Supporting Pupils with Medical Conditions Policy

This Policy has been approved and adopted by the Xavier Catholic Education Trust in Ocotber 2026

Committee Responsible: Audit and Risk Committee
To be reviewed in October 2027

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Xavier Catholic Education Trust Mission Statement
Our mission is to inspire, nurture and fulfil the calling of every person we encounter and the potential of every school we serve; growing together in faith, hope and love.

Everything we do in Catholic education is to ensure that every child we teach and every person we work with has the opportunity to realise their own calling and become the best version of themselves.

Our aim is to enable potential with the highest-quality provisions, to go out into the world and make our unique contribution for the greater good of all God's people here on Earth. This is particularly important for the children, who are at the start of their journey to fulfil their calling and only get one chance at experiencing high-quality provision in school.

1. Aims
This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Headteacher will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making sure leaders school leaders consult health and social care professionals, pupils and parents/carers to ensure the needs of children with medical conditions are properly understood and effectively supported.
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

2. Legislation and statutory responsibilities
This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.
It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

This policy also complies with our Funding Agreement and Articles of Association.

This policy takes into account the DfE statutory guidance 'Keeping Children Safe in Education' 2026 and 'Working Together to Safeguard Children' 2026.

This policy should be read alongside the Xavier Allergy Safety Policy and has been developed with due regard to the Department for Education's statutory guidance, Allergy Safety in Schools 2026, and the allergy safety provisions contained within the Children's Wellbeing and Schools Act 2026.

This document should be read in conjunction with other relevant policies including, but not limited to, the Xavier Child Protection and Safeguarding Policy and SEND Policy.

The Special educational needs and disability code of practice SEND code of practice: 0-25 years explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For pupils who have medical conditions that require education, health and care plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

3. Roles and responsibilities

3.1 The Trust Board

The Trust Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Trust Board will ensure that pupils with medical conditions can access and enjoy the same opportunities at school as any other child. The Trust Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions. The Trust Board delegates responsibility for the day-to-day implementation and delivery of the policy to the Headteacher at each school.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- The Headteacher will ensure that a named senior leader has responsibility for allergy safety, including overseeing implementation of the Xavier Allergy Safety Policy, staff training, review of allergy related incidents and the maintenance of records relating to pupils with allergies.

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines unless administering medicines is included in the contractual duties of support staff.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Staff will take the same care that a reasonable, responsible and careful parent/carer would take in similar circumstances, while they are responsible for the care of children.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Unless it is an emergency, medicines must be administered in a location where privacy and confidentiality of the child may be maintained.

All staff will be alert to the potential need for early help for a child who has a health condition.

A designated senior leader will lead on allergy safety. For more details of their role, see the Xavier Allergy Safety Policy.

3.4 Parents/Carers
Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- Ensure any medicines they supply for use in schools are in date and do not exceed their expiry date.

3.5 Pupils
Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals
Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and Pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHP's.

4. Equal opportunities
Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition
When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.
See Appendix 1.

The school will maintain an up-to-date register of pupils with known allergies, including known allergens, prescribed medication, location of emergency medication and details of any Allergy Action Plan or Asthma Action Plan. This information will be recorded on an IHP and appropriate staff will have access to this information.

6. Individual healthcare plans
The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Deputy Headteacher (Mary Hamilton-Eadie)

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.
Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done

- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Trust Board and the Headteacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social, emotional and mental health needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
- Where a child or young person has been issued with an Allergy and/or an Asthma Action Plan by a healthcare professional, it should be attached to their Individual Healthcare Plan.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents'/carer's written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

On 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies Emergency asthma inhalers for use in schools - GOV.UK (www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in schools).

On 1st October 2017 this was extended to the use of Adrenaline Auto-Injectors (AAIs). Using emergency adrenaline auto-injectors in schools - GOV.UK (www.gov.uk/government/publications/using-emergency-adrenaline-auto injectors-in-schools).

All medicines should be stored safely to prevent inappropriate access. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. This is particularly important to consider when outside of the setting such as an off-site trip.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include the pupil's name, instructions for administration, cautionary advice, dosage, storage and expiry date

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

In line with the Department for Education Statutory Guidance Allergy Safety in Schools' 2026, schools will stock the recommended number of Adrenaline Auto-Injectors (AAIs) and inhalers for their setting.

Emergency AAIs will be:

- stored in clearly identified locations;
- readily accessible and not locked away;
- checked regularly to ensure they remain in date;
- stored in pairs in accordance with Department for Education guidance;
- located so they can be brought to a pupil experiencing anaphylaxis within five minutes.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines that require refrigeration should be stored in a dedicated locked medicine refrigerator, or the refrigerator is sited in a secure location. If this is not possible, medicines should be kept in a locked box in the refrigerator.

Instructions regarding any specific requirements for the disposal of equipment/waste product, e.g syringes, gloves, should be kept with the medication and equipment.

Sharps boxes should always be used for the disposal of needles and other sharps.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required or expired. Parent/carers are responsible for disposal of expired medicines or those no longer required.

In exceptional circumstances where members of staff return medicines to a community retail pharmacy for disposal, details of the medicine, the quantity returned and the name of the pharmacy will be recorded. This must be signed and dated by the member of staff and if possible, by the pharmacist.

Used Auto Adrenaline devices can be given to paramedics on arrival or disposed of if in a sharps bin.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so but passing it to another child for use is an offence. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers, and it will be reflected in their IHPs. The IHP should include whether administration of the medicine requires supervision. In addition to parent/carer consent, medical advice with regard to self-administration should be available and noted in the agreement. However, it cannot be taken as an alternative to parental consent. A suitable location for administering the medicine should be made available.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents/carers as soon as possible on the same day, so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers or otherwise make them feel obliged to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

All staff should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need.

Medical information should be shared with school transport providers for home-to-school transport arranged by the local authority, especially in respect of emergency situations and pupils with life-threatening conditions.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Normally when a pupil becomes unwell (other than minor cuts or bruises), the school will arrange for them to be looked after in a quiet, comfortable place and arranged for the parent/carer. to collect them as soon as possible. It will then be the responsibility of the parent/carer to accompany the pupil to their GP surgery or hospital outpatient department as appropriate.

In some situations, it may be necessary for professional medical care to be sought immediately, e.g. suspected fractures, all eye injuries, serious head injuries, acute illness or other serious medical conditions, after using pre-loaded adrenaline injection, that will not respond to first aid treatment. The school must have clear procedures for summoning an ambulance in such cases and for communication with parents/carers.

Headteachers should ensure they have clear guidance for staff should they be asked to transport children/young people in their own vehicles. Consent is generally not required for any lifesaving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes, i.e. blood transfusions, which should be communicated to the medical staff for due consideration. In the absence of the parents to give their expressed consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the pupil cannot give consent for any medical treatment, as he/she does not have parental responsibility.

Headteachers and managers must realise that medical emergencies, whether illness or injury, make significant emotional demands upon those involved. It is important that support is available to them. This might include a sympathetic listener and time to compose themselves.

Some children/young people suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from developing. Specially appointed support staff may not be available to carry out these tasks. Where there are other willing staff, they may do so, exercising their duty of care.

Settings should ensure they have contingency plans in case the normal routine for treatment breaks down, e.g. the trained staff members are absent. This should be included in the individual healthcare plan for the child/young person and is likely to include calling for an ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree to this with the Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognize and act quickly when a problem occurs. This will be provided for new staff during their induction.

In line with the Department for Education statutory guidance 'Allergy Safety in Schools' 2026, all staff will complete annual training in allergy awareness.

10. Day trips, residential visits and sporting activities

Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

Staff will be aware of how a pupil's medical condition will impact on their participation, whilst allowing for enough flexibility for all pupils to participate according to their own abilities and with any reasonable adjustments, unless evidence from a clinician such as a GP states otherwise.

A risk assessment will be undertaken so that planning arrangements take account of any steps needed to ensure that medical conditions are included. This will require consultation with parents, the pupil and advice from relevant healthcare professionals.
It is helpful to have one copy of the parental consent form in the language of the country visited. Where a child/young person requires and has a particular medical action plan, this should be available in the host language. This is particularly important if children/young people stay with host families during an exchange visit. Parents should be requested to check what rules apply to taking their child's medicine out of the UK, and into the country the child is going to or passing through. Different countries have different rules and regulations about the types of medicine they allow to be taken into their country and the maximum quantity that can be taken in. Some medicines available over the counter in the UK may be controlled in other countries.

11. Young people on work experience

The headteacher should ensure that the placement is suitable for a young person with a particular medical condition and that relevant medical information, including allergies, is shared with the employers.

12. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

A new form of consent will be completed if a new medicine is to be administered, or if there are changes to existing medicines. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.

13. Liability and indemnity

Xavier Trust Board will ensure that our schools are members of the Department for Education's risk protection arrangement (RPA) who will provide liability cover relating to the administration of medication and relevant medical procedures.

14. Complaints

Parents/carers with a concern about the support provided to children with medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

15. Monitoring arrangements

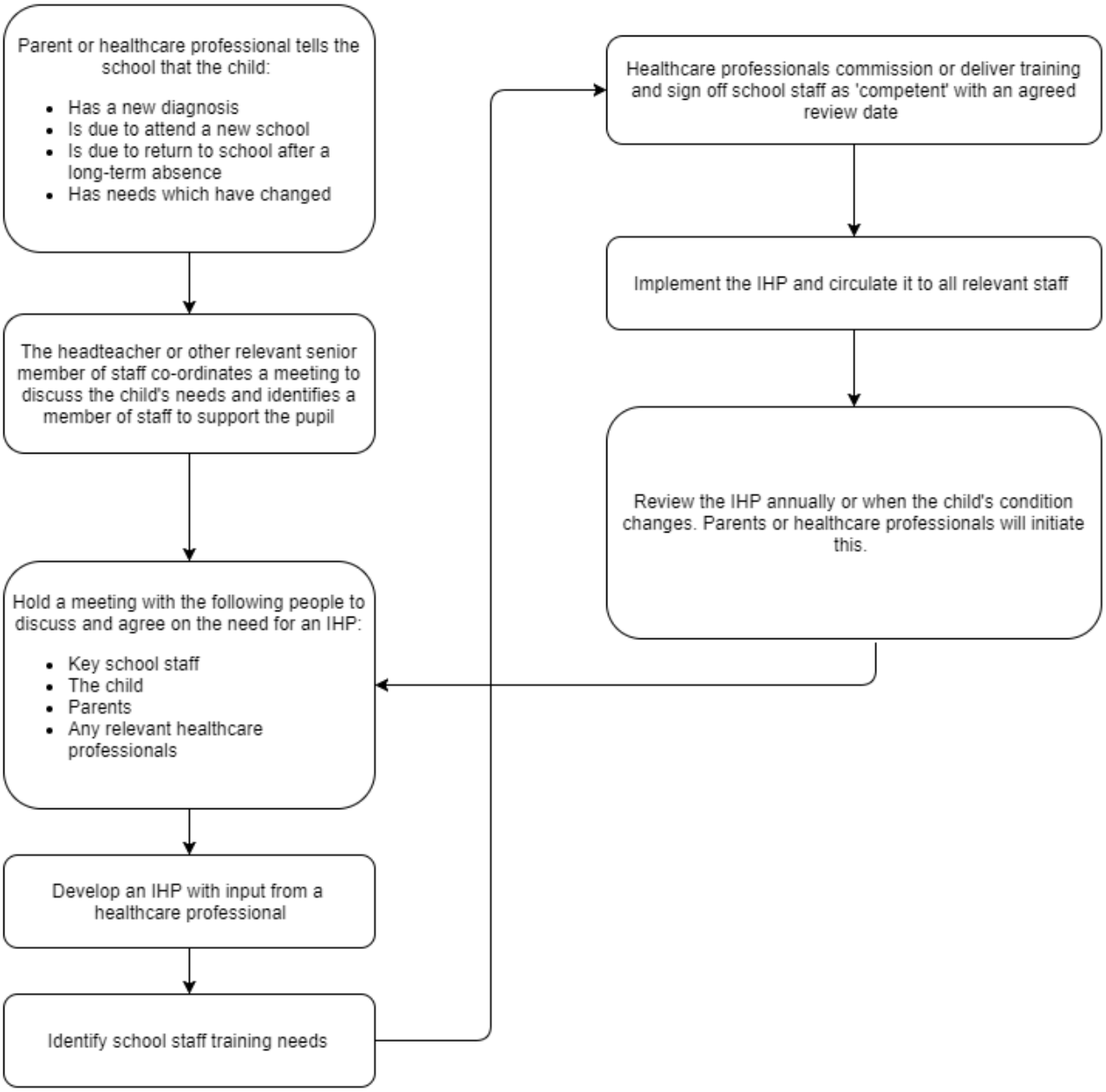
This policy will be reviewed and approved by the Trust board annually.

16. Links to other policies

This policy links to the following policies:

- Child Protection and Safeguarding
- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Special educational needs and disability
- Mental Health and Emotional Well-Being Policy
- Allergy Safety Policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Individual Healthcare Plan Template

Individual Healthcare Plan (IHP)

Childs Information;

Name		Current Photo of Child
Year/Class/Form		
Date of Birth		
Address		
Medical Need or Condition Diagnosis		
Date of IHP		
Review Date		

Parents/Carers Information;

Name	Designation	Contact Numbers

Medical Professionals Contact Information;

Name	Designation & Hospital/Clinic	Contact number / email
	GP	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc. Include details of any other plans issued by health professionals.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, where it is stored and how it is accessed and when consent was given by parents for medication to be administered. If applicable, where spare medication is stored e.g. AAIs.

Daily Care Requirements (include any additional requirements throughout the school day e.g. mealtimes or changes to practice to mitigate risk)

What is the potential impact on the child's health, emotional wellbeing and learning? Are there any interactions between medical condition and SEND needs, if applicable?

Arrangements for Trips

Any other Information or Reasonable Adjustments required. Include any information regarding the child's involvement in managing their medical needs if applicable.

Emergency Details

What happens	Actions needed	By whom	Responsibility
If there is a risk of allergic reaction, would the child be aware and would they be able to alert others?			

Actions

Action	Training Need	Who	By When

Signed (parent/Carer)…….....

Signed (school)……..

Date ……..

To be shared with:

Appendix 3: Completing an Individual Healthcare Plan for Allergies

When completing an Individual Healthcare Plan for allergies, ensure the following information is included:

- The child or young person's name, date of birth, class and emergency contact details. Include a current photo.
- Who does the IHP need to be shared with in the setting?
- What allergies does a child or young person have? Identify the known allergens. Is the child or young person likely to be aware that they are having an allergic reaction? Can they alert others?
- Have healthcare professionals issued any care or action plans? Has the child or young person been prescribed medication? Can the condition be managed through adjustments to practice? How far can the child or young person take responsibility for managing their allergy? Do they require support or monitoring?
- What is the potential impact on health? What is the potential impact on learning? What is the potential impact on wellbeing? If relevant, note any interaction between allergy and SEN.
- What support or adaptations will the school put in place? How will the risk of exposure to known allergens be managed? How will food allergy be managed at meal or snack times? How will educational progress be maintained where absence or missed learning occurs due to allergy?
- What arrangements and adjustments may be needed to ensure participation in visits, trips etc. outside the setting? What needs to be considered in a risk assessment?
- Refer to and attach any Action Plan issued by a healthcare professional covering emergency response. What are the signs and symptoms of an emergency? What should happen in an emergency? Who should be contacted? Where are "spare" adrenaline devices located?
- When was the IHP issued and by whom? When was the IHP last discussed with the child or young person and their parents? When is the IHP next due to be reviewed?
- If applicable, record any prescription medication (e.g. adrenaline) which the child or young person may require while in education. Where is the medication stored? How and when may the child or young person need access? Is this emergency medication? Is there parental consent to administer medication? When was it given?
- If applicable, attach any Allergy or Asthma Action Plan issued by a healthcare professional. Note which healthcare professional issued the plan, their role and the date issued.
- If applicable, list any care plan issued by a healthcare professional. Note where the relevant care plan can be found and note what staff are responsible for delivering and supporting delivery of the care plan. Note which healthcare professional issued the plan, their role and the date issued.