

Managing Pupils with Medical Conditions

Mersham Primary School



Approved by: Charlotte Francis (Chair of Governors)

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Policy Rationale

This school is an inclusive community that aims to support and welcome pupils with medical conditions. This school's medical conditions policy is drawn up in consultation with a wide-range of local key stakeholders within both the school and health settings. This policy should be read alongside the school's separate Allergy Safety Policy which has been introduced in accordance with the Department for Education's Allergy Safety in School's guidance published in July 2026.

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents 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
- Pupils with medical conditions, including allergies and conditions that may result in anaphylaxis, receive appropriate support to enable them to participate fully and safely in school life.
- The school has effective arrangements for recognising and responding to medical emergencies, including asthma attacks and anaphylaxis.
- The school identifies, assesses and manages risks associated with pupils' medical conditions and known allergens
- All relevant staff understand their responsibilities in supporting pupils with medical conditions and that appropriate allergy awareness and emergency response training is provided

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, 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)

The named person with responsibility for implementing this policy is Katy Jackson (SENDCo).

This school aims to provide all pupils with all medical conditions the same opportunities as others at school.

We aim to help pupils and ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

Pupils with medical conditions are encouraged to take control of their condition. Pupils feel

confident in the support they receive from the school to help them do this.

We aim to include all pupils with medical conditions in all school activities.

Parents, carers and guardians of pupils with medical conditions feel secure in the care their children receive at this school.

The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

All staff understand the common medical conditions that affect children at this school. Staff receive training, when appropriate, on the impact this can have on pupils. The medical conditions policy is understood and supported by the whole school and local health community.

2. Legislation and Statutory Responsibilities

This policy is based on the statutory duty under **section 100 of the Children and Families Act 2014**, which requires governing bodies, proprietors and management committees to make arrangements for supporting pupils with medical conditions at school.

The policy has regard to the Department for Education's statutory guidance **Supporting pupils with medical conditions at school**, published by the Department for Education and last updated in August 2017.

From September 2026, the school also has regard to the Department for Education's statutory guidance **Allergy safety in schools**, issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the **Children's Wellbeing and Schools Act 2026**.

The school will maintain a separate Allergy Safety Policy which sets out how the school identifies and manages allergy-related risks, supports pupils with allergies, manages emergency adrenaline devices, provides allergy awareness training and responds to serious incidents and near misses.

The school will also have regard to the Equality Act 2010, the SEND Code of Practice: 0 to 25 years, the Children Act 1989, relevant health and safety legislation and the Early Years Foundation Stage statutory framework where applicable.

2.1 Definitions of Medical Conditions:

Pupils' medical needs may be broadly summarised as being of two types:-

- **Short-term** affecting their participation at school because they are on a course of medication.
- **Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some pupils with

medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP). Where appropriate, the Individual Healthcare Plan (IHP) should be linked to or incorporated into the pupil's EHCP. Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND policy and Information Report and the Individual Healthcare Plan will become part of the EHCP.

Allergy is a medical condition. Allergies may include food allergy, allergy to insect stings, medication allergy, contact allergy and airborne allergy. Some allergies can result in anaphylaxis, which is a potentially life-threatening emergency.

3. Roles and Responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions.

The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The governing body will ensure that the school has a separate Allergy Safety Policy and that it is reviewed at least annually.

The governing body will ensure that the arrangements for supporting pupils with medical conditions and allergies are sufficient and effectively implemented.

The governing body will ensure that sufficient staff receive appropriate training and that arrangements are in place for staff absence, turnover and supply staff.

The governing body will ensure that serious medical/allergy incidents and near misses are recorded, reviewed and used to identify improvements to school procedures.

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
- Ensure that the school's Allergy Safety Policy is implemented and that it is readily accessible to staff, pupils and parents/carers.
- Ensure that the school maintains appropriate emergency medication, including spare adrenaline auto-injectors

- Ensure that all staff receive appropriate allergy awareness and emergency response training in accordance with the school's Allergy Safety Policy.
- Ensure that arrangements are in place for recording, investigating and learning from serious incidents and near misses involving 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.

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.

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.

All staff working in school, including permanent staff, temporary staff, supply teachers, agency staff, peripatetic staff and regular volunteers who are present when pupils are on site, will receive appropriate allergy awareness training. This will include recognition of allergic reactions and anaphylaxis, emergency response, locating and administering emergency medication, and awareness of the school's Allergy Safety Policy.

Allergy awareness training will be provided at least annually, with appropriate arrangements for induction and training of new, temporary and supply staff.

School first aiders:

Staff Name	Qualification Held	Expiry Date	Due to expire this academic year
Miss Kirstyn Read	Paediatric Emergency First Aid Level 3	21.11.26	Yes
John Oatham	Paediatric Emergency First Aid Level 3	7.8.28	No
Ms Victoria Earle	Paediatric Emergency First Aid Level 3	1.7.28	No
Mrs Natalie Lyons	First Aid at Work Level 3	14.2.28	No
Mrs Sarah Croucher	Paediatric Emergency First Aid Level 3	03.09.2029	No
Mrs Catherine Cox	Paediatric Emergency First Aid Level 3	24.4.28	No
Elizabeth Higgins	Paediatric Emergency First Aid Level 3	08.06.2029	No
Olivia Whitehead	Paediatric Emergency First Aid Level 3	21.09.2028	No

Robin Norman (ASC)	Paediatric Emergency First Aid Level 3	19.3.2029	No
Kim Wenn (ASC)	Paediatric Emergency First Aid Level 3	04.06.2029	No

Condition-specific medical training:

The school will maintain a separate training record identifying staff who have completed condition-specific medical training and the date on which training or competency was confirmed. Staff will only provide support for a pupil's specific medical condition where they have received appropriate training and, where required, have been assessed as competent. Training will be reviewed and renewed in accordance with the requirements of the pupil's Individual Healthcare Plan and relevant healthcare professional guidance.

Anaphylaxis Training

All staff working regularly with pupils, including teaching, support, administrative, catering, wraparound and regular volunteer staff, must receive allergy awareness and emergency response training at least annually.

It is confirmed that ALL staff have completed this training.

The school's training record will identify the date training was completed and the date refresher training is due.

Named person for administering medicines:

Mrs Kelly Bishop

Allergy Safety Lead:

Mrs Cheryl Chalkley

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical condition. Allergy, medication and emergency arrangements.
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- 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.
- Provide prescribed medication and emergency devices in accordance with the school's requirements and ensure that medication remains in date.
- Work with the school and relevant healthcare professionals when an IHP or Allergy Action Plan is required.

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.

Where appropriate, pupils will be supported to understand their medical condition and take increasing responsibility for managing it safely. Pupils who are prescribed adrenaline devices should be encouraged to carry them with them where appropriate, including during activities, visits and trips.

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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, 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 IHPs.

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, unless there is evidence from a clinician such as a GP that this is not possible.

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 and any relevant healthcare professionals **may** be consulted.

The school will make reasonable adjustments where required to enable pupils with medical conditions and allergies to participate fully in school life. Pupils with allergies will not be unnecessarily excluded from activities, school meals, trips, clubs or other aspects of school life because of their condition.

Where an activity presents an allergy risk, the school will consider reasonable alternatives which enable the pupil to participate alongside their peers wherever reasonably practicable.

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.

Where a new medical condition is notified, the school will make arrangements as soon as reasonably practicable. For pupils joining the school, arrangements should normally be in place before the beginning of the next term. For a new diagnosis or change in need during the school

year, the school will make every effort to put appropriate arrangements in place within two weeks.

The school will not normally wait for a formal diagnosis before considering appropriate support where there is sufficient evidence that a pupil has a medical need requiring support.

See Appendix 1.

6. Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Katy Jackson (SENDCo).

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 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 and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, 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 governing board and SENDCo, 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 and emotional 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 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/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

Any pupil whose allergy requires specific supportive arrangements in school will have those arrangements recorded in an Individual Healthcare Plan (IHP), where appropriate. The IHP should incorporate or link to an Allergy Action Plan and/or Asthma Action Plan where these are provided by a healthcare professional.

For pupils at risk of anaphylaxis, the IHP will clearly identify the pupil's allergens, symptoms, emergency medication, location of medication, emergency procedure and arrangements for staff support

The IHP will identify arrangements for the pupil's prescribed adrenaline devices to be available rapidly, including during lunch, outdoor activities, sports, school trips and other activities away from the classroom.

7. Managing Medicines

Mersham Primary School recognises that some pupils may require medication during the school day in order to manage a medical condition safely and to enable them to access education. The school will make appropriate arrangements to support pupils with medical conditions in accordance with the Department for Education statutory guidance, *Supporting pupils at school with medical conditions*, and other relevant statutory guidance.

The school will aim to ensure that pupils with medical conditions are supported appropriately and are able to participate fully in school life, including educational visits and other off-site activities, wherever it is safe and reasonably practicable to do so.

7a) Consent and Administration of Medicines

Prescription and non-prescription medicines will only normally be administered by school staff where:

- the medicine is required to enable the pupil to attend school or participate safely in school activities;
- appropriate written parental/carers consent has been provided; and
- the school has sufficient information and, where necessary, appropriate training to administer the medicine safely.

The school is not required to administer every medication presented by a parent/carers. Decisions will take account of the pupil's individual circumstances, the nature of the medication, the instructions provided and the school's ability to administer it safely.

The school will normally require written consent before administering medication. Telephone or verbal consent will not normally replace this requirement. In an exceptional medical emergency, staff will follow the pupil's Individual Healthcare Plan (IHP), the school's emergency procedures and appropriate advice from healthcare professionals or emergency services.

Where medication has been prescribed to a pupil without the knowledge of their parent/carers, the school will follow the relevant healthcare professional's instructions and consider the circumstances on an individual basis.

7b) Individual Healthcare Plans

Where a pupil has a medical condition requiring ongoing support or medication in school, an **Individual Healthcare Plan (IHP)** will be developed where appropriate.

An IHP will be developed in partnership with the pupil, parent/carer, school staff and relevant healthcare professionals, where appropriate. It will set out the pupil's medical needs, the medication or treatment required, arrangements for administration, emergency procedures, and any necessary adjustments or support.

IHPs will be reviewed regularly and whenever there is a significant change in the pupil's medical needs, medication or circumstances.

7c) Non-Prescription Medication

The school may administer non-prescription medication, such as paracetamol, where there is a clear need and appropriate written parental/carer consent has been provided.

Medication will only be administered in accordance with:

- the written consent provided by the parent/carer;
- the manufacturer's instructions;
- the dosage and frequency stated on the packaging or accompanying instructions;
- any relevant IHP or healthcare professional's instructions; and
- the school's procedures for administering and recording medication.

Before administering medication, staff will check the pupil's identity, the medication, the expiry date, the appropriate dose and when the previous dose was administered.

Parents/carers will be contacted, wherever practicable, before medication is administered to confirm that the pupil has not already received the same medication before arriving at school. Parents/carers will be informed whenever medication has been administered during the school day and a record will be maintained.

7d) Paracetamol/Calpol

Where a pupil requires paracetamol during the school day, the medication should normally be supplied by the parent/carer in the pupil's own, clearly labelled container.

Wherever possible, parents/carers should attend school to administer the medication themselves. Where this is not reasonably practicable, and written parental consent has been provided, an appropriately authorised member of school staff may administer the medication in accordance with this policy and the relevant instructions.

The school will not administer medication where there is uncertainty about the medication, dosage, timing of the previous dose or the consent provided. Parents/carers may be contacted to clarify any uncertainty before medication is administered.

7e) Prescription Medication

Prescription medication must:

- be in date;

- be provided in the original container supplied by the pharmacist, wherever possible;
- clearly identify the pupil for whom it has been prescribed;
- include the prescribing and dosage instructions; and
- be accompanied by appropriate parental/carers consent and any additional information required by the school.

Medication will only be administered in accordance with the prescription, label, written instructions and, where applicable, the pupil's IHP.

Where medication needs to be administered during the school day, the school will work with parents/carers to establish appropriate arrangements. Medication will not be refused solely because it is required fewer or more times during the day; the school will consider the pupil's individual medical needs and whether appropriate arrangements can safely be made.

Insulin contained within an insulin pen or insulin pump may be accepted rather than in its original packaging, provided that it is clearly identifiable, in date and accompanied by the appropriate instructions and healthcare arrangements.

7f) Storage and Access to Medication

All medication will be stored safely and securely in accordance with the manufacturer's instructions.

Medication will be accessible to authorised staff and, where appropriate, to the pupil. Medication that may be required urgently must be readily accessible and must not be stored in a location that could prevent timely access.

Emergency medication and medical devices, such as asthma inhalers, adrenaline auto-injectors and blood glucose monitoring equipment, will be readily accessible to the pupil and relevant staff. They will not be locked away where doing so could delay emergency treatment.

Where a pupil is competent to manage their own medication, the school will support appropriate self-management in partnership with the pupil, parent/carers and relevant healthcare professionals. Arrangements for self-management will be documented within the pupil's IHP where appropriate.

7g) Administration of Medication by Staff

Staff will not be required to administer medication unless they have agreed to do so and have received appropriate information, instruction and, where necessary, training.

Only staff who are appropriately authorised and competent will administer medication. Where specialist medication or procedures are required, appropriate training will be obtained before staff undertake these responsibilities.

A record will be made each time medication is administered, including the date, time, medication, dose and the name of the person administering it. Any concerns, errors or incidents relating to medication will be recorded and reported in accordance with the school's procedures.

If a pupil refuses to take medication, staff will not force them to do so. The agreed procedure in the pupil's IHP will be followed and parents/carers will be informed where appropriate.

7h) Location for Administration

Medication will normally be administered in an appropriate, private and hygienic location, such as the School Office or another suitable designated area.

The location and arrangements will take account of the pupil's dignity, privacy and medical needs. Emergency medication will be administered wherever necessary to ensure the pupil's safety.

7i) Aspirin

Pupils under the age of 16 will not be given aspirin unless it has been specifically prescribed for them by a doctor. This is consistent with current first-aid guidance for schools.

7j) Throat Lozenges and Throat Sweets

Medicinal throat lozenges, such as Strepsils, will be treated as non-prescription medication and must comply with the requirements of this policy, including parental consent, appropriate storage and administration in accordance with the manufacturer's instructions.

Non-medicinal throat sweets, including Locketts, Soothers and Tunes, are not permitted in school.

Where a pupil has a medical need that requires an exception to this arrangement, parents/carers should contact the school to discuss the pupil's individual needs. Where appropriate, the matter will be considered as part of the pupil's IHP.

7k) Disposal and Return of Medication

Medication that has expired, is no longer required or is no longer prescribed will be returned to the parent/carer for safe disposal.

The school will not dispose of medicines through general household or school waste unless this is permitted under the relevant disposal arrangements.

Parents/carers are responsible for ensuring that the school is provided with replacement medication before existing medication expires or runs out.

7l) Allergy and Emergency Medication

Mersham Primary School recognises that allergies can be potentially life-threatening. The school will follow the Department for Education's statutory **Allergy Safety in Schools** guidance and its separate allergy safety arrangements.

Pupils with significant allergies will have appropriate arrangements in place, including an IHP where required. Where prescribed adrenaline auto-injectors (AAIs) are required, these will be readily accessible and identified staff will be appropriately trained in their use.

Emergency medication will be available whenever the pupil is on the school premises and, where appropriate, during educational visits and other off-site activities.

7m) Review of Medication Arrangements

Medication arrangements will be reviewed whenever there is a change to a pupil's medical condition, medication or treatment requirements, and as part of the review of the pupil's IHP where applicable.

The school will regularly review its arrangements for managing medicines to ensure that they remain effective, safe and consistent with current statutory guidance.

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.

All 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 and it will be reflected in their IHPs.

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 so that an alternative option can be considered, if necessary.

Where a pupil is prescribed an adrenaline auto-injector, the school will encourage the pupil to carry their prescribed device(s) where this is appropriate to their age, competence and individual circumstances. Where this is not appropriate, the medication will be kept in an unlocked and readily accessible location.

Prescribed adrenaline devices must be accessible to the pupil at all times, including during lunch, outdoor activities, physical education, sports, visits and trips.

7.3 Allergy and Anaphylaxis

The school will maintain a separate Allergy Safety Policy, which forms part of the school's overall arrangements for supporting pupils with medical conditions.

The school recognises that allergic reactions can be unpredictable and that anaphylaxis is a potentially life-threatening emergency.

The school will take reasonable steps to minimise pupils' exposure to known allergens while ensuring that pupils with allergies are not unnecessarily excluded or segregated from their peers.

The school will maintain an up-to-date record of pupils with known allergies and, where appropriate, the allergens, emergency medication and relevant Allergy Action Plan/IHP.

The school will ensure that pupils at risk of anaphylaxis have rapid access to their prescribed adrenaline devices. Pupils should normally have access to both prescribed devices at all times.

Spare Adrenaline auto-injectors (AAIs)

The school will maintain spare adrenaline auto-injectors (AAIs) in accordance with the DfE's *Allergy safety in schools* guidance.

For a primary school, the guidance indicates one pair of spare AAls for pupils under 6 and one pair for pupils over 6. The school will ensure that the correct doses are available for the pupils it supports.

Spare AAls will:

- Be stored in pairs
- Be readily accessible and not locked away
- Be stored at room temperature
- Be clearly labelled as emergency/spare devices
- Be checked regularly to ensure they remain in date
- Be available within approximately 5 minutes of wherever they may be required
- Be replaced following use or expiry

The school's allergy emergency kit will include appropriate instructions for the use of the devices.

Emergency response to anaphylaxis

If a pupil is showing signs of anaphylaxis:

1. Adrenaline should be administered as soon as possible and within five minutes where practicable.
2. 999 should be called immediately and an ambulance requested.
3. The pupil should not be sent to the school office or medical room; emergency assistance and medication should be brought to the pupil.
4. The pupil's prescribed adrenaline device should be used where available.
5. A spare school AAI may be used where appropriate, including where the pupil's prescribed device is unavailable or has misfired.
6. The pupil should be monitored continuously and staff should follow the emergency instructions in the pupil's Allergy Action Plan/IHP.
7. Parents/carers should be contacted as soon as practicable.

8. Emergency Procedures

Staff will follow the school's emergency procedures and the pupil's Individual Healthcare Plan/medical action plan. Where a medical emergency is suspected, staff will act promptly and call 999 where required.

In the event of anaphylaxis, staff will bring emergency medication to the pupil rather than sending the pupil to the office or medical room. Adrenaline should be administered as soon as possible, ideally within five minutes, and 999 should be called immediately.

If a pupil requires hospital treatment, an appropriate member of staff will accompany the pupil in accordance with emergency service arrangements and remain with them until responsibility is transferred to the parent/carer or appropriate healthcare professional.

9. Training

All staff will receive appropriate training relevant to their responsibilities. This includes whole-school allergy awareness and emergency response training at least annually.

Allergy training will cover:

- recognition of allergic reactions
- recognition of anaphylaxis
- the difference between allergy, food intolerance and coeliac disease
- known allergy triggers within the school
- how to locate prescribed and emergency medication
- how to administer adrenaline in an emergency
- how to respond to an asthma attack
- when and how to call 999
- the school's Allergy Safety Policy
- how to access Allergy and Asthma Action Plans
- how to report an allergic reaction or near miss.

First-aid training alone will not be regarded as sufficient allergy awareness training.

Training will be provided to new staff as part of induction where appropriate, and arrangements will be made to ensure supply and temporary staff are appropriately trained.

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.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by 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 this with SENDCo. 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.

Relevant 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 recognise and act quickly when a problem occurs. This will be provided for new staff during their induction, where necessary.

10. Record Keeping

The school will maintain appropriate records of medicines administered to pupils. Records will include the pupil's name, medication, dose, date, time and the name/signature of the person administering the medication. Records will be retained in accordance with the school's data protection and records management arrangements.

The school will maintain appropriate records relating to pupils with allergies, including IHPs, Allergy Action Plans, prescribed adrenaline devices and relevant consent.

Serious allergy incidents and near misses will be recorded, reported to parents/carers and governing board as appropriate, investigated and used to identify lessons and improvements to the school's arrangements.

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

11. Liability and Indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Zurich Municipal
Farnborough
Hampshire

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

12.1 Unacceptable Practice

Although staff at Mersham Primary School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Prevent children with allergies from easily accessing their prescribed adrenaline devices or other emergency medication.
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- Send a child experiencing an allergic emergency to the school office or medical room rather than bringing appropriate help and medication to them.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone suitable;
- Penalise children 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 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips.
- Assume that a child does not require support because they do not yet have a formal allergy diagnosis.

13. Monitoring Arrangements

This policy will be reviewed and approved by the governing board at least annually, or earlier where there is a significant change in legislation, statutory guidance, school arrangements or the medical needs of pupils.

The separate Allergy Safety Policy will also be reviewed at least annually and following any serious allergy incident or near miss where changes to the school's arrangements may be required.

14. Links to other Policies

This policy links to the following policies:

- Complaints Policy
- Disabilities Accessibility Plan
- Equalities Policy
- Safeguarding Policy
- SEND Policy and Information Report
- Allergy Safety Policy

15. Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

The Governing Body has invested in a defibrillator which is situated at the front of the school. Two staff members are currently trained to use a defibrillator, with all staff receiving training in 2019.

The school will maintain an emergency salbutamol inhaler and spacer for use in accordance with the Department of Health and Social Care guidance on emergency asthma inhalers in schools. The emergency inhaler may be used where a pupil who has been prescribed a reliever inhaler cannot access their own inhaler in an emergency and the relevant written consent and other conditions for use are in place. The emergency inhaler will be stored safely but readily accessible and will be checked regularly to ensure that it remains in date and available for emergency use.

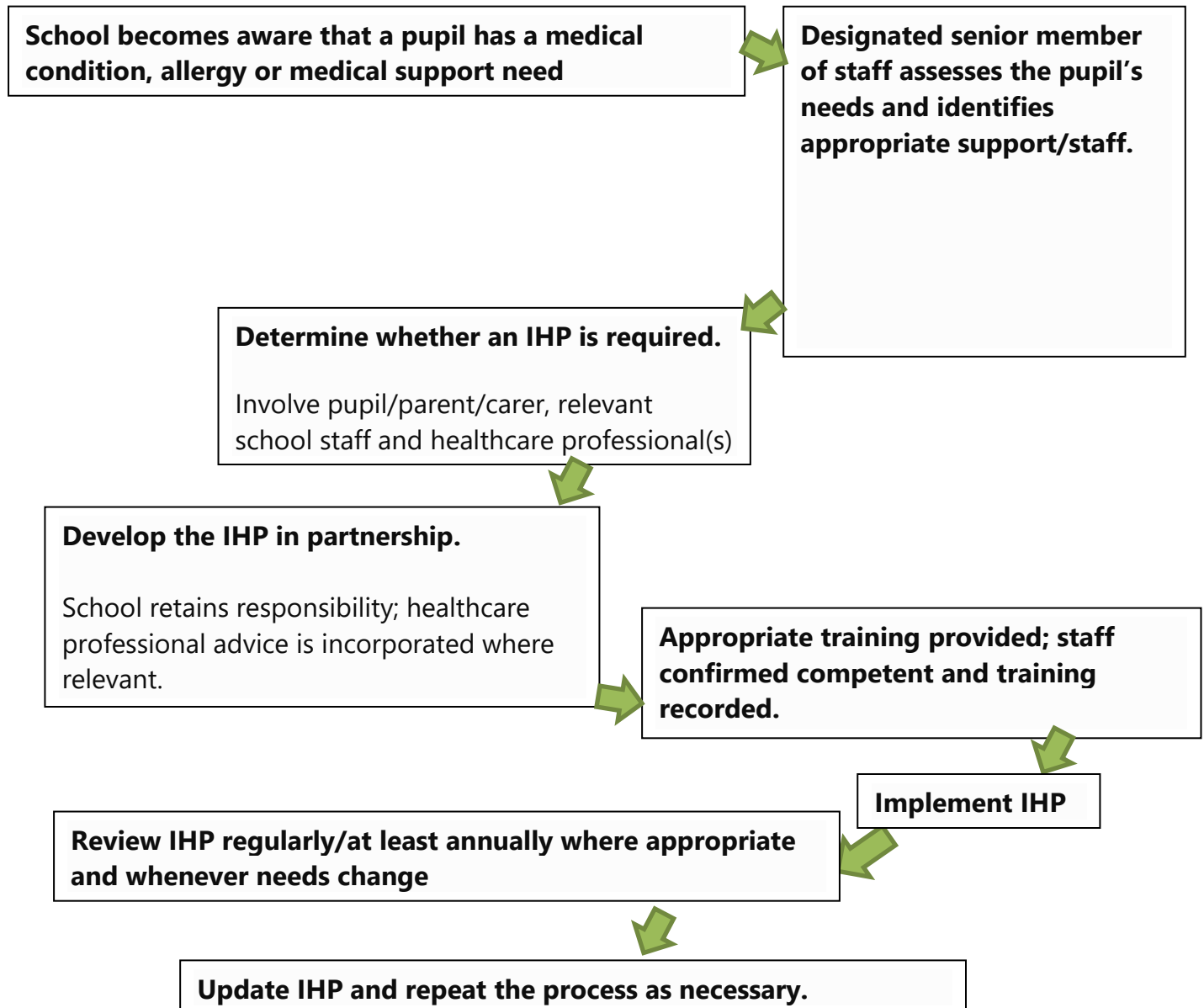
The 2026 DfE allergy guidance specifically recommends that schools keep an emergency asthma reliever inhaler alongside spare adrenaline devices.

This policy is written in line with the requirements of:-

- Children and Families Act 2014 - section 100
- DfE *Supporting pupils at school with medical conditions*: statutory guidance
- DfE *Allergy Safety in schools*: statutory guidance July 2026
- SEND Code of Practice: 0-25 years (2015)
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equality Act 2010
- Schools Admissions Code, DfE 1 Feb 2010
- Mersham Primary School SEND Policy and Information Report 2026-27
- Mersham Primary School Safeguarding Policy 2026-27
- Human Medicines Regulations 2012, as amended
- Human Medicines (Amendment) Regulations 2017
- Department of Health and Social Care, *Using emergency adrenaline auto-injectors in schools*
- Department of Health and Social Care, *Emergency asthma inhalers for use in schools*
- Food Information Regulations 2014, as amended
- Relevant requirements of the Early Years Foundation Stage statutory framework, where applicable

Appendices

Appendix 1: Being notified a child has a medical condition



ALLERGY?

Follow the school's Allergy Safety Policy and DfE Allergy Safety in Schools statutory guidance.

Appendix 2: Model process for developing individual healthcare plans

