returned or disposed of;
- controlled drugs, where applicable;
- staff medical training and competency assessments;
- use of school-held emergency salbutamol inhalers;
- use of prescribed or school-held adrenaline devices; and
- significant medical incidents and relevant near misses.

Where a medicine is refused, omitted, administered incorrectly or an unexpected reaction occurs, this will be recorded and appropriate action will be taken in accordance with the pupil's IHP, healthcare advice and the school's procedures.

Parents or carers will be informed where appropriate, and medical advice or emergency assistance will be sought where necessary.

Records provide evidence that agreed procedures have been followed and help protect pupils and staff. They also support effective communication, monitoring and review of the pupil's medical arrangements.

Medical records will be stored securely and treated as **special category personal data**. Information will be shared only with staff and professionals who need it to safeguard the pupil or provide appropriate support, in accordance with data-protection and confidentiality requirements.

Records will be retained and disposed of in accordance with the school's records-management and data-protection arrangements.

Where a serious medical or allergy-related incident or near miss occurs, the school will review the circumstances and consider whether changes are required to the pupil's IHP, risk assessment, staff training, supervision, medication arrangements or wider school procedures.

Emergency Procedures

The school will ensure that appropriate arrangements are in place to respond promptly and effectively to medical emergencies.

In a medical emergency, the immediate health and safety of the pupil will take priority.

All staff will know how to summon appropriate assistance and will be made aware of the school's emergency procedures as part of their induction and ongoing training.

Where a pupil has an Individual Healthcare Plan, Allergy Action Plan or other emergency healthcare plan, it will clearly identify:

- what may constitute an emergency for that pupil;
- the signs and symptoms staff should look for;
- the immediate action staff should take;
- any emergency medication or medical device required;
- where emergency medication or equipment is located;
- who may administer or assist with medication;
- when emergency services must be contacted;
- any specific information that should be given to emergency services; and
- who should be informed following the emergency.

Emergency medication and equipment will be readily accessible and will not be stored in a way that causes unnecessary delay.

Calling Emergency Services

Where a pupil requires emergency medical assistance, staff will call **999 without delay**.

Staff will provide the emergency operator with clear information, including:

- the school's name and full address;
- the exact location of the pupil within the school;
- the pupil's age where known;
- the nature of the medical emergency;
- any medication or treatment already given; and
- any relevant information contained within the pupil's emergency healthcare arrangements.

A member of staff will be designated to meet the ambulance at the school entrance and direct emergency personnel to the pupil where practicable.

Contacting parents or carers, senior leaders or a particular named member of staff will **not delay calling 999 or providing emergency treatment**.

Informing Parents and Carers

Parents or carers will be contacted as soon as reasonably practicable following a medical emergency.

Where they cannot immediately be contacted, the school will continue to act in the pupil's best interests and follow the advice of emergency healthcare professionals.

The school will not make emergency treatment dependent upon obtaining parental permission where urgent medical assistance is required.

Transfer to Hospital

Where an ambulance is required, the pupil will normally be transported to hospital by the ambulance service rather than in a member of staff's private vehicle.

Where reasonably practicable, a suitable member of staff will accompany the pupil in the ambulance, or follow the arrangements agreed with the ambulance service, and will remain with the pupil until a parent, carer or other appropriate responsible adult arrives.

The accompanying member of staff will, where possible, take or have secure access to relevant information needed by healthcare professionals, such as:

- the pupil's emergency contact details;
- their IHP or emergency healthcare plan;
- details of their medical condition;
- information about medication already administered; and
- any relevant allergy or treatment information.

The school will ensure that appropriate staffing arrangements remain in place for other pupils while a member of staff accompanies a child to hospital.

Pupils' Understanding of Emergencies

Pupils will be given age-appropriate information about what to do if they or another pupil become unwell.

This will include encouraging pupils to:

- tell a member of staff immediately;
- seek adult help rather than attempting to manage a serious medical emergency themselves; and
- understand that pupils with medical conditions may sometimes need urgent help or medication.

Pupils will be supported to understand these arrangements in a way that is appropriate to their age, communication needs and level of understanding.

After a Medical Emergency

Following a significant medical emergency, the school will make an appropriate written record and review the incident.

Where relevant, the school will consider whether:

- the pupil's IHP or emergency plan requires amendment;
- parents or healthcare professionals need to be consulted;
- further staff training is required;
- medication or equipment needs replacing;
- a risk assessment requires review; or
- wider school procedures should be changed.

Allergy-related serious incidents and near misses will additionally be reviewed in accordance with the school's Allergy Safety Policy and current statutory guidance.

Day Trips, Residential Visits and Sporting Activities

Pupils with medical conditions will be supported to participate fully in **educational visits, residential visits, PE, sporting activities and extra-curricular opportunities** wherever it is safe and reasonably practicable for them to do so.

A pupil will not be excluded from an activity solely because they have a medical condition or disability.

Before an educational visit, residential visit or activity where a pupil's medical needs may require additional arrangements, the school will consider the pupil's individual needs as part of the planning and risk-assessment process.

Where appropriate, the school will consult:

- the pupil;
- their parents or carers;
- the pupil's Individual Healthcare Plan (IHP), Allergy Action Plan or other relevant healthcare plan;
- relevant healthcare professionals; and
- the visit provider or venue.

The school will make **reasonable adjustments** in accordance with the Equality Act 2010 where a pupil's medical condition amounts to a disability, and will take reasonable steps to remove barriers that might otherwise prevent the pupil from participating.

Arrangements may include:

- ensuring prescribed and emergency medication accompanies the pupil;
- ensuring medicines and medical devices remain readily accessible;
- providing appropriately trained staff;
- considering staffing levels and supervision;
- adapting activities, routines or timings;
- arranging suitable access to food, drink, rest or toilet facilities;
- considering transport and accessibility arrangements;
- making appropriate arrangements for storage of medicines;
- planning for emergency medical assistance;
- considering dietary and allergy requirements;
- ensuring relevant staff understand the pupil's emergency procedures; and
- agreeing arrangements for overnight medication or healthcare procedures during residential visits.

Where a pupil carries or self-administers their own medication, appropriate arrangements will be agreed in advance and recorded where necessary.

Allergies and Anaphylaxis

For pupils at risk of anaphylaxis, the school will ensure that prescribed adrenaline devices accompany the pupil on educational visits, residential visits and off-site activities and remain immediately accessible.

Staff accompanying the pupil will know the pupil's Allergy Action Plan or emergency arrangements and will be appropriately trained to respond to an allergic reaction.

The school will also consider whether school-held spare adrenaline auto-injectors should accompany the visit in accordance with current statutory allergy-safety guidance.

Food, catering arrangements and potential allergen exposure will form part of the planning and risk assessment where relevant.

PE and Sporting Activities

Pupils with medical conditions will be encouraged and supported to participate in PE and sporting activities.

Teachers and other relevant staff will take account of:

- the pupil's medical condition;
- any known triggers or warning signs;
- advice contained within their IHP;
- any adjustments recommended by healthcare professionals;
- the availability of medicines or medical devices; and
- appropriate rest, hydration or recovery arrangements.

Medication such as reliever inhalers, adrenaline devices or other emergency treatment must be readily accessible during PE and sporting activities.

Residential Visits

For residential visits, planning will take account of the additional periods when pupils are away from home and the school site.

Where relevant, arrangements will be made for:

- administering and recording medication outside normal school hours;
- safe overnight storage and access to medicines;
- emergency medication;
- dietary and allergy requirements;
- appropriate sleeping arrangements;
- personal or intimate care needs;
- access to healthcare facilities;
- emergency contact arrangements; and
- sufficient appropriately trained staff throughout the visit.

Parents or carers and the pupil will be involved in planning these arrangements where appropriate.

Decisions About Participation

Every reasonable effort will be made to enable a pupil with a medical condition to participate safely.

Where concerns remain about whether participation is safe, the school will seek appropriate professional advice and consider whether further reasonable adjustments could reduce the risk.

A pupil will only be prevented from participating in a particular activity where an **individual assessment identifies a significant risk that cannot reasonably be reduced or managed**, taking account of relevant healthcare advice and the school's duties under the Equality Act 2010.

Any decision to restrict participation will be proportionate, individually considered, clearly explained to the pupil and their parents or carers, and reviewed where circumstances change.

Unacceptable Practice

Although decisions about supporting pupils with medical conditions will always be made on an individual basis, the school considers the following practices to be unacceptable.

The school will not:

- assume that pupils with the same medical condition have the same needs or require the same treatment, adjustments or support;
- ignore or unnecessarily disregard the views of the pupil or their parents or carers;
- ignore relevant medical evidence, healthcare advice or professional opinion;
- prevent pupils from accessing their medicines or medical devices when they need them, including inhalers, adrenaline devices and other emergency medication;
- store emergency medication in a way that causes unnecessary delay in accessing it;
- require a pupil to attend the school office or medical room every time they need medication where this is not necessary or appropriate;
- send an unwell pupil to the school office, medical room or another part of the school **alone or accompanied only by another pupil**, where adult support is required;
- routinely send pupils home because of their medical condition where appropriate support could reasonably enable them to remain safely in school;
- prevent pupils from taking part in lessons, PE, breaktimes, lunchtimes, educational visits, residential visits, clubs or other school activities solely because of their medical condition;
- impose blanket restrictions on participation without considering the pupil's individual needs, reasonable adjustments and relevant professional advice;
- penalise, sanction or disadvantage a pupil because of absence that is genuinely related to their medical condition;
- use attendance procedures in a way that fails to recognise genuine physical or mental health needs or the reasonable adjustments and support a pupil may require;
- require parents or carers to attend school routinely to administer medication, provide medical treatment, assist with toileting or provide other healthcare support that the school could reasonably arrange;
- make parents or carers feel that they must reduce or give up employment because the school has failed to put appropriate arrangements in place to meet their child's medical needs;
- make a pupil's attendance or participation dependent upon a parent or carer being present at school;

- prevent a pupil from drinking, eating, taking a snack, resting or using the toilet whenever this is necessary to manage their medical condition;
- restrict access to toilet facilities in a way that places a pupil's health, dignity or wellbeing at risk;
- create unnecessary barriers to a pupil's access to education, attendance, participation, friendships, personal development or wider school life because of their medical needs;
- refuse reasonable adjustments for a pupil whose medical condition amounts to a disability under the **Equality Act 2010**;
- delay appropriate support solely because a pupil does not yet have a formal diagnosis;
- require a pupil to manage their own medication, medical device or emergency response where this is not appropriate for their age, understanding, competence or individual circumstances;
- disclose confidential medical information more widely than is necessary to safeguard and support the pupil;
- prevent a pupil with allergies from participating in school life solely because an environment cannot be guaranteed to be completely allergen-free; instead, the school will assess and manage risk through proportionate allergy-safety arrangements; or
- delay emergency treatment, administration of emergency medication or calling **999** while attempting to contact parents, carers or a particular member of staff.

Where concerns arise about whether a pupil can safely access an activity, attend school or participate in an aspect of school life, the school will consider the pupil's needs individually, consult relevant people and professionals, and explore **reasonable adjustments and appropriate support before considering restriction or exclusion**.

Complaints

St Mary's aims to work in partnership with pupils, parents and carers to ensure that pupils with medical conditions receive safe, appropriate and inclusive support.

Where a pupil, parent or carer has a concern about the support provided for a medical condition, they are encouraged to raise the matter with the school at the earliest opportunity so that concerns can be discussed and, wherever possible, resolved promptly.

Concerns should normally be raised in accordance with the school's **Complaints Procedures Policy**. Depending on the nature of the concern, this may involve discussion with the class teacher, designated member of staff, SENCO/Leader of Inclusion or Headteacher before progressing to the formal stages of the school's complaints procedure.

Where a formal complaint is made, it will be considered fairly, impartially and within the timescales set out in the school's Complaints Procedures Policy.

A pupil will **not be disadvantaged, treated less favourably or have appropriate medical support withdrawn because they or their parent or carer has raised a concern or made a complaint**.

Where a complaint concerns the safety or immediate medical needs of a pupil, the school will ensure that appropriate interim arrangements remain in place while the complaint is being considered.

If the complainant remains dissatisfied after completing the school's complaints procedure, they may be able to refer the matter to an appropriate external body, depending on the nature of the complaint.

This may include:

- the **Department for Education (DfE)**, where the complaint concerns whether the school has followed relevant education legislation or its own complaints procedure and the matter falls within the DfE's remit;
- the **First-tier Tribunal (Special Educational Needs and Disability)** where a complaint concerns disability discrimination under the Equality Act 2010;
- the relevant **local authority**, where the matter relates to responsibilities or services provided by the local authority; or
- another appropriate regulatory, statutory or legal body depending on the circumstances.

The school's Complaints Procedures Policy will provide information about how complaints are considered and the external routes that may be available once the school's procedure has been completed.

Complaints relating specifically to an **Education, Health and Care (EHC) plan**, including provision specified within an EHC plan, may be subject to separate statutory disagreement-resolution, mediation or appeal arrangements.

Parents, carers and pupils may seek independent advice, including legal advice, at any stage and may pursue appropriate legal remedies where they consider that they have grounds to do so.

Nothing within this policy affects an individual's statutory rights under the **Equality Act 2010**, Children and Families Act 2014 or other applicable legislation.

Home-to-School Travel and Transport

Responsibility for assessing eligibility for, and arranging, statutory **home-to-school travel assistance** rests with the local authority, in accordance with the Education Act 1996 and current statutory home-to-school travel guidance.

A pupil will not automatically be eligible for local authority-funded transport solely because they have a medical condition. Eligibility will be determined by the local authority in accordance with the relevant statutory criteria and the pupil's individual circumstances.

Where a pupil's **medical condition, disability or special educational needs** affect their ability to travel to and from school safely or independently, the school will work collaboratively with the pupil, their parents or carers, the local authority and relevant professionals to support appropriate travel arrangements.

Where appropriate and with due regard to confidentiality and data-protection requirements, the school may share relevant information with the local authority to support its assessment of the pupil's travel needs and the development of appropriate transport arrangements.

This may include information about:

- the pupil's medical condition and how it affects their ability to travel;
- mobility, accessibility or supervision needs;
- relevant SEND or disability needs;
- medication or medical equipment required during the journey;
- allergies and risk of anaphylaxis;
- known medical triggers or emergency warning signs;
- action required in a medical emergency;
- relevant information from the pupil's Individual Healthcare Plan (IHP), EHC plan or Allergy Action Plan; and
- any reasonable adjustments required to enable the pupil to travel safely.

Where a pupil has significant or potentially life-threatening medical needs, the school will cooperate with the local authority, parents or carers and relevant healthcare professionals to ensure that those responsible for the pupil during transport have access to the information they reasonably need to keep the pupil safe and respond appropriately in an emergency.

Where relevant, transport arrangements should consider **safe and timely access to emergency medication and medical devices**, including inhalers and prescribed adrenaline devices.

The school will not assume that transport staff are trained to undertake a healthcare procedure unless this has been specifically confirmed and appropriate arrangements have been made.

Where a pupil has an **Education, Health and Care (EHC) plan**, any relevant transport needs will be considered alongside the statutory home-to-school travel framework and the pupil's individual circumstances.

Information about applications, eligibility, appeals and the provision of home-to-school travel assistance is available from the relevant local authority.