BURBAGE PRIMARY SCHOOL

Supporting Pupils with Medical Conditions Policy

Updated November 2026

Building confidence; inspiring achievement

Original policy	October 2021	**Current review**	November 2026
Guidance used	Embark Federation Supporting Pupils with Medical Needs Guidance, August 2026 V01	**Review cycle**	Annual
Policy lead	Headteacher	**Medical needs coordinator**	Rebecca Baker
Allergy safety lead	Named senior leader, recorded in school operational arrangements	**Nominated governor**	Pete Swann
Approved by	Full Governing Board	**Approval date**	18.11.26
Next review	Autumn 2027, or sooner following change or incident		

1. Purpose and scope

Burbage Primary School will provide safe, inclusive and proportionate support so that pupils with short-term, long-term, complex, fluctuating, high-risk or life-threatening medical conditions can attend school, access education and participate in wider school life wherever it is reasonable and safe to do so.

This policy applies during the school day and to school-arranged activities, including PE, sport, clubs, breakfast and after-school provision, educational visits, residentials, transport and off-site learning. It covers identification of needs, Individual Healthcare Plans (IHPs), medicines, emergency response, training, records, reasonable adjustments, incidents and review.

The school's role is to make educational and operational arrangements and follow agreed healthcare advice. School staff do not make clinical diagnoses, alter clinical plans or undertake specialist healthcare activities without appropriate clinical delegation, training, competency and accountability.

2. Legal and statutory framework

Framework	Application
Children and Families Act 2014, section 100	The governing board must make arrangements to support pupils with medical conditions.
Children and Families Act 2014, section 100A, inserted by the Children's Wellbeing and Schools Act 2026	The school's arrangements must include a published allergy safety policy that is kept under review and reviewed at least annually.
DfE Supporting pupils at school with medical conditions	The school must have regard to this statutory guidance.
DfE Allergy safety in schools	The school must have regard to the statutory guidance when making allergy safety arrangements.
Equality Act 2010	The school must avoid discrimination and make reasonable adjustments where a medical condition amounts to a disability.
Health and Safety at Work etc. Act 1974 and Management Regulations 1999	Significant risks arising from school activities must be assessed and managed.
Human Medicines Regulations 2012	Relevant to medicines and emergency salbutamol inhalers and adrenaline auto-injectors.
UK GDPR and Data Protection Act 2018	Medical information must be processed lawfully, securely and proportionately.
EYFS statutory framework	Applies to Reception and requires suitable medicine procedures and written administration records.

In this policy, "must" denotes a legal, statutory or mandatory requirement; "should" denotes an expectation from statutory guidance or recommended practice that will normally be followed unless there is a clear, recorded reason not to do so.

3. Core principles

- Support is based on the individual pupil's needs and risks, not assumptions about a diagnosis.
- Medicines are administered in school only where it would be detrimental to health, attendance or access to education not to do so.
- Written parental consent is required before medicine is administered to a pupil under 16, except where emergency action is necessary to preserve life or prevent serious harm.
- Emergency medicines must be readily available and not locked away where this could delay treatment.
- Staff receive suitable information, instruction and training and must be competent before undertaking agreed medical support tasks.
- Participation in medicine administration is voluntary unless the duty forms part of the employee's contract, role or job description. Staff will not be penalised for declining a voluntary role.
- Records must be accurate, timely, auditable and stored securely.
- Medication errors, serious incidents and near misses are reported, reviewed and used to improve arrangements.

4. Roles and responsibilities

Embark Federation and the governing board

- ensure suitable policies, oversight, insurance or indemnity, training assurance and reasonable adjustments;
- hold leaders to account for implementation and review;
- receive appropriate information about significant incidents and recurring near misses;
- ensure the school maintains a published Allergy and Anaphylaxis Policy, reviewed at least annually.

Headteacher

- has overall responsibility for implementation and for ensuring all staff understand relevant responsibilities;
- identifies the medical needs coordinator and allergy safety lead and ensures effective cover;
- ensures suitable IHPs, emergency arrangements, medicine systems and training are in place;
- ensures supply, temporary, wraparound and visit staff receive necessary information;
- escalates significant incidents, safeguarding concerns and insurance or clinical-governance questions.

Medical needs coordinator / SENCO

- coordinates medical information, parental agreements, IHPs, medicine records, expiry checks, training records and reviews;
- works with pupils, families, class staff, the school nurse and relevant healthcare professionals;
- coordinates reasonable adjustments and links IHPs appropriately with SEND and Education, Health and Care Plan arrangements;
- works with the allergy safety lead where allergy or anaphylaxis is involved.

Allergy safety lead

- implements the published Allergy and Anaphylaxis Policy;
- coordinates Allergy Action Plans, allergy IHPs, individual allergy risk assessments, medication and spare adrenaline checks, annual training, catering communication and incident reviews.

Staff, parents, pupils and healthcare professionals

- Staff follow this policy, IHPs and training, record actions, seek help where unclear and respond promptly in emergencies.
- Parents and carers provide accurate, current information, written consent, in-date labelled medicines and equipment, and notify the school promptly of changes.
- Pupils contribute to planning according to age and understanding, follow agreed arrangements, seek help and never share medicines.
- Healthcare professionals provide clinical plans, advice, training or competency confirmation within their roles.

5. Identifying needs and putting arrangements in place

Medical needs may be identified at admission, transition, diagnosis, hospital discharge, return after absence, or when a parent, pupil, staff member or healthcare professional raises a concern. The school will obtain sufficient information to decide whether an IHP, medicine agreement, risk assessment, Allergy Action Plan, training, reasonable adjustments or other support is required.

Arrangements should be in place before the pupil starts or returns wherever reasonably practicable. The school will normally aim to complete arrangements within two weeks of notification, but urgent or complex needs will be prioritised according to risk. Temporary arrangements may be used where safe. Any delay to attendance must be exceptional, individual, based on significant risk and reviewed as soon as practicable.

6. Individual Healthcare Plans

An IHP will be considered and the decision recorded for pupils with long-term, complex, fluctuating, high-risk or emergency needs. Not every medical condition requires an IHP. The headteacher has overall responsibility; coordination may be delegated to the SENCO or medical needs coordinator.

IHPs are developed with parents or carers, the pupil where appropriate, relevant school staff and healthcare professionals. They are reviewed at least annually and sooner whenever needs, medication, clinical advice, emergency arrangements, staffing or activities change.

An IHP should include, where relevant:

- condition, triggers, signs, symptoms and likely impact at school;
- daily care, dietary needs and reasonable adjustments;
- medicine name, strength, dose, route, timing, side effects, storage and access;
- what constitutes an emergency, when to administer rescue medicine and when to call 999;
- staff roles, training and competency, plus contingency and cover arrangements;
- arrangements for PE, meals, clubs, visits, transport and off-site activities;
- attached or referenced Allergy Action Plans, Asthma Action Plans, diabetes plans or other clinical advice;
- pupil self-management arrangements;
- information sharing, confidentiality and review triggers.

For allergy, the IHP is an educational planning document and does not replace a clinician-completed Allergy Action Plan. Clinical instructions must not be rewritten by school staff.

7. Medicines in school

Medicines should be brought to school only when needed during the school day or for emergency use. The school will accept medicines only when they are in date, in original packaging, clearly labelled where prescribed, accompanied by written parental agreement and supported by clear instructions. Insulin may be supplied in a pen or pump as part of agreed arrangements.

Before administering medicine, staff check the right pupil, medicine, dose, route and time; expiry date; consent and IHP instructions; whether a dose has already been given; required equipment; and any concern about the pupil or instructions. If instructions conflict or are unclear, staff must not administer until advice has been obtained and recorded.

Prescription medicines

Prescription medicines are administered in accordance with the dispensing label, prescriber's instructions and written parental agreement. Staff must not change a dose or act on verbal instructions that conflict with written instructions. Parents should provide the minimum quantity needed and may ask a pharmacist for a second labelled container.

Non-prescription medicines

The school may administer a non-prescription medicine, such as paracetamol or antihistamine, only where permitted by the school's Administration of Medicines Policy and written consent has been provided for that medicine. It must be in original packaging. Staff check the previous dose and maximum daily dose. A pupil under 16 must not receive aspirin unless prescribed by a qualified prescriber.

Controlled drugs

Controlled drugs held by the school are stored in a locked container within a locked cabinet with access limited to authorised staff, while remaining accessible in an emergency. Receipt, administration, return, disposal and balance are recorded in a bound Controlled Drugs Register with numbered pages or a compliant auditable computerised system. Loose sheets must not be used as the register.

8. Self-administration and pupil independence

Competent pupils are encouraged to manage their medicines where safe and appropriate. The agreement is recorded in the IHP or parental agreement and considers age, competence, supervision, storage, emergency access and risks to others. A pupil must never share medicine.

Emergency medicines should remain rapidly accessible. If a pupil refuses medicine, staff must not force administration. The refusal is recorded, parents are informed on the same day, and emergency arrangements are followed where refusal could cause serious harm.

9. Storage, access, checking and disposal

- Non-emergency medicines are stored securely in accordance with manufacturer or prescriber instructions.
- Reliever inhalers, adrenaline devices, diabetes emergency treatment and other rescue medicines are readily available and not locked away where access could be delayed.
- Adrenaline devices are stored at room temperature, protected from direct sunlight and extremes of heat, and must not be refrigerated.
- Medicines requiring refrigeration are securely stored, clearly labelled and maintained within the required range, normally 2°C to 8°C where specified.
- Medicines are not decanted into another container.
- The medical needs coordinator arranges regular documented checks of availability, condition and expiry dates.
- Parents collect expired or unused medicine. Sharps are disposed of in an approved sharps container.
- Medicines are normally handed to a named member of staff by a responsible adult unless authorised self-carry arrangements apply.
- Oxygen requires an individual risk assessment and specialist advice.

10. Emergency response

All staff know how to summon help, where emergency information and medicines are held, and who is trained or authorised. First-aid qualification alone does not imply responsibility or competency to administer medicines.

Staff follow the pupil's IHP or clinical action plan and call 999 where directed or whenever there is doubt about seriousness. If anaphylaxis is suspected, adrenaline must be administered without delay and 999 called. Help and medicine are brought to the pupil; the pupil must not be sent alone to collect medicine or to the office.

Where practicable, the IHP, action plan, medicine record and relevant medicine accompany the pupil to hospital. A staff member normally accompanies the pupil in the ambulance and remains until a parent or carer arrives. Staff cannot consent to medical treatment because they do not have parental responsibility.

Asthma

Pupils with asthma have immediate access to their reliever inhaler and spacer. The school may hold emergency salbutamol inhalers under an agreed protocol. Sudden breathing difficulty in a pupil with known food allergy may be anaphylaxis; an inhaler must not be used instead of adrenaline where anaphylaxis is suspected.

Allergy and anaphylaxis

Detailed arrangements are in the published Allergy and Anaphylaxis Policy. Pupils prescribed adrenaline have rapid access to their prescribed devices, normally both devices. The school will stock appropriate spare adrenaline auto-injectors (AAIs), with dosage, number and locations based on pupil needs and site layout. Spare AAIs are stored in pairs, labelled, checked regularly, in date, readily accessible and capable of being brought to an emergency within five minutes.

As a general planning guide from the attached 2026 guidance, 150 microgram AAIs should be available for children under six and 300 microgram AAIs for children aged six and above. Individual pupils must always have access to the device and dose prescribed for them.

Epilepsy and diabetes

Rescue medicine such as buccal midazolam is administered only by staff with pupil-specific training and competency, except where emergency action is required to preserve life and emergency services advise action. Pupils with diabetes have an IHP or healthcare plan covering monitoring, insulin, food, physical activity, hypoglycaemia, hyperglycaemia, emergency treatment and off-site activities.

11. Training and competency

All staff complete the Embark Federation Online Flick Learning medical needs module at induction and annually. Training is supplemented by pupil-specific instruction and competency confirmation whenever a procedure, medicine or emergency response requires it.

Allergy awareness and emergency-response training is refreshed at least annually and covers recognition of reactions and anaphylaxis, summoning help, medicine locations, use of prescribed and spare AAIs and incident reporting. First-aid training alone is not sufficient for this purpose.

Training records identify the content, date, provider, attendees, competency confirmation and renewal date. Cover arrangements are reviewed whenever trained staff are absent or leave.

12. Intimate or invasive procedures

Arrangements respect dignity, privacy, age, understanding, cultural considerations, wishes and safeguarding. Staff are not pressured to undertake procedures outside their role, contract, competence or training. Plans are recorded in the IHP or intimate care plan and agreed with families and healthcare professionals.

Two adults will normally be present, one as chaperone, unless this would not be appropriate for dignity, wishes or the procedure. A single-staff arrangement must be risk assessed, recorded and reviewed. Higher-risk or invasive procedures require pupil-specific training, competency confirmation and confirmation of insurance or indemnity where appropriate.

13. Trips, PE, clubs and off-site activities

Pupils are included wherever reasonable adjustments can make participation safe. Planning considers IHPs and action plans, medicines, trained staff, travel, food, water, toilets, rest, storage, supervision, external providers and emergency access. Relevant information is shared with transport providers, venues or other providers on a lawful need-to-know basis.

Emergency medicines and relevant records accompany the pupil and remain immediately accessible. Requiring a parent to attend or excluding a pupil is not an alternative to first considering reasonable adjustments and individual risk controls.

14. Records, confidentiality and data protection

The school records medicines administered, refused, omitted or given in error as soon as possible. Records identify the pupil, medicine, dose, route, date, time, staff member, witness where required, refusal or omission, side effects, action taken and people informed.

IHPs, action plans, risk assessments and medicine records are stored securely and shared only where necessary to keep the pupil safe and support access to education. Essential safety information is available to relevant staff. A new written parental agreement is required when medicine, dose, strength, frequency or route changes; a verbal message is insufficient.

15. Errors, incidents and near misses

Medication errors, care-plan failures, unavailable emergency medicine, serious medical incidents and near misses are recorded and reported promptly. Parents are informed as soon as practicable and immediate medical advice is sought where the wrong medicine, dose, route or timing may have occurred.

The school uses the DCC Medicine Error / Near Miss Incident Report and the Allergic Reaction or Near Miss Review Form where relevant. Reviews follow a no-blame learning approach while addressing unsafe practice or failure to follow agreed arrangements. Leaders consider changes to plans, risk assessments, storage, training, communication, catering, supervision and emergency response, and consider RIDDOR, food safety, safeguarding, insurer or healthcare notifications as applicable.

16. Infection, absence and education during ill health

Pupils who are acutely unwell should not attend where attendance would harm health or risk others. The school follows current public-health guidance. Medical-related absence, appointments or agreed health management arrangements are not penalised.

Where health needs prevent attendance for a prolonged period, the school will seek advice and follow DfE guidance on education for children with health needs who cannot attend school. Reintegration, reduced attendance or support plans are reviewed alongside the IHP and reasonable adjustments.

17. Equality, SEND, safeguarding and wellbeing

A medical condition may amount to a disability. The school makes reasonable adjustments and ensures that an IHP complements rather than duplicates an Education, Health and Care Plan. Leaders consider emotional wellbeing, fatigue, embarrassment, absence, isolation and bullying.

Allergy-related bullying, teasing, deliberate exposure or exclusion is treated seriously under behaviour, anti-bullying and safeguarding procedures. Safeguarding concerns are considered where essential medical information, medicines or equipment are repeatedly not provided or wider health needs appear unmet.

18. Unacceptable practice

The school will not:

- delay or prevent attendance solely because arrangements have not yet been considered, unless avoidable significant risk remains;
- delay access to prescribed or emergency medicine;
- assume pupils with the same condition need identical support;
- ignore pupil, parent or healthcare views, clinical plans or medical evidence;
- penalise medical-related absence or appointments;
- require parents routinely to attend school to administer medicine where reasonable school arrangements can be made;
- require a parent to accompany a trip solely because of a medical condition without considering adjustments;
- exclude a pupil from lunch, PE, visits, clubs or other opportunities without individual assessment;
- leave an unwell pupil alone or send them unaccompanied where unsafe;
- administer medicine in a toilet;
- share health information more widely than necessary or fail to share essential information with staff who need it;
- delay agreed support because a preferred form cannot be located.

19. Complaints, monitoring and review

Concerns should initially be raised with the medical needs coordinator, SENCO or headteacher. The school will review the IHP, action plans, risks and medicine arrangements and seek healthcare advice where appropriate. Unresolved concerns follow the school Complaints Policy; safeguarding concerns follow safeguarding procedures.

This policy and the school's local medical arrangements are reviewed at least annually and sooner following a significant incident, emergency, recurring near miss, training concern, staffing or pupil change, new clinical advice or legislative change. The Allergy and Anaphylaxis Policy is published, kept under review and reviewed at least annually.

20. Linked policies and operational documents

- Administration of Medicines Policy
- Allergy and Anaphylaxis Policy
- Individual Healthcare Plans and DfE medical-condition templates
- First Aid Policy
- Child Protection and Safeguarding Policy
- SEND Policy and Information Report
- Equality Information and Objectives and Accessibility Plan
- Attendance Policy
- Educational Visits Policy
- Intimate Care Policy
- Health and Safety and Risk Assessment arrangements
- Data Protection and Records Retention policies
- Complaints Policy

Appendix A: implementation checklist

Requirement	Check
Current parental and healthcare information received	☐
IHP need considered and decision recorded	☐
Allergy policy and action-plan requirements followed where applicable	☐
Written consent and matching medicine instructions in place	☐
Medication in date, labelled, stored and accessible	☐
Emergency medicines and both prescribed AAIs accessible where applicable	☐
Spare AAIs correct for pupil cohort, paired, checked and accessible within five minutes	☐
Staff training and pupil-specific competency current	☐
PE, visits, clubs, wraparound and transport arrangements completed	☐
Administration, refusal, omission and error records ready	☐
Controlled Drugs Register compliant where needed	☐
Incident and near-miss reporting arrangements understood	☐
Annual review dates recorded	☐

Key source and template links

Embark Federation guidance used for this review: Supporting Pupils with Medical Needs Guidance 2026.08 V01

DfE: Supporting pupils at school with medical conditions: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

DfE supporting pupils templates:
https://assets.publishing.service.gov.uk/media/5a75090f40f0b6360e472d23/Supporting_pupils_with_medical_conditions_-_templates.docx

DfE: Allergy safety in schools: https://www.gov.uk/government/publications/allergy-safety-in-schools

Emergency asthma inhalers: https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

Emergency adrenaline auto-injectors: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Education for children with health needs who cannot attend school:
https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school