



St Joseph's Catholic Primary School

Children with Medical Conditions Policy

Through our loving God

We follow in the footsteps of St Joseph

Who helps us to be gentle, caring and hardworking.

As we learn together, we love, value and welcome everyone.

Date adopted: September 2026

Review date: September 2027

Policy owner: Headteacher

Note: This policy is written to reflect current UK statutory guidance and best practice, including “Supporting pupils at school with medical conditions”, the duty on governing bodies/trusts, new allergy safety duties (from September 2026), Keeping Children Safe in Education (2026) and local arrangements for children who cannot attend school because of health needs.

Framework note: St Joseph’s follows the OFSTED inspection framework; this policy supports the school’s responsibilities under that framework (safeguarding, inclusion, curriculum and teaching, personal development and wellbeing, leadership and governance).

Purpose

- Ensure all children with medical conditions (including chronic illnesses, short-term medical needs, disabilities, mental health conditions and allergies) receive safe, appropriate and timely support so they can access education, enrichment and pastoral provision with minimal disruption.
- Clarify legal duties and outline clear roles, responsibilities and procedures to keep children safe and promote wellbeing.
- Promote inclusion and enable children to achieve academically, socially, morally and spiritually in line with the school’s vision and Gospel values.

Scope

- Applies to all pupils and children on site: Nursery / Pre-School (2–4 years), Reception to Year 6, and wrap-around care (7:10am–6:00pm), school trips, off-site activities and residential.
- Applies to all staff (teaching and non-teaching), volunteers, governors and external providers working on site or on school activities.

Policy principles

- The school will be inclusive and treat medical needs as part of normal school life, balancing medical confidentiality with the child’s safety.
- Children’s best interests are paramount. Parents/carers, children (as appropriate), healthcare professionals and the school work collaboratively.
- Arrangements are regularly reviewed and publicly accessible.
- A named person has overall responsibility for policy implementation.
- Staff are trained and competent before undertaking medical support duties.
- The school complies with allergy safety duties (allergy safety policy, annual review, publicised and published).

Key definitions

- Medical conditions: long-term and short-term conditions, physical and mental health conditions, allergies, diabetes, epilepsy, asthma, ADHD, anaphylaxis risk, conditions requiring medication or procedures during the school day.
- Individual Healthcare Plan (IHP): a written plan describing the child's condition, needs, medication, contact information, roles and emergency procedures.

Roles and responsibilities

Governing Body

- Ensure statutory duties are met and sufficient arrangements exist for supporting children with medical conditions.
- Ensure policy is regularly reviewed (at least annually), published on the website and accessible to staff and parents.
- Ensure allergy safety policy is in place and reviewed annually (per 2026 duties).
- Ensure resources and insurance cover are in place.
- The named governor for medical conditions and allergy safety is:
- The resources (training, emergency medicines, storage) are sufficient.
- The policy is published and reviewed annually.

Headteacher / Senior Leadership Team

- Ensure policy implementation across school and pre-school, including wrap-around care.
- Appoint a named person with overall responsibility for implementation – Miss Tracey North
- Ensure staff receive training and that IHPs are in place and acted upon. It scheduled annually and recorded via Microsoft Forms.
- Ensure effective communication with parents, healthcare professionals and the LA.
- IHP's are stored in the main office and in each child's medical red bag.
- IHP's are shared with relevant staff when they are introduced and then in annual training for all staff.

Named Medical Lead

- Maintain the central register of children with medical needs and IHPs.
- Coordinate staff training, review IHPs, manage emergency medicines and monitor policy compliance.
- Liaise with parents, staff, healthcare professionals and the LA named officer.
- The central register kept secure in the main office and on wrap around care registers.
- IHPs be reviewed annually and signed off by the Medical Lead.

Class Teachers / Pre-School Practitioners

- Be familiar with IHPs for children in their care and implement agreed support and adaptations.
- Administer medication only where authorised and trained.
- Ensure classroom routines and curriculum adaptations maintain learning and inclusion.
- Communicate concerns to the Named Medical Lead and parents.
- All IHP's and medications are kept in either the green bag or red bag depending on level of medical need.

Support Staff, Lunchtime Supervisors, Wrap-around Care Staff and Volunteers

- Follow the IHPs and training provided.
- Know emergency procedures and how to access medicines (e.g., inhalers, epi-pens).
- All red bags (containing epi pens are in the location of the child e.g school hall, playground, classroom, church).
- On school trips, children with Asthma and Anaphylaxis are grouped with school staff and those staff members will carry the medication and IHP's.

Parents / Carers

- Inform the school of their child's medical condition, provide written information and collaborate with staff to develop and review IHPs.
- Provide prescribed medicines with instructions, replacement medication, and emergency contact details.
- Consent to sharing medical information with relevant staff.

Children / Pupils

- Children who are able to should take responsibility for their own medication where appropriate (e.g., carrying an inhaler or using an insulin pump) in agreement with parents and staff.
- Older children and those with capacity should participate in creating and reviewing their IHP with medical staff and the school medical lead

Healthcare professionals and agencies

- Provide prompt advice and training to school staff; contribute to IHPs and support reintegration following absence for medical reasons.

Procedures

Identification and notification

- Parents must notify the school at admission or when a new medical condition is diagnosed.
- The Named Medical Lead will confirm receipt and arrange completion of an IHP where appropriate.
- The school will maintain a central register of children with medical needs.

Individual Healthcare Plans (IHPs)

IHP content should include:

- Child's name, DOB, class, photograph and emergency contacts.
- Details of medical condition(s), potential triggers and impact on learning.
- Daily care requirements and specific support needs.
- Medicines: name, dosage, method, timing, storage and expiry date.
- Procedures for administration and staff authorised to administer.
- Emergency symptoms and action to take (including emergency services contact information).
- Consent for staff to administer medication and for sharing information with staff/providers.
- Date of plan, review date and signatures (parent, Named Medical Lead, clinician if appropriate).

IHP process:

- Completed collaboratively with parents and healthcare professionals.
- Reviewed at least annually or whenever the child's needs change.

Medication: storage, administration and record-keeping

- Only prescribed medicines will be administered by staff (except in exceptional circumstances agreed with headteacher).
- Short-term medicines (e.g., antibiotics) may be administered when required (as prescribed x4 daily) with parental consent.
- All medicines must be provided in original packaging, labelled with child's name, dosage and prescriber's instructions.
- Emergency medicines (inhalers, epi-pens, insulin) must be readily accessible and stored in a clearly labelled, secure but accessible place; older children may carry inhalers if agreed in the IHP.
- Controlled drugs will be stored securely and only administered by trained staff; records maintained.
- A medication administration record (MAR) is kept for each medicine administered; parents are informed of each administration (or daily summary for regular medicines).

Emergency procedures

- All staff will be made aware of children with potentially life-threatening conditions and the emergency actions required.
- Emergency contact numbers and IHPs will be available to first aiders and staff.
- In an emergency, staff will follow the IHP; call emergency services if required; and inform parents immediately.
- St Joseph's Catholic Primary School System: Staff member starts to follow the IHP, immediately informs a Paediatric First Aider. Paediatric First Aider to take over the care of the pupil. Staff member alerts the Headteacher. The Headteacher will then co-ordinate appropriate care and contact with the emergency services.

Training and staff competency

- The school will ensure sufficient staff receive training for specific conditions (e.g., epipen, diabetes, epilepsy, gastric feeding, mental health first aid) from qualified healthcare professionals.
- Training needs will be identified by the Named Medical Lead and SLT.
- Staff will not be required to undertake clinical procedures unless trained and competent.
- Training for supporting children with diabetes, epilepsy, sickle cell anaemia and gastric feeding will be carried out by the community health professionals for staff. Training for supporting children with asthma and allergies will be carried out via online training.

Support for pupils unable to attend school due to health needs

- The school will follow statutory guidance and work with the LA named officer to ensure continuity of education for children absent for medical reasons.
- Liaison with hospital education, home tuition services and relevant agencies will be arranged as needed.

Inclusion, curriculum access and reasonable adjustments

- Teachers will make reasonable adjustments and differentiate learning so pupils with medical conditions can participate fully.
- Risk assessments will be undertaken for individual children, activities, trips and residential and reasonable adjustments made.
- Mental health needs will be considered and planned for alongside physical health.
- Children with some medical conditions will have 1:1 support on trips and residential to ensure that their individual needs are met.

Allergy safety (statutory duties from Sept 2026)

- Maintain a separate allergy safety policy (or an incorporated section in this policy) that is reviewed at least annually and published on the website.
- Publicise allergy safety arrangements to staff, pupils and parents; follow statutory allergy safety guidance.
- Keep up-to-date allergy risk assessments and ensure allergen avoidance measures, training (including epi-pen administration) and emergency procedures are in place.

Record-keeping and information sharing

- IHPs, MARs, training logs and emergency incident records retained securely in line with data protection law.
- Information is shared on a need-to-know basis with staff, governors and external providers, with parental consent unless safety requires otherwise.

Transitions and admissions

- Medical needs are considered at admission and transition (Pre-School→Reception, year transitions, transfer to secondary).
- Parents encouraged to disclose medical needs at admission to enable planning and IHP creation before start.

Trips, off-site activities and residentials

- The Named Medical Lead and trip leader will review IHPs, ensure appropriate staffing, medicine travel arrangements, consent and emergency plans.
- Risk assessments will include medical needs and necessary adjustments.

Monitoring, audit and review

- The Named Medical Lead reports to SLT and governors annually (or sooner if incidents occur) on policy implementation, training, incidents and audits.
- The policy will be reviewed at least annually and whenever statutory guidance or school circumstances change.
- Governors will ensure regular audits of IHPs, medication storage, training records and emergency incidents.
- Near miss incidents are recorded and improvements identified as a result.

Safeguarding and liability

- This policy complements the school's safeguarding policy and medical incidents are managed in line with Keeping Children Safe in Education (2026).
- An incident relating to medical condition management is not automatically a safeguarding referral; decisions are made based on context and thresholds, with advice sought from safeguarding partners if required.
- The school maintains appropriate insurance and indemnity for staff administering medication.

Complaints

- Parents who are dissatisfied should follow the school's complaints procedure; serious concerns about statutory duties may be raised with the LA or Diocesan authority as appropriate.

Useful national guidance and resources

- Supporting pupils at school with medical conditions (DfE)
- Allergy safety statutory guidance (DfE, 2026)
- Keeping Children Safe in Education (2026)
- Arranging education for children who cannot attend school because of health needs (statutory guidance, 2023)
- School Nursing/Local Health Service contacts

Equality statement

- The school will make reasonable adjustments and ensure non-discrimination to meet equality duties under the Equality Act 2010.

Implementation

- This policy is operational immediately on approval. Staff induction will include this policy, IHP awareness and location of medicines.
- The school will publish this policy and allergy safety information on the school website