ST JAMES INFANT & PRE-SCHOOL

Supporting Pupils with Medical Conditions Policy 2026–2027

Policy status	Statutory policy under section 100 of the Children and Families Act 2014
Policy lead	Sarah O'Shea / Clare Cousins
Named allergy lead	Louise Drake, Allergy Lead
Review date	July 2027, or earlier if guidance changes or an incident requires review
Approval body	Local Governing Body
Related statutory policy	InMAT Allergy Safety Policy 2026–2027

Our commitment: At St James, every child is known, valued and supported to thrive. Our values of Respect, Kindness, Inclusion and Teamwork underpin safe, inclusive and ambitious provision for pupils with medical conditions.

This policy should be read alongside the school's Allergy Safety, safeguarding, SEND, attendance, equality, educational visits, first aid, food, data-protection and complaints policies.

1. Purpose and principles

This policy sets out how St James Infant & Pre-School will support pupils with medical conditions so that they can attend regularly, remain healthy, achieve well and participate fully in school life. It reflects section 100 of the Children and Families Act 2014, the Department for Education statutory guidance Supporting pupils at school with medical conditions, the Equality Act 2010 and the safeguarding and welfare requirements of the Early Years Foundation Stage.

The school will focus on the needs of the individual child, listen to the child and their parents or carers, and take full account of appropriate clinical advice. A medical condition will not be allowed to limit a pupil's ambition, access to the curriculum, relationships, enrichment or wider participation. Support will protect dignity, promote independence and avoid unnecessary disruption to education.

Some medical conditions may amount to a disability under the Equality Act 2010 or may be associated with special educational needs. Where this applies, the school will make reasonable adjustments and coordinate medical support with SEND provision and any Education, Health and Care Plan. No pupil will be denied admission or prevented from taking up a place because arrangements for a medical condition have not yet been finalised.

2. Scope and related allergy duties

This policy applies to pupils of compulsory school age and to school activities on and off site, including breakfast provision, after-school clubs, physical education, visits and trips. For children who remain within the Early Years Foundation Stage, the school will additionally meet the current EYFS requirements relating to medicines, food allergies, special dietary needs, paediatric first aid, information sharing and safe food provision.

Allergy safety is governed additionally by the school's separate Allergy Safety Policy, required by section 100A of the Children and Families Act 2014 following the Children's Wellbeing and Schools Act 2026. Both policies apply where a pupil's medical condition includes allergy, asthma or risk of anaphylaxis. The Allergy Safety Policy contains the school-wide arrangements for annual awareness training, allergen-risk reduction, prescribed and spare adrenaline devices, emergency response, catering controls and learning from incidents and near misses.

3. Leadership and accountability

The Trust and Local Governing Body

Inspire Multi Academy Trust, as proprietor, remains legally responsible for ensuring that suitable arrangements are in place and effectively implemented. The Local Governing Body will provide local oversight, seek assurance that staff are trained and competent, and monitor whether pupils with medical conditions can participate fully and safely. Governors will receive appropriate information about significant incidents, near misses and policy review without unnecessary disclosure of personal medical information.

The Headteacher

The Headteacher has overall operational responsibility for this policy and for the development and implementation of Individual Healthcare Plans. The Headteacher will ensure that sufficient appropriately trained staff are available, including during staff absence and emergencies; that all staff understand their responsibilities; that relevant staff know about individual needs; and that insurance, record keeping, communication and emergency arrangements are effective.

School staff

Any member of staff may be asked to support a pupil with a medical condition, including administering medicines, but staff will not undertake a healthcare activity unless they have agreed to do so and have received suitable training. Where a task requires clinical competence, this will be confirmed through appropriate clinical governance arrangements. A first-aid certificate alone does not demonstrate competence for a condition-specific procedure. All staff must know how to obtain help when a pupil with a medical condition needs assistance.

Parents, carers and pupils

Parents and carers must provide sufficient, accurate and current information; supply prescribed medicines and equipment; replace medicines before expiry; attend planning and review discussions; and remain contactable as agreed. Pupils will be involved in decisions in a developmentally appropriate way. Their experience of the condition, preferences, communication needs and growing capacity to self-manage will be respected.

Healthcare professionals and the school nursing service

The school will seek advice from the school nursing service, specialist nurses, clinicians and other relevant healthcare professionals when support is being planned or reviewed. Healthcare professionals will normally advise on the type and level of training required and may confirm staff competence for a clinical procedure. The school remains responsible for the educational and organisational arrangements it puts in place.

4. Notification, admission and transition

The school will seek information about medical conditions, medicines, allergies, asthma, special dietary requirements and other health needs at admission and during transition. Parents and carers must notify the school promptly of any diagnosis, hospital admission, reaction, treatment change, medication change or alteration to emergency contact details. Where possible, arrangements will be agreed before the pupil starts, returns to school or transfers class.

Admission will not be delayed while non-essential information is awaited. Where urgent interim arrangements are necessary, the Headteacher will agree proportionate controls with the family and relevant professionals and review them promptly. The school will liaise securely with previous settings, the school nursing service and other professionals to support continuity of care, particularly following hospital education, extended absence or a change of placement.

5. Individual Healthcare Plans

Not every pupil with a medical condition will require an Individual Healthcare Plan. An IHP will be developed where a condition is long-term, complex or fluctuating; creates a risk of emergency intervention; has a functional impact in school; or requires arrangements additional to or different from those generally available. The decision will be made with the pupil, parents or carers and relevant healthcare professional. If agreement cannot be reached, the Headteacher will take the final view, acting in the pupil's best interests and having regard to clinical advice.

The school will coordinate the plan with the family and an appropriate healthcare professional. Responsibility for ensuring that it is finalised and implemented rests with the school. Plans will be reviewed at least annually and sooner following a change in need, hospital admission, serious incident, near miss, concern about implementation or request supported by new evidence.

An IHP will be proportionate to need and will normally record the condition, symptoms, triggers and warning signs; daily care and medication; the support and supervision required; self-management arrangements; environmental or dietary controls; educational, social and emotional support; staff training and cover; emergency action; and arrangements for attendance, visits and activities. Where a healthcare professional has issued an emergency, allergy, asthma, diabetes, epilepsy or other action plan, it will be attached to and form part of the IHP.

6. Managing medicines on school premises

Medicines will be administered at school only when it would be detrimental to the pupil's health or attendance not to do so. Where clinically possible, families should ask prescribers to use dose frequencies that avoid the school day. The school will accept prescribed medicine only when it is in date, correctly labelled, supplied in the original dispensed container and accompanied by clear instructions for administration, dosage and storage. Insulin delivered through a pen or pump is an exception to the original-container requirement.

Written parental consent will normally be obtained before medicine is administered. Non-prescription medicine may be given only under the school's agreed procedure and with written parental consent. In a life-threatening emergency, staff may take reasonable action to save life and will not delay emergency treatment while seeking consent. No pupil under 16 will be given aspirin unless it has been prescribed. Before giving pain relief or other medication, staff will check the maximum dose, timing and any previous dose.

Medicines will be stored safely but remain accessible when needed. Emergency medicines and devices, including inhalers, glucose treatment and adrenaline devices, will never be locked away in a way that delays access. Controlled drugs will be kept securely with access restricted to named staff, while remaining readily available in an emergency. Medicines no longer required will be returned to the parent or carer for safe disposal, and used needles or other sharps will be placed in an approved sharps container.

7. Self-management, refusal and pupil independence

Children who are competent will be supported to carry and use their own medicines or devices where this is safe and appropriate. Younger children may need adult oversight, reminders or practical help. The IHP will state the level of supervision required and how emergency medication will remain immediately accessible throughout the day and during activities away from the classroom.

If a pupil refuses medicine or a necessary procedure, staff will not force them. Staff will follow the agreed plan, maintain safety, seek urgent medical advice where required and inform parents or carers. The pupil's views will be explored sensitively so that an alternative approach can be considered. Repeated refusal or difficulty accessing treatment will prompt an early review of the IHP.

8. Record keeping and confidentiality

The school will maintain accurate records of medicines received, administered, refused, omitted, returned or disposed of. Every administration will be recorded promptly, including the medicine, dose, time and member of staff. Medication errors, unexpected symptoms, device failures and missed doses will be escalated immediately and parents or carers will be informed in accordance with the IHP and school procedures.

Medical information is special-category personal data and will be held, used and shared lawfully under UK data-protection legislation. The school will maintain a secure medical needs register and will share information with staff who need it to keep the child safe and included. Essential emergency information will remain readily available to relevant staff; confidentiality will not be used as a reason to withhold information needed to protect life or prevent harm.

9. Emergency situations

Every IHP will state what constitutes an emergency and the action to be taken. Staff who supervise the pupil will know the relevant symptoms, how to obtain immediate help and where emergency medication is located. In an emergency, staff will follow the plan, give life-saving treatment without avoidable delay, call 999 when indicated, contact the parent or carer after immediate treatment is underway and ensure that the pupil remains continuously supervised.

If a pupil is taken to hospital, a member of staff will remain with them until a parent or carer arrives, or accompany them in the ambulance where this is required and practicable. Relevant medication, action plans and information will be sent with the pupil. Following a significant emergency, the school will support the pupil's return, review the IHP and consider the emotional impact on the pupil, peers and staff.

10. Allergy, asthma and anaphylaxis

The school's separate Allergy Safety Policy sets out the detailed arrangements for identifying allergy, reducing exposure to known allergens, food and catering controls, annual whole-staff awareness training, prescribed adrenaline devices, the school's spare adrenaline auto-injectors and the reporting of allergy incidents and near misses. A pupil prescribed adrenaline must have rapid access to both prescribed devices at all times, including at lunch, on the playground, during sport, in extended provision and on visits.

Suspected anaphylaxis is a medical emergency. The pupil should be kept where they are and laid flat with legs raised; if breathing is difficult, they may sit with legs extended. They must not stand or walk. Adrenaline must be administered immediately and, wherever possible, within five minutes. Staff must then call 999 and state "anaphylaxis". A second device should be given five minutes after the first if symptoms persist or return. Emergency treatment must not be delayed while seeking parental consent or waiting for an ambulance.

Where a pupil has both asthma and allergy, the two conditions will be planned for together because poorly controlled asthma increases the risk of severe outcomes. Reliever inhalers and adrenaline devices must remain immediately accessible, and relevant action plans will be attached to the IHP.

11. Staff training, competence and cover

Training needs will be identified through IHPs, risk assessments, incident review and policy evaluation. Staff undertaking a healthcare procedure will receive suitable training and, where necessary, confirmation of competence from an appropriate professional. Training will be refreshed at the interval advised or sooner where a pupil's needs, equipment or procedure changes.

The Headteacher will maintain training records and ensure that sufficient trained adults are available throughout the school day and for planned activities. Cover arrangements will include staff absence, emergencies, educational visits and extended provision. Temporary, supply,

agency and club staff will receive the information and emergency instructions needed before assuming responsibility for pupils.

12. Attendance, absence and reintegration

Medical absence will be managed sensitively and pupils will not be penalised for needs arising from their condition. The school will maintain high expectations for attendance while understanding the barriers, working collaboratively with the family and healthcare professionals, and making reasonable adjustments. Frequent appointments, recurring symptoms or extended absence will prompt early review so that the impact on learning and wellbeing is reduced.

The school will provide appropriate learning support during absence and plan reintegration after hospital treatment or a significant period away. Where a pupil is likely to miss 15 school days, consecutively or cumulatively, because of health needs, the school will work promptly with West Northamptonshire Council and relevant professionals so that suitable education can be arranged in line with current statutory guidance. Any reduced timetable will be exceptional, agreed in the pupil's best interests, time limited and reviewed frequently.

13. Curriculum, physical education and wider participation

Pupils with medical conditions will have full access to the school's broad, balanced and ambitious curriculum. Teachers will understand how the condition or treatment may affect concentration, stamina, communication, mobility, continence, emotional regulation or readiness to learn and will make appropriate adjustments without unnecessarily narrowing expectations. Missed learning will be addressed through timely teaching and carefully matched support rather than automatic withdrawal from curriculum entitlement.

Pupils will be included in physical education, swimming, clubs, performances, celebrations and enrichment wherever possible. Staff will consider access to medication, hydration, food, rest, toileting, sensory needs and emergency response. Where participation requires adaptation, this will be agreed through the IHP or risk assessment. A pupil will be excluded from an activity only where specific clinical evidence shows that participation is not in their best interests and no reasonable adjustment can sufficiently manage the risk.

14. Educational visits and off-site activities

Planning for visits and off-site activities will begin early enough to include the pupil and family, obtain relevant clinical advice and make reasonable adjustments. A proportionate risk assessment will consider trained staffing, access to medicines and devices, food and allergen controls, travel, communication, emergency care, storage, temperature requirements and arrangements if the pupil becomes unwell.

The pupil's own prescribed emergency medication will accompany them and remain immediately accessible. For a pupil at risk of anaphylaxis, both prescribed adrenaline devices must be available and staff able to administer them must be present. The school may take a spare adrenaline device where appropriate under the Allergy Safety Policy, provided sufficient emergency cover remains on the school site. A medical condition will not be used as a reason to prevent attendance where reasonable arrangements can be made.

15. Unacceptable practice

The school will not prevent a pupil from easily accessing medicine or a medical device; assume that every child with the same condition requires identical support; ignore the views of the pupil, family or healthcare professional; send a pupil home repeatedly or prevent normal participation without proper consideration; require a parent to attend school to provide routine care; penalise medically related absence; or create unnecessary barriers to visits, sport and enrichment.

Staff will not administer a medicine or procedure for which they have not received the required training, alter a prescribed dose, use another pupil's prescribed medicine except where the law and emergency guidance specifically permit use of a school spare device, or delay life-saving treatment while attempting to contact a parent. Concerns about unsafe or ineffective arrangements must be raised immediately with the Headteacher.

16. Incidents, near misses and learning

Any medication error, serious medical incident or near miss will be reported promptly to the Headteacher, communicated to parents or carers, recorded through the school's incident system and reported externally where legally required. A near miss is an event that could have caused serious harm had circumstances been slightly different, including delayed access to emergency medication, an expired device identified during a check or incorrect food intercepted before it was eaten.

The Headteacher will conduct a proportionate review, preserve relevant evidence, obtain the pupil and family's views, identify immediate safeguards and determine whether changes are needed to the IHP, risk assessment, staffing, training, equipment, communication or policy. Relevant learning will be shared without identifying pupils unnecessarily. Significant incidents and trends will be reported to governance and will inform annual policy review.

17. Insurance, liability and safeguarding

Staff must act within agreed plans, their training and the limits of their competence, while recognising that anyone may take reasonable action to save life in an emergency.

A failure to provide essential medication or repeated attendance without the equipment needed to manage a serious condition may place a pupil at risk. Staff will respond supportively and work with the family to resolve the problem, but concerns about neglect, deliberate withholding of treatment or any other risk of harm will be referred immediately to the Designated Safeguarding Lead and managed under the Child Protection and Safeguarding Policy.

18. Complaints, monitoring and review

Questions about day-to-day support should normally be raised with the class teacher or Headteacher so that they can be resolved promptly. Safeguarding concerns must be directed immediately to the Designated Safeguarding Lead. If a matter is not resolved, parents, carers or pupils may use the school and Trust complaints procedure. No pupil or family will be disadvantaged for raising a concern or reporting an incident or near miss.

The Headteacher will monitor IHP completion and review, medicine and expiry checks, staff training and cover, attendance, participation, incidents, near misses and complaints. This policy will be reviewed annually and sooner following significant legislative or guidance change, a serious incident, a near miss, a complaint or evidence that arrangements are not effective. Where

cited guidance is replaced, the school will follow the current version in force even if this policy has not yet been formally reissued.

Key legislation and guidance

The policy has been written with regard to the following legislation and statutory guidance. The most recent version should always be consulted.

- Children and Families Act 2014, sections 100, 100A and 100B
- Children's Wellbeing and Schools Act 2026, section 34
- Equality Act 2010
- Human Medicines (Amendment) Regulations 2017
- DfE: Supporting pupils at school with medical conditions
- DfE: Allergy safety in schools
- DfE: Guidance on the use of emergency adrenaline auto-injectors in schools
- DfE: Guidance on the use of emergency salbutamol inhalers in schools
- DfE: Arranging education for children who cannot attend school because of health needs
- DfE: Keeping Children Safe in Education
- DfE: Health and safety on educational visits
- Statutory framework for the Early Years Foundation Stage
- SEND Code of Practice: 0 to 25 years
- Food Information Regulations 2014

Related school policies

This policy should be implemented alongside the Allergy Safety Policy, Child Protection and Safeguarding Policy, First Aid Policy, SEND Policy and Information Report, Attendance Policy, Behaviour and Relationships Policy, Equality Information and Objectives, Educational Visits Policy, Food Policy, Data Protection Policy, Complaints Policy, Restrictive Intervention Policy and relevant medicines, risk-assessment and emergency procedures.