Supporting Pupils with Medical Conditions and Administration of Medicines Policy

Sherford Vale School and Nursery

Person(s) responsible for updating the template policy:	Director of Safeguarding
Policy type:	Trust template for local school adaptation
Approval level:	WeST Community Council
Date approved:	July 2026
Person(s) responsible for adapting template policy to local school needs	Laurie Archer (Headteacher)
Named senior leader responsible for medical conditions policy:	Laurie Archer (Headteacher)
Named senior leader responsible for allergy safety:	Lisa Booth (Deputy Headteacher)
Named deputy lead / operational lead for allergy safety:	Karin Rhodes (SENCO)
Date of next review:	September 2027
Review frequency:	Annual and following any serious incident, near miss or change in statutory guidance
Published on:	School website and hard copy available on request
Version History:	See final page

1. Statement of Intent

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

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

This policy does not establish a framework for delegating healthcare activities from regulated healthcare professionals to education staff. Where a pupil requires healthcare activity that falls under National Health Service (NHS) responsibility, appropriate clinical advice, governance, training, competency and accountability arrangements must be followed.

2. Legal & Policy Context

This policy has regard to:

- Children and Families Act 2014 (Section 100)
- Equality Act 2010

- Health and Safety at Work etc. Act 1974
- Food Information Regulations 2014.
- DfE: Supporting pupils at school with medical conditions
- DfE: Allergy safety in schools
- DfE: Keeping Children Safe in Education
- DfE: SEND Code of Practice
- DfE: EYFS statutory framework (where applicable)
- Department of Health: Guidance on the use of emergency salbutamol inhalers in schools (March 2015)
- Department of Health: Guidance on the use of adrenaline auto-injectors in schools (September 2017)

3. Roles & Responsibilities

Trust Board, through WeST Community Councils:

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

Headteacher:

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

Medical Conditions Lead[1]: Lisa Booth (Deputy Headteacher)

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

Allergy Safety Lead: Lisa Booth (Deputy Headteacher)
The Allergy Safety Lead will:

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

Staff who administer first aid and/or medication

[1] Given that medical needs sit within wider Special Educational Needs it is likely that the senior person responsible for IHPs will be part of the SEND team. However, this is a decision for schools within WeST to make at a local level.
[2] In settings where the Educational Visits Co-ordinator is not the Medical Conditions Lead there must be clear procedures in place to ensure that between them every trip has the appropriate risk assessments in place to meet the first aid and medical requirements

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

Parents[3]

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

Pupils:

- participate in planning and self-management where competent.

Healthcare professionals:

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

- diagnosis and treatment
- IHP content
- staff training and competence

Where healthcare professionals provide advice, training or competency sign-off, the school should retain appropriate evidence of advice, training content and sign-off. Where a healthcare professional is engaged by the school in a role that requires safer recruitment checks, the school will follow its safer recruitment and Single Central Record procedures

4. Policy Implementation & Accountability

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

- a current register of pupils with medical conditions, including an allergy/anaphylaxis register
- there are enough competently trained staff to meet the first aid and medical requirements of staff and pupils in the school
- a training matrix listing when staff training renewals are due
- checks on first aid equipment and stocks of medication
- how cover arrangements for staff absence/turnover are typically handled
- briefings for supply teachers and visit leaders
- appropriate monitoring of IHPs and allergy action plans (including parental involvement)[4]
- appropriate monitoring of first aid and administering of medicine records through termly audits

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

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

- appropriate professional learning from serious incidents and near-misses which improves future practice

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

5. Procedure on Notification of a Medical Condition or Allergy

On notification, the Medical Conditions Lead or Allergy Safety Lead as appropriate will:

- Record the pupil on the medical conditions register
- Agree interim adjustments to enable safe access/inclusion from day one
- Where necessary agree an Allergy Action Plan
- Consider whether the pupil will require a Personal Emergency Evacuation Plan (PEEP)
- Convene an Individual Healthcare Plan (IHP) meeting within 10 school days
- For mid-term moves or a new diagnosis, ensure new arrangements are in place within 10 school days wherever possible, or sooner where risk requires

A summary of this procedure is available in the appendix.

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

6. Individual Healthcare Plans (IHPs)

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

IHPs will be considered where a pupil:

- has a medical condition or allergy requiring active management in school
- is at risk of anaphylaxis;
- has prescribed medication or devices, including adrenaline auto-injectors (AAIs), inhalers, glucose monitoring equipment or other emergency treatment;
- requires adaptations to food provision, supervision, curriculum activity, trips, examinations, physical education, wraparound care or attendance arrangements;
- has needs that may amount to a disability or require reasonable adjustments under the Equality Act 2010.

IHPs will include (as appropriate):

- condition details - triggers/signs/symptoms
- medication dose/side effects/storage
- other treatments
- testing and access to food/drink
- environmental adjustments
- educational/social/emotional support
- level of support including in emergencies
- roles/training/cover
- who needs to know
- consent/authorisation

- trip/PE arrangements
- confidentiality
- emergency actions (including Personal Emergency Evacuation Plans where necessary)
- wellbeing impact

Where appropriate, the IHP will incorporate or be supported by an Allergy Action Plan and/or Asthma Plan. Allergy Action Plans are medical documents and should normally be completed by the pupil's healthcare professional in partnership with parents/carers, the pupil where appropriate and school staff.

For a new diagnosis, mid-year admission or significant change in need, proportionate interim arrangements should be in place from day one where required by risk, with fuller arrangements normally implemented within 10 school days / two school weeks wherever possible. Typically, a new IHP will be reviewed after 6 weeks, then once a term for the first year and annually thereafter. It must also be reviewed when needs change or following a serious incident or near miss.

IHPs, Allergy Action Plans and Asthma Plans will be reviewed reviewed:

- at least annually;
- when needs change;
- after transition;
- following a serious incident or near miss;
- when medication changes;
- when new information is received.

7. Managing Medicines on School Premises

Principles:

- medicines are given only when essential
- all medicines must be provided by parents (the only exception to this are emergency asthma and adrenaline auto-injectors - AAIs)
- parental written consent is required
- the administration of all first aid and medicine is recorded
- pupils are encouraged to self-manage where appropriate
- non-prescription medicines may be administered with parental consent where the parent has provided the medication, subject to school assessment
- no medicines containing aspirin will be given to pupils under 16 unless prescribed.
- all medication (both over the counter and prescription drugs) must be stored securely[5], administered by authorised and appropriately trained staff and fully recorded
- pupils may self-carry controlled drugs only where this has been risk assessed and the pupil is deemed competent to do so
- emergency medicines/devices (e.g., inhalers, AAIs, glucose meters) must be easily accessible and not locked away. Locations are shown in the school medical map.
- Storage & disposal of medicines and equipment will follow manufacturer guidance, with unused medicines typically returned to parents for disposal

[5] Secure storage must not prevent immediate access to emergency medicines or devices. Emergency medicines and devices, including inhalers, adrenaline auto-injectors (AAIs), glucose treatment and other emergency equipment identified in an IHP, must be readily accessible and must not be locked away where this would delay emergency response.

- Sharps must be disposed of in approved containers

Location/link to school medical map: «LINK/LOCATION OF MEDICAL MAP»

8. Emergency Salbutamol Inhalers

School will support pupils with asthma in line with government guidance[6]. School will purchase and hold emergency salbutamol inhalers and compatible spacers for pupils diagnosed with asthma or prescribed a reliever inhaler, with parental consent, where their own inhaler is unavailable or not working. Emergency salbutamol inhalers operate under a different legal framework from spare adrenaline auto-injectors (AAIs). They may only be used for pupils diagnosed with asthma or prescribed a reliever inhaler, and where written parental consent is in place.

Person responsible for Asthma Register: «ROLE/NAME». Location of emergency asthma kits: «DETAILS OF LOCATION».

9. Emergency Adrenaline Auto-injectors (AAIs)

The school will hold spare adrenaline auto-injectors (AAIs) for emergency use in line with the DfE allergy safety guidance and the school's Allergy Safety Policy. Spare AAIs are additional to pupils' own prescribed devices. In a life-threatening emergency where anaphylaxis is suspected, staff should follow emergency procedures, call 999 and administer adrenaline without delay where appropriate. Where a pupil has an IHP or Allergy Action Plan, staff should follow that plan. Where anaphylaxis is suspected in a person without a known allergy, staff should follow emergency procedures and use an available spare AAI where appropriate.

AAIs should:

- normally be stocked in pairs;
- include appropriate dosages;
- be available in additional locations on larger sites where this supports rapid access;
- be checked for location, dose, condition and expiry date;
- not be refrigerated or exposed to direct sunlight or excessive heat;
- be replaced promptly following use, expiry or damage.

A nasal adrenaline device is a prescribed emergency device used to administer adrenaline via the nasal route. Schools may hold spare adrenaline auto-injectors (AAIs), but cannot hold spare nasal adrenaline devices. Where a pupil is prescribed a nasal adrenaline device and it is unavailable in an emergency, staff should follow emergency procedures and use an available spare AAI where appropriate.

Person responsible for Allergy/Anaphylaxis Register: «ROLE/NAME».

Location of emergency AAIs: «Details of location»

10. Allergy Safety

The school has a separate Allergy Safety Policy, published on the school website, «Link to allergy safety policy», which sets out the school's arrangements for identifying, reducing and responding to allergy-related risks. This policy should

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

be read alongside that separate Allergy Safety Policy, particularly where a pupil's allergy also requires an Individual Healthcare Plan (IHP), Allergy Action Plan, Asthma Plan, emergency medication or reasonable adjustments.

For clarity:

- allergy and anaphylaxis are managed through the separate Allergy Safety Policy and, where required, an IHP;
- asthma may be associated with allergy and anaphylaxis risk, so asthma plans should be considered where relevant;
- food intolerance and coeliac disease are not the same as allergy, but may still require support through the medical conditions policy and/or reasonable adjustments
- The school will take reasonable and proportionate steps to reduce exposure to known allergens, while recognising that it cannot guarantee an allergen-free environment.

Named senior leader responsible for allergy safety: «NAME/ROLE»

Named deputy / operational leader for allergy safety: «NAME/ROLE»

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

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

All staff will receive allergy awareness training at induction and at least annually. Training will cover common allergens, recognition of allergic reactions and anaphylaxis, emergency response, calling 999, use of prescribed/spare AAIs, medication locations and incident reporting. First aiders, catering staff, wraparound staff, trip leaders and staff supporting pupils with IHPs may require additional role-specific training

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

11. Emergency management of anaphylaxis

All staff must be able to recognise signs of an allergic reaction and anaphylaxis and know how to respond. Emergency response should not be delayed while seeking further confirmation where anaphylaxis is suspected.

11.1 Symptoms of anaphylaxis (ABC)

- Airway: swollen tongue, difficulty swallowing or speaking, throat tightness, change in voice.
- Breathing: difficult or noisy breathing, chest tightness, persistent cough or wheeze.
- Circulation: dizziness, faintness, collapse, loss of consciousness, or in babies / young children becoming suddenly pale and floppy.

11.2 Immediate action

- Lie the person flat with legs raised, unless breathing is difficult, in which case they may need to sit upright.
- Give adrenaline without delay if an AAI is available and anaphylaxis is suspected.
- Bring the AAI to the person; do not move the person to the AAI.

- Call 999 and state clearly that anaphylaxis is suspected.
- Stay with the person until emergency help arrives.
- If symptoms do not improve within five minutes of the first dose, give a second dose using another AAI if available.
- Any person who has had a serious allergic reaction and / or been given adrenaline must be taken to hospital for further observation and treatment.

11.3 – Mild Allergic Reactions

Where symptoms do not meet the threshold for suspected anaphylaxis, staff should follow the pupil's care plan, administer antihistamine where prescribed or authorised, inform parents/carers, monitor the pupil for at least 60 minutes, and seek urgent medical advice if symptoms worsen. Pupils should not routinely be sent home immediately following a mild allergic reaction.

Person responsible for Allergy/Anaphylaxis Register: «ROLE/NAME».

Location of prescribed pupil AAIs: «DETAILS OF LOCATION».

Location of spare emergency AAIs: «DETAILS OF LOCATION».

12. Arrangements in EYFS (where applicable)

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

13. Emergency Procedures

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

Location of emergency IHPs: «DETAILS OF LOCATION AND HOW TO ACCESS».

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

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

Visit leaders must:

- review the pupils' IHPs, Allergy Action Plans and/or Asthma Plans;
- ensure immediate access to prescribed and, where appropriate, spare AAIs or other emergency medication;
- brief supervising adults on signs, symptoms, emergency action and medication access;

- check food provision with venues, caterers and transport providers where relevant;
- plan emergency access routes and communication arrangements;
- consider sleeping, dining and activity arrangements on residential visits;
- record additional controls in the trip risk assessment

15. Serious Incidents and Near Misses

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

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

All serious incidents and near misses must be:

- responded to immediately;
- recorded as soon as feasible;
- reported to the Headteacher and Medical Conditions Lead and Allergy Safety Lead;
- reported to WeST Community Council through agreed assurance routes;
- shared with parents and pupils where appropriate;
- reviewed for lessons learned;
- used to improve the relevant IHP, allergy action plan, risk assessment, training or policy;
- followed-up with wellbeing support for the pupil(s), peers, parents, family members and staff as appropriate.

The school will comply where any statutory reporting is required, including health and safety, food safety, safeguarding or child death review processes where relevant.

16. Record Keeping

School use templates based on those provided by the DfE[7] for parental consent, medicine administration and staff training records. Records of first aid incidents and the administration of medicines are stored securely and audited termly. The WeST Director of Safeguarding will review first aid records, IHPs and medication records as part of the WeST annual safeguarding review.

17. Information sharing and awareness of this policy

The school will ensure that relevant staff understand this policy and know how to access pupil-specific medical condition and allergy information where required. Such information will be shared proportionately and securely with staff and adults who need it to keep pupils safe.

The school will make parents / carers aware of this policy by publishing it on the school website. Hard copies are available on request. The school will also consider how pupils, staff, visitors, caterers, contractors, volunteers and wraparound providers are made aware of relevant medical conditions and allergy safety arrangements.

[7] From September 2026 all schools in WeST have begun the implementation of the Medical Tracker online platform

18. Unacceptable Practice

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

- preventing access to medication/devices
- assuming all pupils with the same condition require the same treatment
- ignoring medical evidence
- penalising attendance affected by medical conditions or allergies (including through attendance rewards)
- requiring parents to administer medicine
- preventing reasonable participation
- leaving an unwell pupil unsupervised
- preventing a pupil from accessing education, trips or enrichment because of a medical condition or allergy where reasonable adjustments or risk controls could be made;
- unnecessarily separating or identifying a pupil in a way that causes stigma;
- delaying emergency treatment where anaphylaxis is suspected;
- requiring a pupil experiencing anaphylaxis to walk to their medication;
- locking away emergency medication or storing it where staff cannot access it quickly;
- failing to share essential allergy information with staff who need it to keep the pupil safe;
- failing to review an IHP, Allergy Action Plan or Asthma Plan after a significant change, serious incident or near miss;
- making broad allergen-free claims that cannot be reliably delivered
- requiring parents/carers to attend school to administer routine allergy medication;
- requiring parents/carers to accompany educational visits purely because of a medical condition or allergy;
- failing to make reasonable adjustments where these are required.

19. Liability & Indemnity

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

«DETAIL OF POLICY, E.G. ZURICH INSURANCE OR DFE RPA SCHEME».

20. Complaints

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

«LINK TO SCHOOL COMPLAINTS POLICY».

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

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

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

22. Defibrillators (optional)

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

Device location(s): «LOCATION(S)».

23. Templates

Westcountry Schools Trust recommends that its schools adopt DfE templates onto branded documentation and supplement these with allergy-specific templates where required[9].

24. Glossary

Term	Meaning
Adrenaline auto-injector (AAI)	A device used to administer adrenaline in an emergency where anaphylaxis is suspected.
Allergy Action Plan	A medical plan that facilitates first aid treatment of anaphylaxis and should usually be completed by a healthcare professional in partnership with parents / carers and the school.
Anaphylaxis	A potentially fatal allergic reaction affecting Airway, Breathing and / or Circulation.
Asthma Plan	A plan setting out asthma triggers, medication, emergency action and support arrangements, where asthma is relevant to the pupil's allergy risk.
Individual Healthcare Plan (IHP)	A plan which sets out what needs to be done to support a pupil with a medical condition or allergy, how, when and by whom, including emergency arrangements.
Nasal Adrenaline Device	A prescribed device delivering adrenaline via the nasal route during anaphylaxis. Schools cannot hold spare nasal adrenaline devices.
Near miss	An event that did not result in harm but could have done, or which shows that allergy safety arrangements need to be reviewed.
Pre-packed for direct sale (PPDS) food	Food packaged on the same premises from which it is sold before it is ordered or selected by the consumer.
Serious incident	An allergy-related event requiring emergency response, medical intervention, statutory reporting, significant review or governance notification.

24. Version History

Version	Date	Notes
1.0	January 2026	New version of the template policy provided, based on updates from previous template in line with DfE guidance
2.0	July 2026	Updated following publication of DfE statutory guidance Allergy safety in schools - GOV.UK. Clarified relationship between medical conditions policy and separate allergy

[9] From September 2026 all schools in WeST will be implementing the online Medical Tracker system which contains such templates

		safety policy; updated legal context; strengthened IHP, AAI, training, incident, near-miss, governance and local implementation arrangements.

25. Appendix: Model Process for Developing and Reviewing IHPs (aka IHCPs)

