Policy last updated August 2026

BISHOPSTONE CE PRIMARY SCHOOL

Supporting Pupils with Medical Conditions and Medicines Policy Draft

To be read in conjunction with the following policies:	Health & Safety Policy First Aid Policy Allergy Safety Policy Off Site Visits & Activities Policy SEND Policy Safeguarding and Child Protection Policy Attendance Policy Equality Information and Objectives Supporting Pupils with Medical Conditions statutory guidance Keeping Children Safe in Education

Date reviewed: September 2026

Signed by Chair of Governors:

Signed by Headteacher:

Date of next review: September 2027

1 Introduction

Bishopstone CE Primary School is committed to providing a safe, inclusive and supportive environment for pupils with medical conditions, including those who require medicines during the school day.

The aims of this policy are to:

- ensure that pupils with medical conditions are properly supported so they can access education, school trips, physical education, wraparound provision and wider school life;
- set out clear arrangements for identifying pupils with medical conditions and agreeing appropriate support;
- ensure that medicines are managed, stored, administered and recorded safely;
- clarify the responsibilities of: Governors, the Headteacher, staff, parents/carers and pupils;
- ensure that Individual Healthcare Plans are in place where required;
- support consistent arrangements for medical emergencies, off-site visits, staff training, record keeping and incident reporting;
- ensure that allergy, asthma and anaphylaxis arrangements align with the school's Allergy Safety Policy and First Aid Policy.

2 Legislation and Guidance

This policy is based on current statutory and non-statutory guidance and relevant legislation, including:

- Children and Families Act 2014, which places a duty on governing bodies of maintained schools and proprietors of academies to make arrangements to support pupils with medical conditions;
- DfE statutory guidance: Supporting pupils at school with medical conditions;
- DfE draft statutory guidance: Supporting children and young people with medical conditions and allergy;
- DfE statutory guidance: Allergy safety in schools;
- Equality Act 2010;
- Health and Safety at Work etc. Act 1974;
- Management of Health and Safety at Work Regulations 1999;
- Misuse of Drugs Act 1971 and associated regulations, where controlled drugs are held or administered;
- Human Medicines Regulations 2012;
- Statutory Framework for the Early Years Foundation Stage;
- Keeping Children Safe in Education;
- SEND Code of Practice.

The DfE guidance makes clear that schools should have arrangements in place to support pupils with medical conditions, including appropriate use of Individual Healthcare Plans, staff training, emergency procedures, medicine management, inclusion in school trips and arrangements for complaints.

3 Scope

This policy applies to:

- pupils with long-term or complex medical conditions;
- pupils with short-term medical needs requiring medicine or support during the school day;
- pupils with allergies, asthma, diabetes, epilepsy, continence needs, autoimmune conditions, fluctuating conditions or other health needs;

- pupils requiring prescribed or non-prescribed medication during school time;
- pupils requiring emergency medication;
- medical support required during off-site visits, residential visits, sporting activities, wraparound care and school-led extended provision.

This policy does not replace clinical advice. The school will not diagnose medical conditions or make clinical decisions, but will work with parents/carers, pupils and healthcare professionals to implement reasonable, safe and practical support arrangements.

4 Principles

Our approach is based on the following principles:

- pupils with medical conditions should be properly supported to access the same opportunities as other pupils;
- support should be individual, proportionate and based on the pupil's needs;
- pupils should not be unnecessarily excluded from lessons, trips, clubs, PE, lunchtime arrangements or wider school life because of a medical condition;
- staff should receive appropriate information, training and support;
- medicines should only be administered where it is necessary to do so during the school day;
- written consent and clear records are required for medicines administered in school;
- pupils should be supported, where age appropriate, to understand and manage their own medical condition;
- confidentiality and dignity should be respected, while ensuring information is shared with staff who need to know for safety and care.

5 Roles and Responsibilities

Governing board

The Governing body has ultimate responsibility for health and safety matters across the schiool, including arrangements for supporting pupils with medical conditions, but delegates operational and day-to-day implementation to the Headteacher of the school.

- ensure an appropriate policy framework is in place;
- ensure that the school can implement safe and inclusive arrangements;
- review serious incidents and emerging themes where relevant.
- review and recommend approval of this policy and any significant amendments;
- receive assurance that the school has appropriate arrangements for supporting pupils with medical conditions;
- consider themes arising from serious incidents, near misses, medication errors or health and safety reports;
- escalate significant concerns
- monitor that this policy is being implemented;
- receive assurance through the Headteacher's report and/or health and safety agenda items;
- ensure that pupils with medical conditions are not unnecessarily excluded from school life;
- monitor that reasonable adjustments are considered where required;
- raise concerns with the Headteacher where implementation appears ineffective.

Headteacher

- ensure suitable arrangements are in place to identify and support pupils with medical conditions;
- ensure Individual Healthcare Plans are developed where required;
- ensure medicines are stored, administered, recorded and disposed of safely;

- ensure staff are aware of relevant procedures and emergency arrangements;
- ensure appropriate members of staff receive training where a pupil's medical needs require it;
- ensure off-site visits and activities take account of pupils' medical needs;
- ensure serious incidents, medication errors or significant near misses are reported to the governing board as soon as reasonably practicable;
- ensure medical information is handled sensitively and securely.

Named Medical Conditions Lead / Designated Member of Staff

Schools should identify a named member of staff responsible for coordinating arrangements for pupils with medical conditions. This may be the SENCO, a member of the senior leadership team, office lead, pastoral lead or another suitably placed person.

- coordinate information about pupils with medical conditions;
- support the development and review of Individual Healthcare Plans;
- liaise with parents/carers, pupils, staff and healthcare professionals where appropriate;
- ensure medicine consent forms and administration records are maintained;
- ensure relevant staff know where medicines and emergency medication are kept;
- monitor medication expiry dates and request replacements from parents/carers;
- support induction and briefing arrangements for new, temporary and relevant supply staff;
- ensure incidents, medication errors and near misses are recorded and escalated.

First Aiders and Appointed Persons

First aiders and appointed persons will act in line with the School's First Aid Policy. Their role may include responding to medical incidents, summoning emergency help, recording first aid provided and supporting local arrangements for first aid equipment.

- First aid training does not automatically mean that a member of staff is trained to administer specialist medication or provide condition-specific care. Where a pupil requires specific support, appropriate training must be arranged.

School Staff

- follow this policy and school procedures;
- know how to respond to a medical emergency;
- be aware of pupils with medical conditions where this information is relevant to their role;
- follow Individual Healthcare Plans and agreed risk controls;
- not give medicine unless authorised and competent to do so;
- report concerns, incidents, errors or near misses promptly;
- support pupils with medical conditions in a respectful and inclusive way.

Parents and Carers

- inform the school promptly of any medical condition, diagnosis, change in condition, medication or emergency contact details;
- provide sufficient and up-to-date information about their child's medical needs;
- provide prescribed medication in the original container with the pharmacy label attached, unless otherwise agreed;
- ensure medication is in date and replaced when needed;
- give written consent for medication to be administered or supervised in school;
- work with the school to develop and review any Individual Healthcare Plan;
- ensure their child attends medical reviews where required.

Pupils

- understand their medical condition as appropriate to age and maturity;
- tell an adult if they feel unwell;
- know where their medication is kept and how to access help;
- take responsibility for managing their condition where appropriate;
- avoid sharing medication with others;
- follow agreed arrangements in their Individual Healthcare Plan.

6 Relationship with the Allergy Safety Policy

Allergy-specific arrangements are set out in the Allergy Safety Policy. This policy provides the wider framework for supporting pupils with medical conditions and managing medicines, while the Allergy Safety Policy provides the detailed statutory arrangements for allergy safety, anaphylaxis response, spare adrenaline auto-injectors and allergy-related training.

Where a pupil has an allergy and another medical condition, for example asthma, the Individual Healthcare Plan must be read alongside the pupil's Allergy Action Plan, Asthma Plan and any healthcare professional documentation. Staff should ensure that emergency medication arrangements are clear, consistent and accessible.

Where there is overlap, the Allergy Safety Policy should be followed for allergy-specific arrangements, including:

- the Designated Allergy Lead role;
- allergy registers, risk reduction and allergy-aware practice;
- catering, food, allergen exposure and school event controls;
- spare adrenaline auto-injector arrangements, including Kitt Medical implementation;
- allergy awareness training requirements;
- allergy-related serious incident and near miss reporting and learning.

The Named Medical Conditions Lead and Designated Allergy Lead should work together where a pupil's needs sit across both policies, for example where a pupil has asthma and a food allergy, or where medication arrangements are linked to an Allergy Action Plan.

7 Identifying Pupils with Medical Conditions

Schools will seek medical information:

- on admission;
- at transition points;
- through annual data collection or parent/carer updates;
- when parents/carers notify the school of a new condition or change in need;
- following a significant medical incident or prolonged absence;
- where staff identify that a pupil may require support for a medical need.

Each school will maintain a confidential record of pupils with medical conditions and medicines held in school. Relevant information will be shared with staff on a need-to-know basis, with due regard to data protection, safeguarding and pupil dignity.

Where a pupil has symptoms or a suspected condition but no confirmed diagnosis, the school will ask parents/carers to seek medical advice and will consider interim support arrangements where appropriate.

8 Individual Healthcare Plans

Individual Healthcare Plans are used to set out the support required for a pupil with a medical condition. Not every pupil with a medical condition will require an Individual Healthcare Plan, but one should be considered where a pupil's needs are complex, long term, high risk or require specific support during the school day.

Pupils who should normally have an Individual Healthcare Plan

- have a long-term medical condition requiring support in school;
- require emergency medication;
- have asthma requiring specific school arrangements;
- have diabetes, epilepsy, severe allergy, anaphylaxis risk or another potentially serious condition;
- require a controlled drug during the school day;
- require invasive or specialist procedures;
- have a medical condition that affects attendance, learning, behaviour, wellbeing or access to school activities;
- require support from more than one member of staff or external agency;
- have medical needs that interact with SEND, safeguarding, attendance or mental health.

Content of an Individual Healthcare Plan

- the pupil's medical condition and key symptoms;
- triggers, warning signs or circumstances that increase risk;
- medication details, dosage, timing, storage and access arrangements;
- what support the pupil requires during the school day;
- what the pupil can manage independently;
- staff responsibilities and training requirements;
- emergency arrangements;
- arrangements for school trips, PE, lunchtime, wraparound care and curriculum activities;
- arrangements for intimate or personal care where relevant;
- communication arrangements with parents/carers and healthcare professionals;
- review date;
- any linked plans, such as an Allergy Action Plan, Asthma Plan, Diabetes Plan or Epilepsy Plan.

Individual Healthcare Plans should be developed with input from the pupil, parents/carers, school staff and healthcare professionals where appropriate. Plans should be reviewed at least annually and earlier where the pupil's condition or medication changes, a medical incident or near miss occurs, at transition, or where arrangements are not working effectively.

9 Managing Medicines in School

Medicines should only be administered in school when it would be detrimental to a pupil's health or attendance not to do so. Schools will not normally administer medicine where the dose can reasonably be given outside the school day but will consider individual circumstances and medical advice.

General requirements

- Medicines must be provided in the original container as dispensed by a pharmacist, with the pupil's name, dosage and instructions clearly shown.
- The school must have written parental consent before administering medicine, except in emergency situations where staff act in the pupil's best interests.

- Staff must check the pupil's name, medicine, dose, timing and expiry date before administration.
- A written record must be completed when medicine is administered.
- Medicines must not be shared between pupils.
- Expired or no longer required medicines must be returned to parents/carers for safe disposal, unless agreed otherwise.
- Where a medicine is refused, the refusal must be recorded and parents/carers informed as soon as reasonably practicable.

Prescribed medication

- Prescribed medication will usually be administered in accordance with the prescriber's instructions. Where arrangements are unclear, the school may ask parents/carers to seek clarification from the prescribing healthcare professional.

Non-prescription medication

- Non-prescription medication may only be administered where the school has written parental consent, the medication is provided by the parent/carer in the original packaging, the dose is age appropriate and in line with manufacturer instructions, and administration is necessary and unavoidable during the school day.
- Schools should not routinely administer non-prescription medication as a substitute for medical advice. If symptoms persist or give cause for concern, parents/carers will be contacted.

Pain relief

- Where a school does agree to administer age-appropriate pain relief, such as paracetamol or ibuprofen, it must only be given with written parental consent and in accordance with local procedures. Staff must check when the pupil last received a dose to avoid accidental overdose.
- Aspirin must not be given to a child under 16 unless prescribed by a doctor.

Antibiotics

- Where antibiotics are prescribed three times a day, parents/carers should be encouraged to administer doses outside the school day where clinically appropriate. Where antibiotics must be administered during the school day, written consent and clear instructions are required.

Emergency medication

- Emergency medication must be readily accessible to staff who may need to respond. It must not be locked away where access would be delayed in an emergency.
- Emergency medication may include adrenaline auto-injectors, asthma inhalers, epilepsy rescue medication, diabetes medication or glucose treatments, and other prescribed emergency medicines.
- Arrangements for emergency medication should be clearly set out in the pupil's Individual Healthcare Plan.

10 Controlled Drugs

Some pupils may require controlled drugs during the school day. Controlled drugs must be managed in accordance with legal requirements and school procedures.

Where controlled drugs are held in school:

- they must be stored securely;
- access must be restricted to authorised staff;
- administration must be recorded clearly;

- records should include the date, time, dose, pupil, member of staff administering and witness where required;
- stock balances should be checked in accordance with local procedures;
- unused medication should be returned to parents/carers for safe disposal.

Controlled drugs must not be carried by pupils unless this is agreed as part of an Individual Healthcare Plan and is safe and appropriate for the pupil's age, maturity and condition.

11 Storage and Access to Medicines

Medicines must be stored safely, but this must be balanced against the need for prompt access.

- Medicines will usually be stored in the school office, medical room or other agreed location.
- Emergency medicines must be readily accessible.
- Medicines requiring refrigeration must be stored in a clearly labelled container in a suitable fridge, with access limited to authorised staff.
- Pupils who are competent to carry their own medication, such as inhalers, may do so where agreed by parents/carers and the school.
- Medication taken off site must remain accessible to the responsible adult and must be managed in line with the pupil's Individual Healthcare Plan.

The location of emergency medicines must be communicated to relevant staff, including temporary staff, supply staff and staff involved in wraparound care or trips.

12 Record Keeping

Each school will maintain clear records relating to medical conditions and medicines. Records may include medical information provided by parents/carers, Individual Healthcare Plans, parental consent forms, records of medicine administered, records of medicine refused, staff training records, emergency medication checks, accident, incident and near miss records, and correspondence with parents/carers and healthcare professionals.

A record of medicine administered should include pupil's name, date and time, medicine name, dose given, name and signature of staff member administering, name of witness where required, and any comments, refusal, error or concern.

Records must be stored securely and retained in line with the Trust's data retention arrangements.

13 Staff Training and Support

Staff must receive information and training appropriate to their role and the needs of pupils in their care.

Training may include general awareness of this policy and local arrangements, awareness of specific medical conditions, use of emergency medication, administration of specific medicines, diabetes care, epilepsy rescue medication, asthma arrangements, allergy and anaphylaxis response, and safe handling and recording of medicines.

Staff must not be required to provide medical support for which they have not received appropriate information, instruction or training. Where a pupil requires specialist support, training should be provided by an appropriate healthcare professional or suitably competent provider.

Training records must be maintained by the school.

14 Emergency Procedures

In a medical emergency, staff must act promptly and in the pupil's best interests.

Where a pupil has an Individual Healthcare Plan, staff should follow the emergency arrangements set out in the plan. However, staff must not delay calling 999 where emergency medical assistance is required.

In an emergency:

- stay with the pupil;
- call for help immediately;
- send for relevant medication and a first aider where appropriate;
- call 999 where the situation is serious or potentially life-threatening;
- contact parents/carers as soon as reasonably practicable after emergency action has started;
- record the incident fully;
- report the incident in line with school procedures.

Where parents/carers cannot be contacted promptly, staff will continue to act in the pupil's best interests and seek urgent medical advice or treatment where required, consistent with the First Aid Policy.

15 Asthma

Pupils with asthma should have access to their reliever inhaler when needed. Where a pupil has asthma that requires specific school arrangements, this should be recorded in an Individual Healthcare Plan or Asthma Plan.

Schools may hold an emergency salbutamol inhaler where they have chosen to do so in line with national guidance, local procedures and parental consent arrangements.

Asthma arrangements should include where the pupil's inhaler is stored, whether the pupil carries their own inhaler, signs that asthma is worsening, emergency response arrangements, arrangements for PE, outdoor learning, trips and seasonal triggers, and links with allergy arrangements where relevant.

16 Allergy and Anaphylaxis

Allergy and anaphylaxis arrangements are set out in detail in the School's Allergy Safety Policy. This policy should be read alongside that policy.

Where a pupil has a diagnosed allergy, the school will consider whether an Individual Healthcare Plan for Allergy is required. Pupils prescribed adrenaline auto-injectors should have rapid access to their own prescribed devices, the schools will follow agreed arrangements for spare adrenaline auto-injectors through Kitt Medical.

Staff must treat suspected anaphylaxis as a medical emergency and follow the pupil's Individual Healthcare Plan where available.

17 Diabetes, Epilepsy and Other Complex Conditions

Where a pupil has diabetes, epilepsy or another complex medical condition, the school will work with parents/carers and relevant healthcare professionals to agree appropriate support.

Support may include an Individual Healthcare Plan, specialist staff training, emergency medication arrangements, blood glucose monitoring or other health monitoring arrangements, arrangements for meals, snacks, PE and trips, seizure management plans, intimate or personal care arrangements, and communication protocols with parents/carers.

Schools will not agree to provide specialist medical support unless staff have received appropriate training and the arrangements are assessed as safe and manageable.

18 Off-site Visits, PE, Sporting Activities and Residential Trips

Pupils with medical conditions should be supported to participate in off-site visits, PE, sporting activities and residential trips wherever it is reasonable and safe to do so.

Planning must consider relevant Individual Healthcare Plans, medicines and emergency medication required, storage and access to medication during the visit, staff training and competence, emergency contacts, travel and transport arrangements, access to emergency medical help, food, allergies and mealtime arrangements, overnight arrangements for residential visits, and reasonable adjustments.

Parents/carers should not normally be required to attend a visit solely because their child has a medical condition, unless this is genuinely necessary following individual risk assessment.

19 Breakfast Clubs, After-School Clubs and Wraparound Care

Where breakfast clubs, after-school clubs or other wraparound provision are run by the school, arrangements for pupils with medical conditions must be included in the pupil's support planning.

Where provision is run by an external provider, the school will ensure relevant information is shared appropriately, subject to consent and data protection requirements, so that the provider can meet the pupil's needs safely.

Arrangements should include access to medication, emergency procedures, staff awareness, food and allergy controls where relevant, communication with parents/carers, and collection arrangements following a medical incident.

20 Self-Management by Pupils

Some pupils will be able to manage their own medical condition and medication. The level of responsibility should be agreed based on the pupil's age, maturity, condition, risk and parental/healthcare advice.

- Where self-management is agreed, it should be recorded in the Individual Healthcare Plan or school records.
- The pupil should know how to access help.
- Staff should still provide appropriate oversight.
- Arrangements should be reviewed if concerns arise.

No pupil should be forced to take responsibility for their medical condition or medication if they are not ready or able to do so.

21 Unacceptable Practice

Although staff should use professional judgement and consider each pupil's individual needs, the following will generally be unacceptable:

- preventing a pupil from easily accessing their inhaler, adrenaline auto-injector or other emergency medication;
- assuming every pupil with the same condition requires the same support;
- ignoring the views of the pupil, parents/carers or healthcare professionals;
- sending pupils with medical conditions home frequently or preventing them from staying for normal school activities without proper reason;
- penalising pupils for attendance where absence is related to their medical condition;
- preventing pupils from eating, drinking or using the toilet where this is necessary to manage their condition;
- requiring parents/carers to attend school routinely to administer medication where reasonable school arrangements can be made;

- preventing pupils from taking part in trips, PE or school activities without an individual risk assessment;
- making a pupil feel isolated, stigmatised or responsible for adult arrangements.

22 Medical Conditions, Safeguarding, SEND and Attendance

Medical conditions may interact with safeguarding, SEND, attendance, wellbeing or mental health, our school will consider whether the pupil's medical condition affects attendance; whether reasonable adjustments are required; whether the pupil may require SEN support or an Education, Health and Care Plan; whether medical needs create anxiety or barriers to participation; whether repeated failure to provide medication or engage with support raises safeguarding concerns; and whether absence due to medical needs requires additional support to maintain learning.

Where safeguarding concerns arise, staff must follow the school's Safeguarding and Child Protection Policies.

23 Medication Errors, Incidents and Near Misses

Medication errors, incidents and near misses must be recorded and reviewed. Examples include wrong medication given, wrong dose given, medication given to the wrong pupil, medication missed, expired medication administered, emergency medication unavailable, medicine stored incorrectly, pupil refuses medication, medication is lost or damaged, or failure to follow an Individual Healthcare Plan.

Where an error occurs, staff must:

- seek medical advice if there is any concern about the pupil's health;
- inform the Headteacher or senior leader immediately;
- contact parents/carers as soon as reasonably practicable;
- record the incident clearly;
- review what happened and identify learning;

Serious incidents and near misses should be used to improve systems, training, communication and risk controls.

24 Reporting to External Agencies

The Headteacher must notify the Chair of Governors of any serious medical incident, medication error, near miss, hospitalisation, use of emergency medication or death of a pupil while in the school's care as soon as reasonably practicable.

Where RIDDOR, safeguarding, food safety or other statutory reporting duties may apply, the Headteacher must seek advice from the Chair of Governors before or alongside reporting.

25 Confidentiality and Information Sharing

Medical information must be treated sensitively and stored securely. Information will be shared with staff where it is necessary to protect the pupil's health, safety, inclusion or wellbeing.

- Staff who need information should be able to access it promptly.
- Emergency information must be available when needed.
- Records should not be displayed unnecessarily or inappropriately.
- Pupils should be treated with dignity.
- Parents/carers should understand how information will be used and shared.

26 Concerns and Complaints

Parents/carers or staff who have concerns about support for a pupil with a medical condition should raise them with the Named Medical Conditions Lead or Headteacher in the first instance.

Concerns should be addressed promptly, especially where there is an immediate safety concern.

Formal complaints will be handled under the School Complaints Policy.

27 Monitoring and Review

This policy will be reviewed annually or sooner where there is a change in statutory guidance, a serious incident or significant near miss, a change in arrangements, learning from school implementation, or a recommendation from governance or external review.

Schools will monitor pupils with Individual Healthcare Plans, medication consent and administration records, emergency medication checks, staff training completion, incidents, errors and near misses, and arrangements for off-site visits and wraparound care.

Add templates based on DfE templates:

Individual Healthcare Plan template (separate one available for allergy in Allergy Safety Policy)

Parental Consent to Administer Medicine

Medicine Received in School

Medicine Returned to Parent/Carer

Record of Medicine Administered

Medication Error/Near Miss Record