Supporting Pupils with Medical Conditions and Administration of Medicines Policy (including summary references to separate Allergy Safety Policy)

(WeST Template to be adapted locally by schools and ratified by WeST Community Councils.
Schools must adapt the information at the «red placeholders» for local circumstances.*)*

Person(s) responsible for updating the template policy:	Director of Safeguarding
Policy type:	Trust template for local school adaptation
Approval level:	WeST Community Council
Date approved:	July 2026
Person(s) responsible for adapting template policy to local school needs	Sam Wilkinson Headteacher
Named senior leader responsible for medical conditions policy:	Sam Wilkinson Headteacher
Named senior leader responsible for allergy safety:	Susie Jackson Deputy Head
Named governor/Community Councillor responsible for allergy safety policy:	Les Allen (LA) – WCC Chair
Date of next review:	July 2027
Review frequency:	Annual and following any serious incident or near miss
Published on:	School website
Version History:	See final page

1. Statement of Intent

WeST expects all pupils with medical conditions, including allergies, to be properly supported so they can access the same education as their peers, including school trips, physical education, enrichment and wraparound provision.

Where a medical condition presents a barrier to attendance, learning, wellbeing or participation, the school will work with parents, pupils, healthcare professionals and other partners to remove or reduce that barrier wherever reasonably possible.

2. Legal & Policy Context

This policy has regard to:

- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Food Information Regulations 2014.
- DfE: Supporting pupils at school with medical conditions (December 2015) and the March 2026 draft replacement guidance, expected to be statutory from September 2026
- DfE: Keeping Children Safe in Education
- DfE: SEND Code of Practice
- DfE: EYFS statutory framework (where applicable)
- Department of Health: Guidance on the use of emergency salbutamol inhalers in schools (March 2015)
- Department of Health: Guidance on the use of adrenaline auto-injectors in schools (September 2017)

3. Roles & Responsibilities

Trust Board, through WeST Community Councils:

- ensure arrangements to support pupils with medical conditions are in place
- monitor implementation of this policy
- ensure insurance is adequate
- review annually and following serious incidents/near misses

Headteacher:

- ensure implementation, resourcing and oversight of this policy, including website publication.

Medical Conditions Lead[1]: Linda Aldridge SBM

- maintaining the medical conditions register
- coordinating Individual Health Plans (IHPs)[2]
- ensuring there are sufficient trained staff for on- and off-site activities
- ensuring appropriate cover when staff are absent
- briefing supply/cover staff
- briefing trip leaders about supporting pupils with medical conditions
- risk assessments for off-site trips[3]
- medical records
- auditing equipment and records

Allergy Safety Lead: Susie Jackson Deputy Head

The Allergy Safety Lead will:

- maintain the allergy/anaphylaxis register
- oversee Adrenalin Auto Injector (AAI) arrangements
- arrange staff training
- ensure effective communication with school catering
- brief trip leaders about any pupils with Allergy Safety Plans and the requirements of these

Staff who administer first aid and/or medication

- will be appropriately trained and hold 'in date' certification
- will administer first aid and/or medication in line with policy
- only administer medication for which they have been appropriately trained
- record all incidents of first aid and/or administration of medicines in line with policy
- may audit equipment and records in support of the Medical Conditions Lead (but the overall quality assurance responsibility for audit lies with the named senior staff member who is the Medical Conditions Lead)
- may be involved in IHP writing and reviews (but the overall responsibility for IHPs lies with the named senior staff member who is the Medical Conditions Lead)

[1] Given that medical needs sit within wider Special Educational Needs it is likely that the senior person responsible for IHPs will be part of the SEND team. However, this is a decision for schools within WeST to make at a local level.

[2] In larger schools the coordination of IHPs may be delegated to a specific member of staff. Where this occurs there must be senior leadership oversight from a named person.

[3] In settings where the Educational Visits Co-ordinator is not the Medical Conditions Lead there must be clear procedures in place to ensure that between them every trip has the appropriate risk assessments in place to meet the first aid and medical requirements

Parents[4]

- provide up-to-date information on medicines and consent
- engage in IHPs and reviews

Pupils:

- participate in planning and self-management where competent.

Healthcare professionals:

Healthcare professionals, such as School Nurses, specialist Diabetic Nurses etc., will advise on:

- diagnosis and treatment
- IHP content
- staff training and competence
- where recorded on the school Single Central Record provide evidence of their registration with the appropriate health care regulatory body

4. Policy Implementation & Accountability

The school, under the leadership of the Medical Conditions Lead, will be able to evidence:

- a current register of pupils with medical conditions, including an allergy/anaphylaxis register
- there are enough competently trained staff to meet the first aid and medical requirements of staff and pupils in the school
- a training matrix listing when staff training renewals are due
- checks on first aid equipment and stocks of medication
- how cover arrangements for staff absence/turnover are typically handled
- briefings for supply teachers and visit leaders
- appropriate monitoring of IHPs and allergy action plans (including parental involvement)[5]
- appropriate monitoring of first aid and administering of medicine records through termly audits
- appropriate professional learning from serious incidents and near-misses which improves future practice

The WeST Director of Safeguarding will also monitor the implementation of this policy and its associated procedures through annual safeguarding reviews, supplemented by other monitoring activity as required.

5. Procedure on Notification of a Medical Condition or Allergy

On notification, the Medical Conditions Lead or Allergy Safety Lead as appropriate will: On notification that a pupil has a medical condition, the Medical Conditions Lead will:

- Record the pupil on the medical conditions register
- Agree interim adjustments to enable safe access/inclusion from day one
- Where necessary agree an Allergy Action Plan
- Consider whether the pupil will require a Personal Emergency Evacuation Plan (PEEP)
- Convene an Individual Health Plan (IHP) meeting within 10 school days

[4] Throughout this policy the term 'parent' covers all parents/carers as named on the school's information management system

[5] Typically, a new IHP will be reviewed after 6 weeks and then once a term for the first year and annually thereafter. At any point new information is received about the medical condition the IHP should be reviewed. Where alternative review arrangements are in place the rationale for this should be clearly documented on the IHP.

- For mid-term moves or a new diagnosis, ensure new arrangements are in place within 10 school days wherever possible, or sooner where risk requires

A summary of this procedure is available in the appendix.

Arrangements should be in place within 10 school days wherever possible, or sooner where risk requires.

6. Individual Healthcare Plans (IHPs)

An IHP will be put in place where a pupil's medical condition or allergy requires the school to make supportive arrangements. A formal diagnosis is not required before proportionate interim support is put in place. IHPs will be developed collaboratively with parents, relevant health professionals (e.g., school nurse) and the pupil, using the DfE template, and reviewed at least annually or earlier if needs change.

IHPs are particularly important for prescribed medication, allergy requiring active management, emergency medication/devices, reasonable adjustments, medical technology and support for trips, physical education, examinations, lunch arrangements or attendance.

IHPs will include (as appropriate):

- condition details - triggers/signs/symptoms
- medication dose/side effects/storage
- other treatments
- testing and access to food/drink
- environmental adjustments
- educational/social/emotional support
- level of support including in emergencies
- roles/training/cover
- who needs to know
- consent/authorisation
- trip/PE arrangements
- confidentiality
- emergency actions (including Personal Emergency Evacuation Plans where necessary)
- wellbeing impact

Typically, a new IHP will be reviewed after 6 weeks, then once a term for the first year and annually thereafter. It must also be reviewed when needs change or following a serious incident or near miss.

7. Managing Medicines on School Premises

Principles:

- medicines are given only when essential
- all medicines must be provided by parents (the only exception to this are emergency asthma and adrenaline auto-injectors - AAIs)
- parental written consent is required
- the administration of all first aid and medicine is recorded
- pupils are encouraged to self-manage where appropriate
- non-prescription medicines may be administered with parental consent where the parent has provided the medication, subject to school assessment

- no medicines containing aspirin will be given to pupils under 16 unless prescribed.
- all medication (both over the counter and prescription drugs) must be stored securely, administered by authorised and appropriately trained staff and fully recorded
- pupils may self-carry controlled drugs only where this has been risk assessed and the pupil is deemed competent to do so
- emergency medicines/devices (e.g., inhalers, AAIs, glucose meters) must be easily accessible and not locked away. Locations are shown in the school medical map.
- Storage & disposal of medicines and equipment will follow manufacturer guidance, with unused medicines typically returned to parents for disposal
- Sharps must be disposed of in approved containers

Location/link to school medical map: School Office

8. Emergency Salbutamol Inhalers

School will support pupils with asthma in line with government guidance[6]. School will purchase and hold emergency salbutamol inhalers and compatible spacers for pupils diagnosed with asthma or prescribed a reliever inhaler, with parental consent, where their own inhaler is unavailable or not working.

Person responsible for Asthma Register: Linda Aldridge SBM. Location of emergency asthma kits: In School Office

9. Emergency Adrenaline Auto-Injectors (AAIs)

School will purchase and hold spare AAIs for emergency use on pupils at risk of anaphylaxis whose own device is unavailable or not working[7]. AAIs are stored accessibly, clearly marked and not locked away. Staff are trained in recognition and use. All administrations are recorded and parents informed the same day. In a life-threatening emergency, adrenaline may be administered to save life.

Person responsible for Allergy/Anaphylaxis Register: Linda Aldridge SBM

Location of emergency AAIs: School Office

10. Allergy Safety Policy

There is a separate allergy safety policy, published on the school website alongside this supporting pupils with medical conditions policy. The school will take reasonable and proportionate steps to reduce exposure to known allergens, while recognising that it cannot guarantee an allergen-free environment.

Named senior leader responsible for allergy safety: Susie Jackson

Named WeST Community Council Committee responsible for allergy safety: Les Allen

All pupils with known allergies requiring active management will be recorded on the allergy/anaphylaxis register and will have an IHP and/or allergy action plan.

[6] https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency_inhalers_in_schools.pdf

[7] https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf

Caterers and relevant staff will check ingredient and supplier changes, maintain allergen information, and take particular care with menu substitutions, pre-packed for direct sale (PPDS) foods, special events, curriculum cooking, food rewards, food sharing, fundraising events and trips.

All staff will receive allergy awareness training at induction and at least annually. Training will cover common allergens, recognition of allergic reactions and anaphylaxis, emergency response, calling 999, use of prescribed/spare AAIs, medication locations and incident reporting.

The school will stock spare AAIs for emergency use in line with statutory requirements. Spare AAIs are additional to pupils' own prescribed devices. AAIs must be accessible, clearly marked, checked regularly, within expiry date and not locked away.

Person responsible for Allergy/Anaphylaxis Register: Susie Jackson Deputy Head

Location of prescribed pupil AAIs: School Office.

Location of spare emergency AAIs: School Office.

11. Arrangements in EYFS (where applicable)

For Early Years provision, schools meet Early Years Foundation Stage (EYFS) requirements, including medicines procedures, paediatric first aid and safeguarding policies.

12. Emergency Procedures

Detailed emergency actions are set out in IHPs and allergy action plans. IHPs must be quickly accessible to first aiders and emergency personnel, including paramedics. A member of staff must accompany a pupil to hospital until a parent arrives, unless directed otherwise by emergency services.

Location of emergency IHPs: School Office

13. Day Trips, Residential Visits, Physical Education and Enrichment

No pupil should be excluded from activities because of a medical condition or allergy unless there is an evidence-based risk that cannot be reasonably managed. Visit leaders must consider medical and allergy needs within risk assessments, ensure immediate access to medicines/equipment, brief supervising staff and plan emergency access routes. IHP summaries and/or allergy action plans should travel with the pupil. Emergency access routes must be planned in advance and readily available via the trip risk assessment.

14. Serious Incidents and Near Misses

A serious incident is any event relating directly to a medical condition or allergy in which a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or emergency services.

A near miss is an event relating directly to a medical condition or allergy that did not result in harm but had the clear potential to do so.

All serious incidents and near misses must:

- be responded to immediately
- recorded as soon as feasible
- reported to the Headteacher and Medical Conditions Lead and Allergy Safety Lead
- shared with parents and pupils where appropriate
- reviewed for lessons learned
- used to improve the relevant IHP, allergy action plan, risk assessment, training or policy.

15. Record Keeping

School use DfE templates for parental consent, medicine administration and staff training records. Records of first aid incidents and the administration of medicines are stored securely and audited termly. The WeST Director of Safeguarding will review first aid records, IHPs and medication records as part of the WeST annual safeguarding review.

16. Unacceptable Practice

The school adopts the DfE list of unacceptable practices[8], including:

- preventing access to medication/devices
- assuming all pupils with the same condition require the same treatment
- ignoring medical evidence
- penalising attendance affected by medical conditions
- requiring parents to administer medicine
- preventing reasonable participation
- leaving an unwell pupil unsupervised.

17. Liability & Indemnity

Westcountry Schools Trust ensures the school has the appropriate insurance/indemnity for staff supporting pupils with medical conditions and allergies, including the administration of medicines and emergency medication.

ZURICH INSURANCE

18. Complaints

Concerns should first be raised informally with the Medical Conditions Lead or Allergy Safety Lead. If this does not resolve the concern, formal complaints should follow the school's Complaints Policy.

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19. Home-to-School Transport (where applicable)

Where transport is provided, arrangements for medicines, emergency medication, allergy safety and emergency procedures are agreed with the transport provider and recorded in the pupil's IHP where relevant.

[8] https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf UPDATE LINK POST CONSULTATION

20. Defibrillators (optional)

School may hold automated external defibrillators (AEDs). Where this is the case, first aid staff are briefed on their location and trained in basic life support with use of an AED. AED checks are logged through the Parago system or local equivalent.

Device location(s): School Office

21. Templates

Westcountry Schools Trust recommends that its schools adopt DfE templates onto branded documentation and supplement these with allergy-specific templates where required.

22. Version History

Version	Date	Notes
1.0	January 2026	New version of the template policy provided, based on updates from previous template in line with DfE guidance
2.0	May 2026 (Draft)	Updated to reflect DfE consultation on supporting children and young people with medical conditions and allergy, and emerging requirements associated with Benedict's Law. Subject to final DfE guidance.

23. Appendix: Model Process for Developing and Reviewing IHPs