

Medical Policy

Approved by:	Full Governing Body	**Date:** 8th October 2026
Last reviewed on:	September 2026	
Next review due by:	September 2028 (or sooner if required)	

Supporting Pupils with Medical Conditions Policy
Updated September 2026. Proposed amendments and new wording are shown in italics.

Legislative background
At Westcliffe Primary School we recognise and will meet our duties and responsibilities in relation to supporting pupils at school with medical conditions.

- ***Children and Families Act 2014, section 100, and the current Department for Education statutory guidance, Supporting pupils at school with medical conditions.***
- ***Equality Act 2010, including the duty to make reasonable adjustments for disabled pupils.***
- ***SEND Code of Practice: 0 to 25 years, where a pupil also has special educational needs or an Education, Health and Care plan.***
- ***Allergy safety in schools (Department for Education statutory guidance, July 2026) and the allergy safety duties introduced by the Children's Wellbeing and Schools Act 2026.***
- ***Human Medicines (Amendment) (No. 2) Regulations 2014 (emergency salbutamol inhalers) and Human Medicines (Amendment) Regulations 2017 (spare adrenaline auto-injectors).***
- ***The school's current Safeguarding and Child Protection Policy, First Aid Policy, Intimate Care Policy and published Allergy Safety Policy.***

Introduction
At Westcliffe Primary School, children with medical conditions (physical and mental health) will be appropriately supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Children with medical conditions will be encouraged and supported to access and enjoy all school opportunities.

We recognise that pupils with long-term and complex medical conditions may require ongoing support, medicines or care whilst at school. Each child's needs are individual and may change over time. We will work with pupils, parents, healthcare professionals and other agencies to minimise the impact on attendance, learning and wellbeing.

Allergy Safety Lead: The named senior leader with responsibility for allergy safety is Robert Prestwood (Headteacher). They will: maintain the school allergy register; ensure the Allergy Safety Policy is implemented and published; oversee staff training; manage spare adrenaline and inhaler arrangements; and report annually to governors.

The governing body will ensure this policy is readily accessible to parents and staff, implemented effectively and reviewed annually.

Policy arrangements and notification

- All relevant staff, including supply and temporary staff, will be made aware of the child's condition.
- Cover arrangements will be put in place for staff absence.
- Risk assessments will be completed for educational visits and other activities outside the normal timetable.
- Individual Healthcare Plans (IHPs) will be monitored and reviewed regularly.

When notified of a medical condition, the school will consult the family and relevant professionals, agree support and training, and plan for admission, transition or reintegration. Arrangements will be ready for the start of a new term where possible. For a new diagnosis or mid-term admission, the school will make every effort to put arrangements in place within two weeks, with safe interim arrangements agreed promptly.

Individual Healthcare Plans (IHPs)

The Headteacher has overall responsibility for IHPs and delegates their coordination and monitoring to the SENDCo. Plans will be drawn up with parents, the pupil where appropriate, and relevant healthcare professionals. The school will ensure each plan is finalised and shared confidentially with staff who need to know.

An IHP will often be essential where needs fluctuate or emergency intervention may be required and will usually help where needs are long term or complex. Not every medical condition requires an IHP. The school, family, and healthcare professionals will consider the evidence together; if agreement cannot be reached, the Headteacher will take the final view.

IHPs will be reviewed at least annually and sooner if needs change, after a serious incident or where a healthcare professional advises a change. Reviews will be linked to any EHC plan review where appropriate.

An IHP should record the condition, triggers and symptoms; medicines, doses, and storage; support during learning, meals and activities; who is trained to provide support and cover; arrangements for self-management; confidentiality; emergency action and contacts; and arrangements for trips and transport where needed. It should also record reasonable adjustments and any reintegration support.

Roles and responsibilities

The governing body will ensure suitable arrangements, staff training, monitoring and annual review. The Headteacher will ensure that this policy is implemented, staff are informed and trained, sufficient cover is available and appropriate insurance is in place. The SENDCo will coordinate IHPs and liaison with families and professionals.

Any member of staff may be asked to support a pupil with a medical condition, including administering medicines, following appropriate training and agreed procedures. Staff should know what to do when a pupil needs help. Pupils will be involved in decisions about their support as far as possible. Parents should provide current information, medicines and equipment, and remain contactable.

The school will liaise with the local authority, school nursing service, NHS providers, and the relevant Integrated Care Board (ICB) as appropriate. Where illness prevents attendance, the school will work with the local authority regarding suitable education and reintegration.

Staff training and the pupil's independence

Training will reflect the needs of pupils on roll and those due to join. Staff giving specific support will receive suitable training and, where required, a healthcare professional will confirm competence. Training and refresher dates will be recorded. A first aid certificate alone does not establish competence to manage a particular condition.

Pupils who are competent at managing their own medicines or procedures will be encouraged to do so, with the level of supervision agreed in their IHP. If a pupil refuses medicine or a procedure, staff will follow the IHP, inform parents and seek clinical advice where appropriate; staff will not force treatment.

Personal and intimate care will be provided sensitively by suitably trained staff in line with the school's Intimate Care Policy and the pupil's plan. Parents will be involved in planning and informed of relevant incidents; routine access to care will not depend on a parent attending school.

Managing medicines

Where clinically possible, medicines should be prescribed for administration outside school hours. Medicines will be administered in school when it would be detrimental to a pupil's health or attendance not to do so. Written parental consent is normally required, subject to the exceptional circumstances recognised in statutory guidance.

The school may administer non-prescription medicines where necessary, with written parental consent and agreed instructions. Staff will check the maximum dose and when the previous dose was given and record each administration. Medicines containing aspirin will only be administered when prescribed by a doctor.

Prescribed medicines should be in date, labelled and in the original container as dispensed, with dosage and storage instructions. Insulin may be supplied in a pen or pump. Medicines will be stored safely, with refrigeration where needed. Emergency medicines and devices, including inhalers and adrenaline auto-injectors, will be readily accessible to the pupil and trained staff and must not be locked away. They will accompany pupils on visits as required by their IHP.

Controlled drugs will be kept securely in a non-portable container, accessible to named staff, with a record of each dose. The school will record what was administered, when, by whom and any observed side effects. Medicines no longer required will be returned to parents for safe disposal.

If the school chooses to hold spare emergency salbutamol inhalers or adrenaline auto-injectors, it will follow the relevant national guidance on purchase, storage, consent or eligibility, staff training, administration, recording and replacement. Spare devices do not replace a pupil's own prescribed medicine.

Allergy safety

The school will maintain and publish a separate Allergy Safety Policy in line with the July 2026 statutory guidance. This will cover identifying pupils with allergies, appropriate IHPs, staff training, allergen risk management across the school day, access to adrenaline auto-injectors, emergency response and communication with families and providers. Serious allergy incidents and near misses will be recorded and reviewed so lessons are acted upon.

Emergency procedures, incidents and visits

Each IHP will state the signs of an emergency and the action to take. Staff will call emergency services promptly when required, provide relevant information and contact parents. A member of staff will remain with a pupil taken to hospital until parents arrive or accompany them in the ambulance where necessary.

Serious medical incidents and near misses will be documented, reported through the school's incident procedures, reviewed by the Headteacher and used to update the pupil's plan, training or wider arrangements. Safeguarding and statutory reporting routes will be followed where applicable.

The school will make reasonable adjustments and plan support so pupils with medical conditions can take part in trips, sport and other activities. Relevant staff will complete risk assessments with the pupils, parents and healthcare professionals where appropriate.

Unacceptable practice

Staff will not prevent pupils from easily accessing their medicines, assume all pupils with the same condition need the same support, ignore pupil or parent views or medical evidence, send a pupil home routinely because of their condition, require parents to attend school to give medicine or provide care as a condition of attendance, or create unnecessary barriers to trips and activities. Any restriction must be based on individual circumstances and an appropriate risk assessment.

Complaints and review

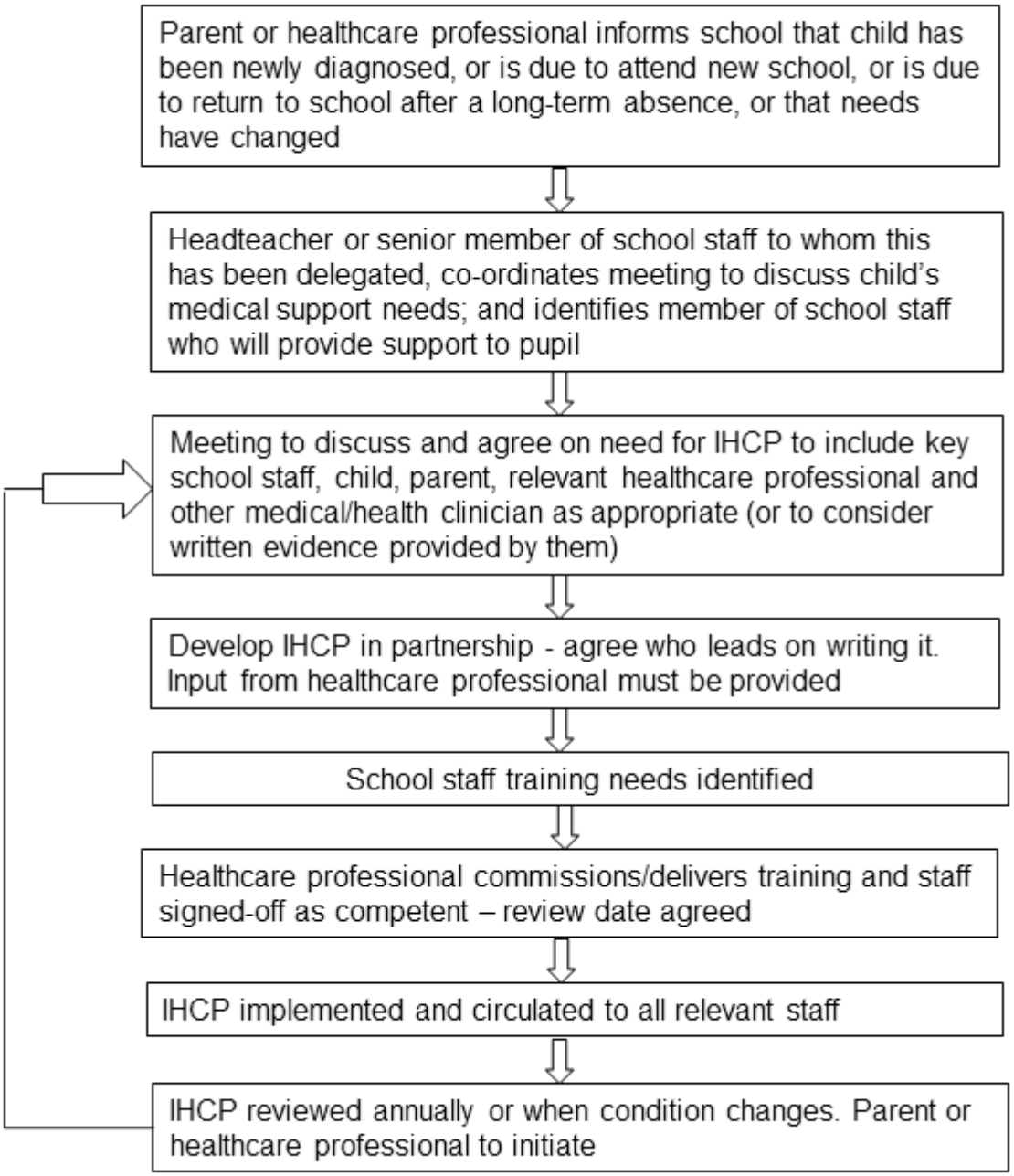
Parents who are dissatisfied with support should discuss their concerns with the school. Unresolved concerns can be raised through the school's complaints procedure. The governing body will review this policy at least annually and sooner if guidance or school needs change.

First aid

The school will maintain appropriate first aid provision, including paediatric first aid in accordance with applicable requirements, and refresh training in line with the school's first aid needs assessment and training expiry dates. First aid arrangements are set out in the current First Aid Policy.

Annex A

Process for developing IHPs.



Annex B

INDIVIDUAL HEALTHCARE PLAN FOR A PUPIL WITH MEDICAL NEEDS NAME DATE OF BIRTH

NHS NUMBER	UNIT NUMBER

CONDITION/S

ALLERGIES

CLASS/FORM DATE:

NAME OF SCHOOL: REVIEW DATE:

CONTACT INFORMATION

Family Contact 1, Name, Phone Numbers, Relationship

Family Contact 2, Name, Phone Numbers, Relationship

IC/Hospital Contact, Name, Phone Number

General Practitioner, Name, Phone Number

Describe condition and give details of pupil's individual symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

What are the pupil's views about their Medical Need.

Describe what constitutes an emergency for the pupil, and the action to take if this occurs

Follow-up care

Who is responsible in an emergency: (state if different on / off-site activities)

Form copied to

Headteacher
Class teacher
Consultant Paediatrician etc

Whilst every effort will be taken to ensure this individual healthcare plan is up to date, it remains the parents / carers responsibility to inform school of any changes.

Signed	**Signed**	**Signed**
Health Professional	Parent	Headteacher

Annex C

Further advice and resources

The Anaphylaxis Campaign 1 Alexandra Road Farnborough
Hampshire GU14 6BU
Phone 01252 546100 (head office) or 01252 542029 (helpline)
info@anaphylaxis.org.uk www.anaphylaxis.org.uk

Asthma UK
18 Mansell Street London E1 8AA **Phone 020 7786 4900**
info@asthma.org.uk www.asthma.org.uk

Diabetes UK Macleod House 10 Parkway London NW1 7AA
Phone 0345 123 2399
info@diabetes.org.uk www.diabetes.org.uk

Epilepsy Action New Anstey House Gate Way Drive Yeadon
Leeds LS19 7XY
Phone 0113 210 8800 (head office) or 0808 800 5050 (helpline)
epilepsy@epilepsy.org.uk www.epilepsy.org.uk

Department for Education
Piccadilly Gate Store Street
Manchester M1 2WD
Phone 0370 000 2288
Typetalk 18001 0370 000 2288
Contact form: www.education.gov.uk/contactus/dfe www.education.gov.uk

Council for Disabled Children

National Children's Bureau 8 Wakley Street

London EC1V 7QE

Phone 020 7843 1900

cdc@ncb.org.uk

www.councilfordisabledchildren.org.uk

National Children's Bureau

National Children's Bureau 8 Wakley Street

London EC1V 7QE

Phone 020 7843 6000

enquiries@ncb.org.uk www.ncb.org.uk

Complex and Medical Needs Education Team (CAMNET)

North Lincolnshire Council Learning Development Centre Enderby Road

Scunthorpe DN17 2JL

Phone 01724 297149 or 01724 297945

There is a duty to meet the education needs of children with medical conditions. The Complex and Medical Needs Education Team (CAMNET) can support with this by providing home tuition, tuition in hospital and small group teaching for children with medical or mental health conditions. CAMNET can also help children with chronic conditions who are frequently absent from school by providing occasional tuition when required. The team is available to give advice and help to schools about children with medical needs. Contact details for discussion about individual cases / referral - as above.