

Supporting Pupils with Medical Conditions Policy 2026–2027

Related Policies

Pupil Allergy Policy 2026–27
First Aid Policy
Health and Safety Policy
Safeguarding and Child Protection Policy
Attendance Policy
Educational Visits Policy
Equality and Accessibility arrangements
Administration of Medication Forms and Records
Individual Healthcare Plan template
Asthma/Emergency Inhaler Protocol
Northumberland County Council Medical/Health and Safety Procedures
Children who Cannot Attend School due to Medical Needs arrangements

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1. Purpose and Aims

Sele First School is committed to supporting pupils with medical conditions so that they can access education safely, confidently and as fully as possible. Medical conditions may be physical or mental health conditions, short-term or long-term, and may change over time.

- make suitable arrangements to support pupils with medical conditions in school and during educational activities;
- ensure pupils are treated with dignity, respect and compassion;
- work in partnership with pupils, parents/carers and relevant healthcare professionals;
- use Individual Healthcare Plans (IHPs) where appropriate and keep them current;
- ensure medication and medical equipment are stored, accessed, administered and recorded safely;
- ensure emergency procedures are clear and understood;
- enable participation in learning, PE, visits, clubs and wider school life wherever reasonably possible;
- make reasonable adjustments where required and prevent unnecessary barriers to participation;
- support attendance and reintegration where medical needs affect school attendance;
- ensure allergy arrangements are integrated with, and consistent with, the separate Pupil Allergy Policy 2026–2027.

2. Scope and Key Principles

This policy applies to all pupils, including children in Nursery and Reception, and to all staff and other adults working in or for the school where their role brings them into contact with pupils or their medical needs.

- Every pupil with a medical condition will be considered individually; the same diagnosis does not necessarily mean the same support.
- The views of the pupil and parents/carers will be sought and taken seriously, alongside appropriate clinical advice.
- The school will work with relevant healthcare professionals where specialist advice, training or information is required.
- Emergency treatment must never be delayed by unnecessary administrative processes.
- Medical information will be shared only with those who need it to support the pupil safely, while respecting confidentiality.
- Reasonable adjustments will be considered where a medical condition amounts to a disability under the Equality Act 2010.
- Children with medical conditions should not be unnecessarily excluded, isolated or prevented from taking part in normal school activities.

3. Legislation and Guidance

This policy is based primarily on the Department for Education statutory guidance Supporting pupils at school with medical conditions (December 2015), together with current national requirements and the school's allergy arrangements.

- Children and Families Act 2014, section 100 – duty to make arrangements to support pupils with medical conditions.
- Equality Act 2010 – duties relating to disability and reasonable adjustments.
- Children's Wellbeing and Schools Act 2026 – including the statutory allergy safety duty introduced through section 34.
- DfE Allergy Safety in Schools statutory guidance (2026).
- Food Information Regulations 2014 and Natasha's Law requirements where relevant to school food.
- Human Medicines Regulations 2012, as amended, including provisions relating to emergency medicines in schools.
- SEND Code of Practice: 0 to 25 years.
- Early Years Foundation Stage statutory framework, where applicable.
- Keeping Children Safe in Education, where medical needs intersect with safeguarding.
- Current attendance guidance and guidance relating to children who cannot attend school because of health needs.
- Relevant Northumberland County Council health and safety, medication, educational visits and insurance arrangements.

The DfE consulted in 2026 on revisions to Supporting Pupils with Medical Conditions. At the time of drafting this policy, the DfE had confirmed that revised medical-conditions guidance was still to be published. The school will update this policy when final revised statutory guidance is issued.

The school's Pupil Allergy Policy 2026–27 is a separate published policy and forms part of the school's medical-needs arrangements. It must be read alongside this policy.

4. Roles and Responsibilities

4.1 Governing Body

- Ensure arrangements are in place to support pupils with medical conditions.
- Ensure this policy is implemented, reviewed and monitored.
- Ensure appropriate resources and training are available.
- Monitor whether arrangements enable pupils to participate fully and safely.
- Ensure the statutory allergy safety policy is reviewed at least annually and published.

4.2 Headteacher

- Have overall responsibility for implementation.
- Approve arrangements for medication and medical support.
- Ensure appropriate staff are identified and trained.
- Ensure emergency procedures and contingency arrangements are effective.
- Ensure incidents, concerns and complaints are acted upon.

4.3 Designated Medical Needs Lead

Steph Milburn (headteacher) is the Designated Medical Needs Lead.

- Coordinate IHPs and risk assessments.
- Maintain oversight of medical-needs records and medication arrangements.
- Coordinate with parents/carers and healthcare professionals.
- Monitor training and competence.
- Review arrangements following changes, incidents or near misses.

4.4 Allergy Lead

The Allergy Lead is Steph Milburn (headteacher) with Kelly Stanford and Lisa Conley (admin assistants) are responsible for day-to-day allergy administration.

4.5 Administration Team

- Coordinate medical documentation.
- Monitor expiry dates and replacement requirements.
- Maintain medication records and registers.
- Ensure emergency medication accompanies visits where required.
- Record medication administration and incidents.

4.6 All Staff

- Know and follow this policy and pupil-specific arrangements.
- Know which pupils in their care have significant medical needs.
- Recognise deterioration or emergency and act promptly.
- Never assume someone else will respond.
- Maintain confidentiality and report concerns, incidents and near misses.

4.7 Parents/Carers

- Inform the school promptly about diagnosis, treatment or changes.
- Provide accurate current information, medication and documentation.
- Replace expired or depleted medication promptly.
- Work with the school and healthcare professionals on IHPs/action plans.
- Keep emergency contact details current.

4.8 Healthcare Professionals

Healthcare professionals remain responsible for clinical advice and treatment. Where specialist training or clinical information is required, the school will seek advice from the professional or service with appropriate clinical responsibility.

5. Identifying Pupils with Medical Conditions

Medical needs may be identified at admission, transition, following diagnosis or hospital treatment, on return after absence, or whenever a change in health is reported.

- Parents/carers should inform the school promptly.
- The designated medical needs lead will determine whether an IHP, risk assessment, medication agreement, action plan or specialist training is required.
- Transition information will be shared securely and sufficiently in advance to ensure support is available from the first day.

6. Individual Healthcare Plans (IHPs)

An IHP is used where the school needs a clear, individualised record of how a pupil's medical condition will be supported. Not every pupil with a medical condition will require an IHP; this is determined individually.

- condition, triggers, symptoms and treatment;
- medication, dose, route, timing and storage;
- access to food, drink, toilet facilities, rest or other adjustments;
- monitoring, testing and equipment;
- support during lessons, PE, trips and extracurricular activities;
- social and emotional needs;
- self-management and independence;
- named support and training requirements;
- cover arrangements;
- who needs to know and confidentiality arrangements;
- emergency procedures and contacts;
- attendance, absence and reintegration arrangements where relevant.

IHPs will be developed with the pupil where appropriate, parents/carers, school staff and relevant healthcare professionals. An IHP will be reviewed at least annually and sooner following a significant change in condition, treatment, medication, circumstances or support needs, or following a significant incident or near miss.

The current IHP must be accessible to staff who need it, including appropriate supply, lunchtime and visit staff, while maintaining confidentiality.

7. Personalised Risk Assessments

A personalised risk assessment will be considered where a pupil has complex medical needs, requires daily management or equipment, needs support with procedures, or where a condition creates specific risks during particular activities.

- identify hazards and potential harm;

- identify reasonable control measures;
- consider age, maturity, competence and independence;
- consider parent/carer and healthcare-professional advice where appropriate;
- consider emergency arrangements and staff availability;
- consider PE, swimming, visits and outdoor learning;
- review following incidents, near misses or changes in need.

8. Medication Management and Administration

8.1 General Principles

- Medication should only be brought to school where necessary for the pupil's health or wellbeing during school time or a school activity.
- Medication should be supplied by a parent/carer to the school office and short of long term medication form completed.
- Medication must be in original packaging and clearly identifiable.
- The school's medication consent/administration form or approved documentation will be used.
- No staff member will be required to administer medication beyond their training, competence and agreed role.
- Where technical or clinical knowledge is required, appropriate individual training will be obtained.
- Emergency medication must be readily accessible and must not be stored in a way that causes avoidable delay.

8.2 Storage

Medication will be stored securely and in accordance with manufacturer instructions and the pupil's IHP. Security must not create avoidable delay in an emergency. Inhalers, AAI's, insulin and other emergency medication will remain accessible in accordance with individual arrangements.

Exact medication storage locations should be confirmed in the school's operational medication procedure and staff briefing before publication.

8.3 Administration

1. Check the pupil's identity.
2. Check medication, expiry date, dose, route and timing against current written instructions.
3. Check consent/authorisation and IHP where relevant.
4. Administer only within the staff member's agreed role and competence.
5. Record medication, dose, time, route and administering staff member.
6. Record and report refusal, omission, error, adverse reaction or concern.
7. Inform parents/carers as required.

8.4 Refusal or Missed Medication

If a pupil refuses or forgets medication, staff should follow the IHP, seek appropriate assistance and inform parents/carers where required. If there is an immediate health risk, emergency medical advice should be sought.

8.5 Non-prescribed Medication

The school does not routinely administer non-prescribed medicines. Requests will be considered individually by the Headteacher or nominated senior leader, taking account of the child's best

interests, instructions, parental information and relevant healthcare advice. Approved administration must be authorised, recorded and time-limited where appropriate.

8.6 Controlled Drugs

Controlled drugs, where required, will be stored securely and managed in accordance with the school's procedures and applicable local authority requirements, with appropriate receipt, administration and disposal records.

9. Self-Management

The school will encourage appropriate independence where a pupil can manage their medical condition safely. Self-management is not determined solely by age.

- consider competence, maturity and understanding;
- consider parent/carer and healthcare-professional views;
- document and risk assess the arrangement where necessary;
- ensure staff know what support remains necessary;
- ensure the pupil knows what to do if they become unwell or cannot self-manage.

Where a pupil carries emergency medication, arrangements will ensure it is available quickly, is not shared, is protected from misuse and accompanies the pupil to PE and off-site activities as required.

10. Emergency Medication and Emergency Response

Every pupil with an emergency medication requirement will have clear individual arrangements. Staff must act promptly and follow the relevant IHP/action plan.

- Stay with the pupil and summon help.
- Follow the pupil's emergency plan.
- Administer emergency medication where trained/authorised and required by the plan or emergency circumstances.
- Call 999 when life-threatening or where the emergency plan requires it.
- Do not send an unwell pupil to the office or medical room unaccompanied.
- Monitor continuously until responsibility is safely transferred.
- Record the incident and medication administration.
- Inform parents/carers as soon as reasonably practicable.
- Review the IHP/risk assessment after a significant incident or near miss.

11. Allergy and Anaphylaxis

The separate Pupil Allergy Policy 2026–27 is the detailed source of the school's allergy safety arrangements and must be read alongside this policy.

- Maintain an allergy register and appropriate IHPs/allergy action plans.
- Provide allergy awareness training and practical AAI training where required.
- Ensure prescribed AAIs are immediately accessible in accordance with individual arrangements.
- Maintain spare emergency AAIs in accordance with the published Allergy Policy and current statutory guidance.
- Clearly label, store, check and replace spare AAIs.

- Protect AAls from direct sunlight and extremes of temperature and follow manufacturer instructions.
- Never delay emergency allergy treatment while waiting for a parent/carer.
- Treat suspected anaphylaxis as a medical emergency and call 999.
- Record and review allergic reactions and relevant near misses.

The school will not rely on a blanket allergen-free environment as a substitute for individual risk management and emergency preparedness. Food safety, allergen information and cross-contamination controls follow the separate Allergy Policy and catering arrangements.

Pupils with allergies will not be unnecessarily excluded from trips, clubs, PE, lunch or other activities. Reasonable adjustments and risk controls will be used to enable participation wherever possible.

12. Asthma

Pupils with asthma should have ready access to their reliever inhaler in accordance with their individual arrangements. The school will maintain an asthma register where appropriate and ensure relevant staff can recognise an attack and access emergency medication.

- Use Asthma Action Plans where provided.
- Support younger children to recognise symptoms and access medication.
- Take asthma medication to PE, swimming and visits as required.
- Where the school holds an emergency salbutamol inhaler, follow the approved protocol, including consent and records.
- Call 999 where severe or not improving in accordance with the pupil's emergency plan/current clinical advice.

13. Diabetes

Diabetes is managed individually through the IHP and, where appropriate, specialist diabetes-team advice.

- Allow required food, drink and treatment at appropriate times.
- Accommodate blood glucose monitoring and technology safely.
- Provide insulin administration/supervision only where trained and agreed.
- Ensure staff know the pupil's hypo/hyperglycaemia signs and emergency response.
- Take diabetes supplies and emergency treatment to relevant activities and visits.

14. Epilepsy and Seizures

Epilepsy and seizure management must be individualised. The IHP should describe the pupil's seizure pattern, triggers, emergency response and any rescue medication.

- Keep the pupil safe and protect from injury.
- Do not restrain or put anything in the mouth.
- Follow recovery arrangements after a convulsive seizure and remain with the pupil.
- Call 999 for a first seizure, significant injury, breathing problems, prolonged seizure beyond the pupil's emergency threshold, repeated seizures contrary to the plan, or other serious concern.
- Only appropriately trained staff administer prescribed rescue medication such as buccal midazolam.

- Record seizures and relevant details for parents/carers and healthcare professionals.

15. Other Medical Conditions

The school may support pupils with physical disabilities, mobility needs, heart conditions, severe asthma, cystic fibrosis, continence needs, mental health conditions and other long-term or complex conditions.

- Support will be based on individual needs and clinical advice.
- Moving and handling/intimate-care arrangements will be risk assessed where required.
- Specialist equipment will only be used by appropriately trained staff.
- Emergency arrangements will be clear.
- Effects on emotional wellbeing, confidence and participation will be considered.

16. Educational Visits, Sport and Activities

- Pupils with medical conditions should participate wherever safely possible.
- Medical needs must be considered early in planning.
- Visit-specific risk assessments and IHP information must be available.
- Required medication and emergency equipment must accompany the pupil and remain accessible.
- An appropriately trained adult must be available where required.
- Residential visits may require additional planning and training.
- Parents/carers will not routinely be required to accompany their child solely because of a medical condition where the school can reasonably support participation.

17. Attendance and Reintegration

Medical conditions can affect attendance. The school will distinguish illness/treatment-related absence from avoidable absence and provide appropriate support.

- Handle appointments and treatment-related absence sensitively.
- Consider support where health needs cause repeated/prolonged absence.
- Follow current statutory and local authority arrangements where a child cannot attend because of health needs.
- Plan reintegration around learning, fatigue, medication, emotional wellbeing and adjustments.
- Do not penalise absence directly arising from a medical condition.

18. Emotional Wellbeing, Inclusion and Reasonable Adjustments

Medical conditions can affect confidence, friendships and emotional wellbeing. The school will consider pastoral, safeguarding, SEND and equality implications.

- Provide appropriate pastoral support and check-ins.
- Challenge bullying, teasing or discriminatory behaviour.
- Consider reasonable adjustments under the Equality Act 2010.
- Involve SENDCo, pastoral or safeguarding staff and health professionals where appropriate.
- Give pupils opportunities to express their views about support and independence.

19. Staff Training

- All staff receive appropriate awareness information about medical-needs arrangements.
- New staff receive relevant information during induction.
- Staff administering medication receive role-appropriate training.
- Clinical/technical procedures require appropriate competent training.
- Allergy awareness and AAI training follow the separate Allergy Policy and 2026 statutory guidance.
- Training records are maintained and refresher training arranged where needed.
- Competence is reviewed after changes, incidents, near misses or concerns.

20. Information Sharing and Records

Medical information is sensitive personal information. The school will share information lawfully and proportionately with those who need it to support the pupil safely.

- Store IHPs and medical records securely.
- Provide essential emergency information without avoidable barriers.
- Transfer information securely during transition.
- Record medication, dose, time, route and administering staff member.
- Retain and dispose of records in accordance with the school's data protection and records-management arrangements.

21. Incidents and Near Misses

- Make the pupil safe and obtain medical assistance where needed.
- Inform parents/carers as appropriate.
- Record what happened, actions taken, medication and outcome.
- Review IHP, risk assessment, training and controls where necessary.
- Identify learning and implement improvements.
- Report externally where required by law, local authority, insurance or other applicable arrangements.

22. Unacceptable Practice

- preventing access to necessary medication;
- assuming pupils with the same condition need identical treatment;
- ignoring pupil/parent views or relevant medical advice without good reason;
- sending pupils home unnecessarily because of medical conditions;
- sending an unwell pupil to the office/medical room unaccompanied or with an unsuitable person;
- penalising absence directly related to a medical condition or treatment;
- preventing necessary food, drink, toilet or rest breaks;
- requiring parents/carers to attend school to provide routine medical support the school has agreed to provide;
- creating unnecessary barriers to participation in school life, including visits.

23. Complaints

Concerns about support should be raised with the school in the first instance. If unresolved, they may be progressed under the school's Complaints Policy. Complaints relating to medical support will be considered promptly and sensitively.

24. Monitoring and Review

- Monitor implementation through the Headteacher and designated medical needs lead.
- Review IHPs and medication arrangements at least annually and sooner where required.
- Check medication and emergency equipment routinely.
- Audit training records.
- Review incident and near-miss themes.
- Sample educational visits for appropriate medical arrangements.
- Review this policy annually or sooner following changes in guidance, a significant incident, a near miss or changes in local arrangements.

The Pupil Allergy Policy 2026–2027 will also be reviewed at least annually and published on the school website in accordance with the statutory allergy safety duty.

Appendix 1 – Operational Roles and Local Contacts

Role	Named Person
Headteacher	Steph Milburn
Medical Needs Lead/SENDCo	Judith Elliott
Allergy Lead	Steph Milburn
Medication contacts	Kelly Stanford / Lisa Conley
Northumberland 0-19 Service	03003732488
Northumberland Health/SEND contact	01670 623 555 or 01670 620 350
Emergency Services	999
NHS Urgent Advice	111
Insurance/LA	RPA / Northumberland County Council

Appendix 2 – IHP Minimum Information Checklist

- Pupil details/photo where appropriate.
- Medical condition and clinical information.
- Symptoms, triggers and warning signs.
- Medication, dose, route, timing and storage.
- Emergency response and 999 criteria.
- Equipment/testing arrangements.
- Food, drink, rest and toilet requirements.
- PE, swimming, visits and extracurricular arrangements.
- Self-management arrangements.
- Named staff and training requirements.
- Cover arrangements.
- Parent/carer and healthcare contacts.
- Review date and earlier-review triggers.

Appendix 3 – Medication Administration Checklist

Check	Complete
Current written instruction	☐
Current IHP/action plan where applicable	☐
Correct pupil	☐
Correct medicine/strength	☐
Expiry checked	☐
Correct dose/route/time	☐
Trained/authorised staff member	☐
Administration recorded	☐
Parent informed where required	☐
Refusal/error/adverse reaction recorded	☐

Appendix 4 – Emergency Medication Checklist

- Clearly labelled and accessible.
- Expiry dates checked and recorded.
- Stored according to manufacturer instructions.
- Relevant staff know location and procedure.
- Emergency medication accompanies visits where required.
- Used/depleted medication replaced promptly.
- Incident/near-miss review completed where applicable.

Appendix 5 – Annual Medical Needs Audit

Area	Checked	Action
IHPs current	☐	
Risk assessments current	☐	
Medication records	☐	
Expiry checks	☐	
Emergency inhaler	☐	
Emergency AAI	☐	
Allergy register/action plans	☐	
Staff training	☐	
Educational visits	☐	
Incident/near-miss learning	☐	
Transition arrangements	☐	
Local contacts/procedures	☐	

Approval and Review

Policy status	School policy – New Policy 2026
Applies to	Nursery, Reception and Years 1–4; all staff and relevant adults
Policy owner	Headteacher / designated medical needs lead
Approval	Headteacher / Governing Body
Approved date	September 2026
Next review	September 2027