

# Fulford School

## Supporting Pupils with Medical Conditions



**Last reviewed on:** September 2025

**Next review due by:** September 2026

**Responsible:** Deputy Head Teacher Pastoral

Approved at LGB Meeting 25th Sept 2025



POLICY SECTION	WHAT'S CHANGED?	WHY?
Appendix 2	Amended date for Allergen Policy	Reviewed Sept 25

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### 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

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)

### 2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

## 3. Roles and responsibilities

### 3.1 The Local Governing Committee (LGC)

The LGC 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.

### 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

### 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. 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 be made aware of the needs of pupils with medical conditions that they teach. Where appropriate there will be a healthcare plan, for medical needs, and/or a pen portrait, for SEND needs, to further support the progress of the pupil.

### 3.4 Parents/carers

Parents will:

- › Provide the school with sufficient and up-to-date information about their child's medical needs
- › 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

### 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.

### **3.6 School nurses and other healthcare professionals**

Through a detailed transition programme, the school will be notified 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. Parents and the previous school will be used to support the implantation of a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nurse and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

### **3.7 The Local Authority**

The local authority will:

- With clinical commissioning groups (CCGs) make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Work with schools to support pupils with medical conditions to attend full-time.
- Support pupils and make other arrangements where pupils would not receive a suitable education in a mainstream school because of their health needs.

Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

When a pupil is not attending school full-time due to a medical condition the school will maintain strong communication links with parents and external agencies. The school will continue to retain the safeguarding oversight for the pupil.

## **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.

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 will be consulted.

## **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.

The school will make every effort to ensure that arrangements are put into place as soon as possible with the support of parents, key staff at school and the knowledge of the previous school

See Appendix 1.

## 6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This may be delegated to another member of staff in individual schools e.g. the SENDCo, school nurse.

Plans will be reviewed annually, where appropriate, 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 the school nurse or SENDCO 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, healthy child service, 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 plan (EHCP). If a pupil has SEN but does not have an EHCP, the SEN 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 the SENDCO/school nurse with responsibility for developing IHPs, 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

## 7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- › When it would be detrimental to the pupil's health or school attendance not to do so **and**
- › Where we have parents' written consent

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- › In-date
- › Labelled
- › Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required or if parents fail to collect will be taken to the nearest chemist for disposal.

### 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.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other 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.

### 7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer medicine in school toilets

## 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 informed.

The school nurse will lead on identifying the type and level of training required, and work closely with the SENDCO when there is a SEND need.

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

All 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.

## 10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

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.

Fulford School is a member of the Department of Education's risk protection arrangement (RPA).

## 12. Complaints

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

## 13. Monitoring arrangements

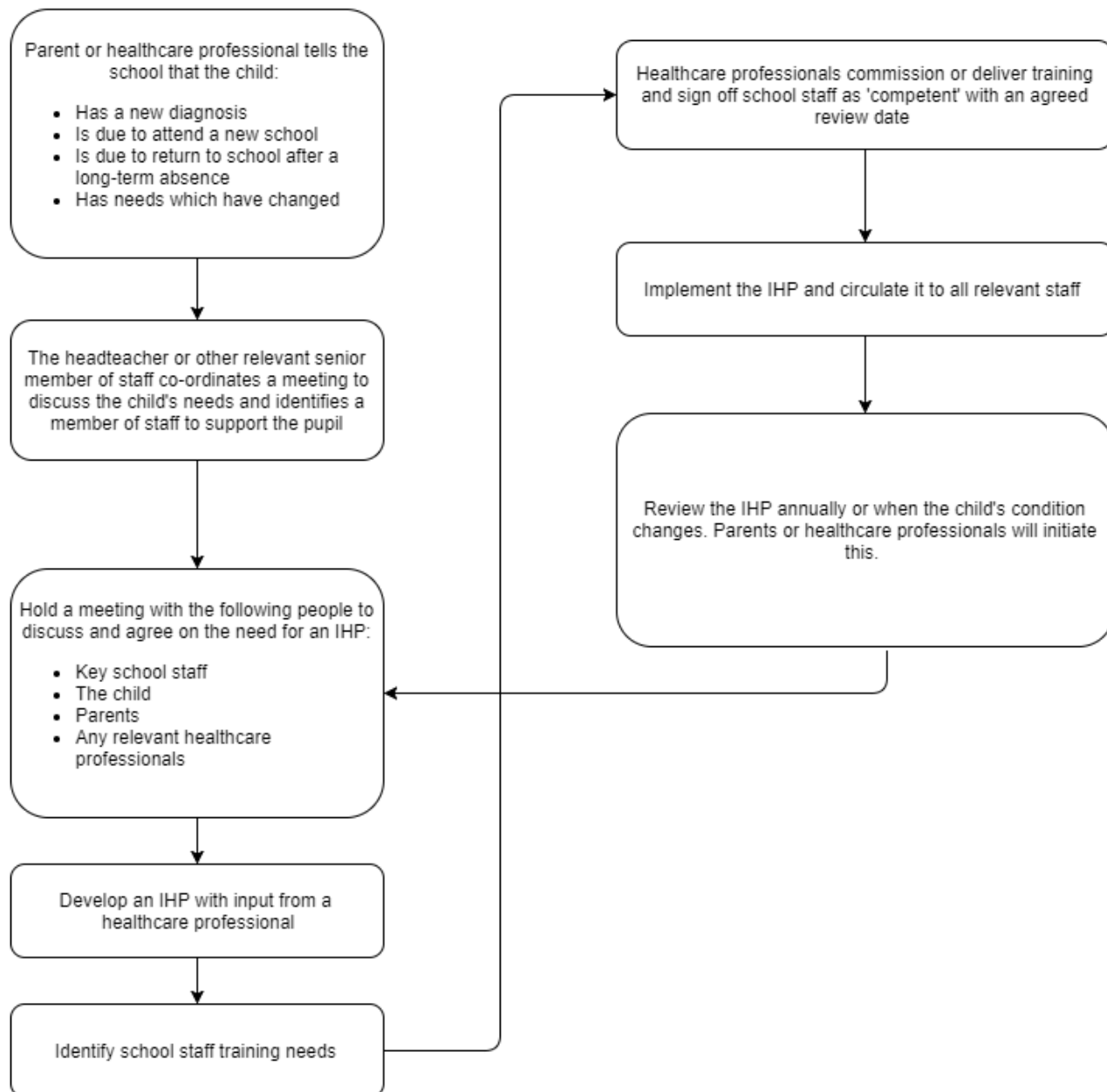
This policy will be reviewed and approved by the governing board every two years.

## 14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding and Child Protection
- Special educational needs information report and policy
- Mental Health Policy
- Attendance Policy

## Appendix 1: Being notified a child has a medical condition



## Appendix 2: Allergens Policy

### General Statement

This policy is concerned with a whole school approach to the health care and management of those members of our community suffering from specific allergies.

We are aware that our children may suffer from food, bee/ wasp sting, animal or nut allergies and we believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

Our position is not to guarantee a completely allergen free environment, rather: to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

We are committed to no food and drink sharing.

Parents/care givers are asked to provide details of allergies in the child's School Admissions Forms, which are submitted before starting school.

### General Aims

The intent of this policy is to minimize the risk of any child suffering allergy-induced anaphylaxis whilst at school.

An allergic reaction to nuts is the most common high-risk allergy, and as such demands more rigorous controls throughout the policy.

The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise the child, staff, family member and visitor exposure to known trigger foods and insects.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.

This policy applies to all members of the school community:

School Staff

Parents/care givers

Volunteers

Supply staff

Children

Students

### Definitions

**Allergy** - A condition in which the body has an exaggerated response to a substance (e.g. food and drug) also known as hypersensitivity.

**Allergen** - A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

**Anaphylaxis** - Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.

**EpiPen** - Brand name for syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration.

**Minimized Risk Environment**- An environment where risk management practices (e.g.

Risk assessment forms) have minimised the risk of (allergen) exposure.

**Health Care Plan** - A detailed document outlining an individual child's condition treatment, and action plan for location of EpiPen.

## Procedures and Responsibilities for Allergy Management

### General

- The involvement of parents/care givers and staff in establishing individual Health Care Plans.
- The establishment and maintenance of practices for effectively communicating a child's healthcare plan to all relevant staff.
- Staff training in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Age appropriate education of the children with severe food allergies.

### Medical Information

- The school will seek updated information via medical form at the commencement of each calendar year.
- Furthermore, any change in a child's medical condition during the year must be reported to the school by the parent/carer.
- For children with an allergic condition, the school requires parents/care givers to provide written advice from a doctor (GP), which explains the condition, defines the allergy triggers and any required medication.
- The Headteacher will ensure that a Health Care Plan is established and updated for each child with a known allergy.
- All members of staff are required to review and familiarise themselves with the medical information.
- Where children with known allergies are participating in school excursions, the risk assessments must include this information.

### Medical Information (EpiPens)

Where EpiPens (Adrenalin) are required in the Health Care Plan:

- Parents/care givers are responsible for the provision and timely replacement of the EpiPens.
- The EpiPens are located securely in relevant locations approved by the Headteacher.
- EpiPens will be located so that all adults involved with the child know where they are at all times.

### The Role of Parents/care givers

Parents/care givers are responsible for providing, in writing, on-going accurate and current medical information to the school.

Parents/care givers are to send a letter and meet with the school to confirm and detail the nature of the allergy; including:

- The allergen (the substance the child is allergic to)
- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)
- What to do in case of allergic reaction, including any medication to be used and how it is to be used.

- Control measures – such as how the child can be prevented from getting into contact with the allergen.
- If a child has an allergy requiring an EpiPen a Health Care Plan must be completed and signed by the parents/care givers.
- It is the responsibility of the parents/care givers to provide the school with up to date medication / equipment clearly labelled in the original packaging.
- In the case of life saving medication like EpiPens the child will not be allowed to attend without it.
- Parents/care givers are also required to provide up to date emergency contact information.
- Snacks and lunches brought into school are provided by each child's Parent/care giver.
- It is their responsibility to ensure that the contents are safe for the child to consume.
- Parents/care givers should liaise with Staff about appropriateness of snacks and any food-related activities (e.g. cooking)

### **The Role of Staff**

Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.

- If a child's School Admissions Form states that they have an allergy then a Health Care Plan is needed. A risk assessment should be carried out and any actions identified to be put in place. The Assessment should be stored with the child's Health Care Plan.
- Upon determining that a child attending school has a severe allergy, a team meeting will be set up as soon as possible where all staff concerned attend to update knowledge and awareness of child's needs.
- All staff who come into contact with the child will be made aware of what treatment/medication is required by the Headteacher, Inclusion Team or nurse and where any medication is stored.
- All staff are to promote hand washing before and after eating.
- Snack time foods are monitored by staff and are peanut, nut free and other allergens depending on the children attending. All staff should know the procedures at snack and lunch time to ensure the safety of children with allergies.
- However staff cannot guarantee that foods will not contain traces of nuts.
- All tables are cleaned with an approved solution.
- Children are not permitted to share food.
- We provide specific EpiPen use training.
- We may ask parents/care givers for a list of food products and food derivatives the child must not come into contact with.
- Emergency medication should be easily accessible, especially at times of high risk.
- Staff should liaise with parents/care givers about snacks and any food-related activities.

### **Actions**

#### **In the event of a child suffering an allergic reaction:**

- We will delegate someone to contact the child's parents/care givers.
- If a child becomes distressed or symptoms become more serious telephone 999.
- Keep calm, make the child feel comfortable and give the child space.
- If medication is available it will be administered as per training and in conjunction

with the Supporting Children with Medical Conditions Policy.

- If parents/care givers have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital.
- If a child is taken to hospital by car, two members of staff will accompany them.

### **Role of other parents/care givers**

Snacks and lunches brought into the school by other parents/care givers should be peanut and nut free wherever possible.

The school will ensure that parents/care givers are regularly reminded and will monitor the contents of lunchboxes and snack.

### **Catering**

Our current school lunch provider have their own policy for food allergies. Parents/care givers are required to make an appointment with the School Cook and provide a current medical letter stating the allergy of their child.

<b>Signed:</b>	T Elsworth
<b>Date:</b>	September 2025
<b>Review Date:</b>	September 2026