



Moordown St. John's CE Primary School

Policy for Supporting Pupils at School with Medical Conditions

**“A Christian community where commitment to
educational excellence changes lives”**

The Board of Directors of Moordown St John's CE Primary School ratified this policy on: 26th September 2026.

Review Date: December 2028

A copy of this policy in an alternative format, such as large print or different language, may be provided on request from the school office.

Moordown St John's CE Primary School
Supporting Pupils at School with Medical Conditions Policy

Key Personnel relating to this Policy

The designated person with overall responsibility for this policy is:

Headteacher (Paul Ruffle)

The person responsible for developing Individual Healthcare Plans (Ongoing Medical Conditions) and overseeing implementation is:

Lead SENCO (Miranda O'Gara)

The Directors with specific responsibility to oversee the arrangements to support pupils at schools with medical conditions:

Inclusion Director

Maintaining the list of trained first aiders, medicines in school and pupils with medical conditions including food allergies:

First Aid Coordinator - Office Manager (Cheri Howard)

School's lead first aiders, including asthma leads:

Sam Pattemore, Sarah Watton and Tiffany Cadge

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1. Purpose and principles

This policy aims to ensure that pupils with medical conditions are properly supported so that they can access education, school trips and physical activity on the same basis as other pupils.

The school will make reasonable, child-centred arrangements that protect safety, dignity, wellbeing and inclusion. A medical condition will not by itself prevent admission or participation.

This policy applies during the school day, educational visits and school-organised activities. Where another provider operates on site, the school will share relevant information and clarify responsibilities, but that provider remains responsible for its own arrangements.

2. Law and statutory guidance

Section 100 of the Children and Families Act 2014 requires governing bodies and academy proprietors to make arrangements to support pupils with medical conditions. The school has regard to the Department for Education's statutory guidance, Supporting pupils at school with medical conditions.

Section 34 of the Children's Wellbeing and Schools Act 2026 amended section 100 and introduced a duty to have, publish and keep under review a separate Allergy Safety Policy. This policy must therefore be read alongside **MSJ's Allergy Safety Policy** and its individual allergy arrangements.

The school also has regard to the Equality Act 2010, the SEND Code of Practice: 0 to 25 years, the Human Medicines Regulations 2012 (as amended), UK data-protection law and the current Early Years Foundation Stage (EYFS) statutory framework.

3. Roles and responsibilities

3.1 Board of Directors

The Board of Directors has overall responsibility for ensuring that arrangements are in place and resourced, staff are trained and competent, insurance is appropriate, and this policy is implemented and monitored.

The Board will receive assurance on serious medical incidents and near misses, themes from records, training compliance and actions arising, without unnecessary disclosure of personal medical information.

3.2 Headteacher and designated leads

The Headteacher will ensure that this policy is implemented, that sufficient trained staff and cover are available, and that staff know how to obtain help.

The designated medical needs coordinator (Office Manager) maintains current names and contact arrangements on the staff information system and training register rather than fixed in this policy.

The Lead SENCO provides oversight where medical needs interact with SEND, attendance, safeguarding or reasonable adjustments.

The Headteacher with the designated allergy coordinator (Office Manager) ensures the arrangements for annual allergy training, emergency devices, incident learning and publication are set out in the Allergy Safety Policy.

3.3 School staff

Any member of staff may be asked to support a pupil with a medical condition, but no member of staff will be required to undertake a healthcare procedure without suitable training and confirmation of competence where this is needed.

- know how to access the relevant plan and emergency help;
- follow the plan and agreed risk controls;
- record medicines, treatment and significant events promptly;
- maintain confidentiality and share information only on a need-to-know basis; and
- tell the medical-needs coordinator promptly about changes, errors, incidents, near misses or concerns.

3.4 Parents, pupils and healthcare professionals

Parents must provide accurate and current information, medicines and devices in date and in the original labelled container, written consent, and any healthcare-professional plan or instructions. They must tell the school promptly of any change.

Pupils should be involved according to their age, understanding and competence. They are often best placed to describe their condition and should know how to seek help.

Healthcare professionals should provide clinical advice, action plans, training or competency assessment where required. School staff do not diagnose, alter prescribed treatment or create clinical instructions.

4. Notification and record systems

Parents should notify the school at admission, following a diagnosis, when treatment changes, and whenever contact or medical information changes.

Staff receiving information must pass it to the school office without delay.

The school will normally put arrangements in place within 10 school days of notification, or sooner where an urgent risk exists. Temporary arrangements will be agreed if full clinical information is still awaited.

4.1 Arbor and Medical Tracker

System	Primary purpose
Arbor	Core pupil record: identity, parental responsibility, emergency contacts, attendance, and a concise medical alert/summary.
Medical Tracker	Operational medical record: plans and consent, medicine stock and administration, treatment/first-aid entries, notifications, and incident/near-miss records.

The office team will verify changes and update both systems where necessary so that information is consistent. Detailed clinical information will not be duplicated in Arbor when a secure plan is held in Medical Tracker. Staff must check the current plan, not rely on memory or an old printout.

If Medical Tracker is unavailable, staff will use the approved paper contingency record and enter the information into Medical Tracker as soon as service is restored.

Emergency treatment must never be delayed by a recording-system problem.

5. Individual Healthcare Plans

Not every pupil with a medical condition needs an Individual Healthcare Plan (IHP). The Headteacher or medical-needs lead will decide with parents and relevant healthcare professionals, based on the complexity, variability, emergency risk and effect on school life.

An IHP is required where the school must put supportive arrangements in place for a pupil's allergy, and whenever a condition requires detailed, coordinated or emergency arrangements.

The current Allergy Safety Policy gives the specific allergy requirements.

5.1 MSJ planning levels

Level	Use
1. Full Individual Healthcare Plan (IHP)	Complex or high-risk medical need healthcare-professional input; emergency action and named responsibilities. E.g. Child with diabetes, requiring regular insulin or epilepsy action plan.
2. MSJ medical conditions plan	Ongoing medical condition needs school adjustments or monitoring but not a full clinical plan. e.g. severe food allergy / asthma.
3. Ongoing medicines plan	Regular medicine at school with consent, instructions, storage and review arrangements. e.g. cream to be applied during the day for eczema
4. Short-term medicines record	Time-limited medicine agreed by the school, with consent and administration instructions. e.g. antibiotics treatment or pain relief for a fracture

A single combined plan may be used where this is clearer.

Labels do not reduce the duty to make safe, individual arrangements.

5.2 Preparing and reviewing a plan

- The pupil, parent, medical-needs lead for that pupil, class staff and relevant healthcare professional contribute as appropriate.
- The plan records the condition, triggers and symptoms; routine and emergency actions; medicines/devices and locations; adjustments; training; trips, clubs and absence arrangements; information sharing; and review date.
- Plans are reviewed at least annually and sooner after a change in condition, advice or medication, a serious incident or near miss, or concerns that arrangements are not working.
- Only current versions are available to staff. Superseded copies are archived securely.

6. Medicines

6.1 Consent and acceptance

Medicines will only be administered when it would be detrimental to a pupil's health or attendance not to do so.

Wherever practicable, doses should be arranged outside school hours.

- Written parental consent and clear instructions are required, except where emergency action is necessary to save life or an IHP provides otherwise.
- Prescription medicines must be in the original container as dispensed, labelled with the pupil's name, medicine, dose, method, timing and expiry date, except insulin may be provided in the pen or pump supplied for that pupil.

- The school may agree to administer a non-prescription medicine for a defined period with written consent and safe instructions in exceptional circumstances and with written agreement by the Headteacher. A child under 16 will never be given aspirin unless prescribed by a doctor.
- The school will not accept unlabelled, expired, damaged or altered medicines, or instructions that conflict with the label, plan or professional advice.

6.2 Storage, access and stock

Medicines and devices will be securely stored, in line with manufacturer instructions, while remaining readily accessible to authorised staff and to the pupil where self-management has been agreed.

Emergency medicines must not be locked away where this would delay access.

- Parents remain responsible for supplying in-date medicines and collecting unused or expired items for safe disposal.
- The medical-needs lead will maintain expiry and stock checks for school-held medicines and emergency devices.
- Medicines requiring refrigeration will be stored in a labelled, sealed container in an appropriate refrigerator.
- Sharps will be disposed of immediately in an approved sharps container.

6.3 Administration and recording

Before administration, trained staff will check the pupil, medicine, dose, route, time, consent/plan, expiry date and the previous administration record.

Every dose, refusal, omission, error or adverse effect must be recorded promptly in Medical Tracker and communicated as required by the plan.

If a dose is refused or cannot be given, staff will not force the pupil. They will follow the plan, assess risk, seek clinical or emergency advice when needed, and inform parents promptly.

6.4 Controlled drugs

A controlled drug will be stored in a non-portable locked container with access limited to authorised staff, but it must remain available without avoidable delay. Administration will be recorded in Medical Tracker and in any required controlled-drug register, with a running balance and the school's agreed witnessing arrangements.

6.5 Self-management

Pupils who are competent should be encouraged to manage their own medicines and devices.

The decision and any supervision or storage arrangements will be recorded in the plan.

A pupil who has immediate access to an inhaler or adrenaline device must also have reliable backup arrangements.

7. Condition-specific and allergy arrangements

7.1 Allergy and anaphylaxis

MSJ's Allergy Safety Policy is the controlling document for allergy risk reduction, food and catering arrangements, individual Allergy Action Plans, the locations and checks of prescribed and spare adrenaline devices, annual whole-school training, trips, serious incidents and near misses.

- All staff present when pupils are scheduled to be on site must receive allergy-awareness and emergency-response training at least annually; a first-aid certificate alone is not sufficient.
- Pupils prescribed adrenaline must have access to both prescribed devices at all times. Spare school devices of the appropriate dose must be readily accessible under the Allergy Safety Policy.
- Suspected anaphylaxis is treated immediately in line with the current action plan and training: administer adrenaline without delay, call 999, and use a spare device if the prescribed device is unavailable, fails or is not present.

7.2 Asthma

Pupils with asthma must have prompt access to their prescribed reliever inhaler and spacer, if appropriate. Competent pupils may carry their own; otherwise it will be stored so it can be reached quickly.

The school's **emergency salbutamol inhaler** may be used only in accordance with current government guidance and the required written consent.

Our asthma procedures are:

- Every asthmatic child has at least one inhaler in school at all times. This is stored in the classroom and a note on the back of the classroom door state the specific location. These are signed into school by parents in the same way as all medication and it is a parents' responsibility to ensure that the inhaler is in date
- A generic Salbutamol inhaler is kept in every year group for emergency use. The school is responsible for ensuring it is in date and sanitised. Parents are required to sign a consent form indicating permission of use.
- All class asthma packs must be taken out in the event of a fire alarm, where possible
- A pupils' inhaler must also be taken on all trips and outdoor learning activities, including PE and swimming

7.3 Diabetes, epilepsy and technology

Where relevant, plans must describe seizure types and emergency action, or diabetes monitoring and treatment.

The school will support clinically advised continuous glucose monitors, insulin pumps and associated mobile-phone applications, with proportionate adjustments to the school's mobile-device rules and safeguarding controls.

7.4 EYFS safer eating

For Reception children, the school will:

- obtain information before admission about special dietary requirements, food allergies, intolerances and health needs;
- share it with staff preparing or handling food;
- maintain current allergy action plans; and ensure staff know symptoms and treatment.
- A member of staff holding a current full paediatric first-aid certificate will be in the room while EYFS children eat, and children will remain within sight and hearing.

8. Emergencies

Staff will follow the pupil's current plan and the school's emergency procedures. They will not delay urgent treatment while seeking parental consent, locating a digital record or waiting for a named member of staff.

See also **First Aid Policy**.

1. Make the area safe and give immediate treatment within the staff member's training and the plan.
2. Call 999 when the plan requires it, symptoms are severe or worsening, or there is doubt. State the school address, entrance and condition clearly.
3. Send someone to meet the ambulance and bring the pupil's medicines, plan and emergency contacts.
4. Contact parents as soon as practicable. A member of staff will remain with the pupil and accompany them to hospital if a parent has not arrived.

4. Record the event in Medical Tracker and complete any additional statutory, safeguarding, food-safety or health-and-safety report required.

Serious medical incidents and near misses will be reviewed in a constructive, no-blame manner. The review will consider the plan, training, equipment, communication and policy, and will record actions and report themes to the Board.

9. Inclusion, attendance and visits

Pupils will not be penalised for absence related to their medical condition. The school will work with the family and relevant professionals to support attendance, reintegration and access to learning, while applying the Attendance Policy and current statutory guidance.

Reasonable adjustments will be made for hydration, food, toilet access, movement, rest, monitoring, appointments and recovery as required by the pupil's plan.

Medical support will never be provided in a toilet unless an emergency makes this unavoidable.

9.1 Trips, swimming, sport and activities outside normal hours

No pupil will be excluded from a visit or activity solely because of a medical condition where reasonable adjustments can make participation safe. The visit leader will review the plan and risk assessment, consult the pupil and parent, allocate trained staff, and ensure medicines/devices, emergency contacts and recording arrangements travel with the group.

For swimming, adventure play, woodland activities, sport and remote areas, the risk assessment must consider access time to medicines and emergency services, communication, temperature, exertion and environmental triggers. Medication must remain protected and immediately accessible.

When staff accompany visits, the Headteacher must maintain adequate trained medical and first-aid cover at school.

For clubs or events run by external providers, responsibilities and information sharing will be agreed in advance.

10. Training and competence

Training will be proportionate to the pupil's needs and identified when a plan is prepared or reviewed. Healthcare professionals will identify or provide clinical training and confirm competence where a procedure requires it.

- The school keeps a current register of training, competence and expiry dates and arranges renewal before expiry.
- Induction includes this policy, emergency arrangements, how to access plans and how to record in Medical Tracker.
- Supply, temporary, peripatetic and cover staff receive the information and training necessary for the pupils they supervise.
- **Allergy training follows the Allergy Safety Policy and is renewed at least annually.**

11. Records, confidentiality and retention

Medical information is special-category personal data. Access to Arbor and Medical Tracker will be role-based and limited to what staff need for safety and support. Information may be shared without consent where this is necessary to protect life, safeguard a child or meet a legal duty; otherwise normal consent and data-protection arrangements apply.

Medical Tracker is the normal record of medicine administration, treatment, medical incidents and parental notification. Arbor holds the core pupil record and concise alert.

IHPs and supporting documents are stored securely and made readily accessible to authorised staff.

Records will be retained and disposed of in accordance with the school's current records-retention schedule, data-protection policy and any legal or insurance requirements. Audit trails must not be altered or deleted outside authorised processes.

12. Unacceptable practice

It is unacceptable to:

- prevent easy access to a pupil's medicine, device, food, drink, toilet, rest or monitoring where needed;
- assume every pupil with the same condition needs the same support;
- ignore the views of the pupil, parent or healthcare professional, or send a pupil home frequently for a condition that can safely be managed in school;
- penalise medical absence or create unnecessary barriers to trips, sport or wider school life;
- require parents to attend school routinely to provide support that the school should reasonably arrange;
- administer medicine in a toilet, except in an unavoidable emergency;
- rely on an out-of-date plan, an informal message or a paper record where a current authorised plan exists; or
- delay emergency treatment because a parent, named lead, digital system or prescribed device is not immediately available.

13. Insurance and complaints

The Board will ensure that the school has appropriate insurance and that staff acting within this policy, their training and agreed procedures are covered. Current policy details are held by the Finance and HR Manager.

Concerns should normally be raised first with the medical-needs lead or Headteacher. If unresolved, the school's Complaints Policy applies. Urgent safety or safeguarding concerns will be acted on immediately.

14. Linked policies and authoritative guidance

- Allergy Safety Policy
- First Aid Policy and First Aid Needs Assessment
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Attendance Policy
- SEND Policy and SEN Information Report
- Accessibility Plan
- Educational Visits Policy
- Data Protection Policy and records-retention schedule
- Complaints Policy

Authoritative sources checked for this revision:

- Department for Education, Supporting pupils at school with medical conditions (statutory guidance; current GOV.UK publication).
- Department for Education, Allergy safety in schools (statutory guidance, July 2026).
- Department for Education, EYFS statutory framework for group and school-based providers (effective 1 September 2026).
- Department of Health and Social Care, emergency asthma inhalers and adrenaline auto-injectors in schools guidance.

Policy ratification and version control

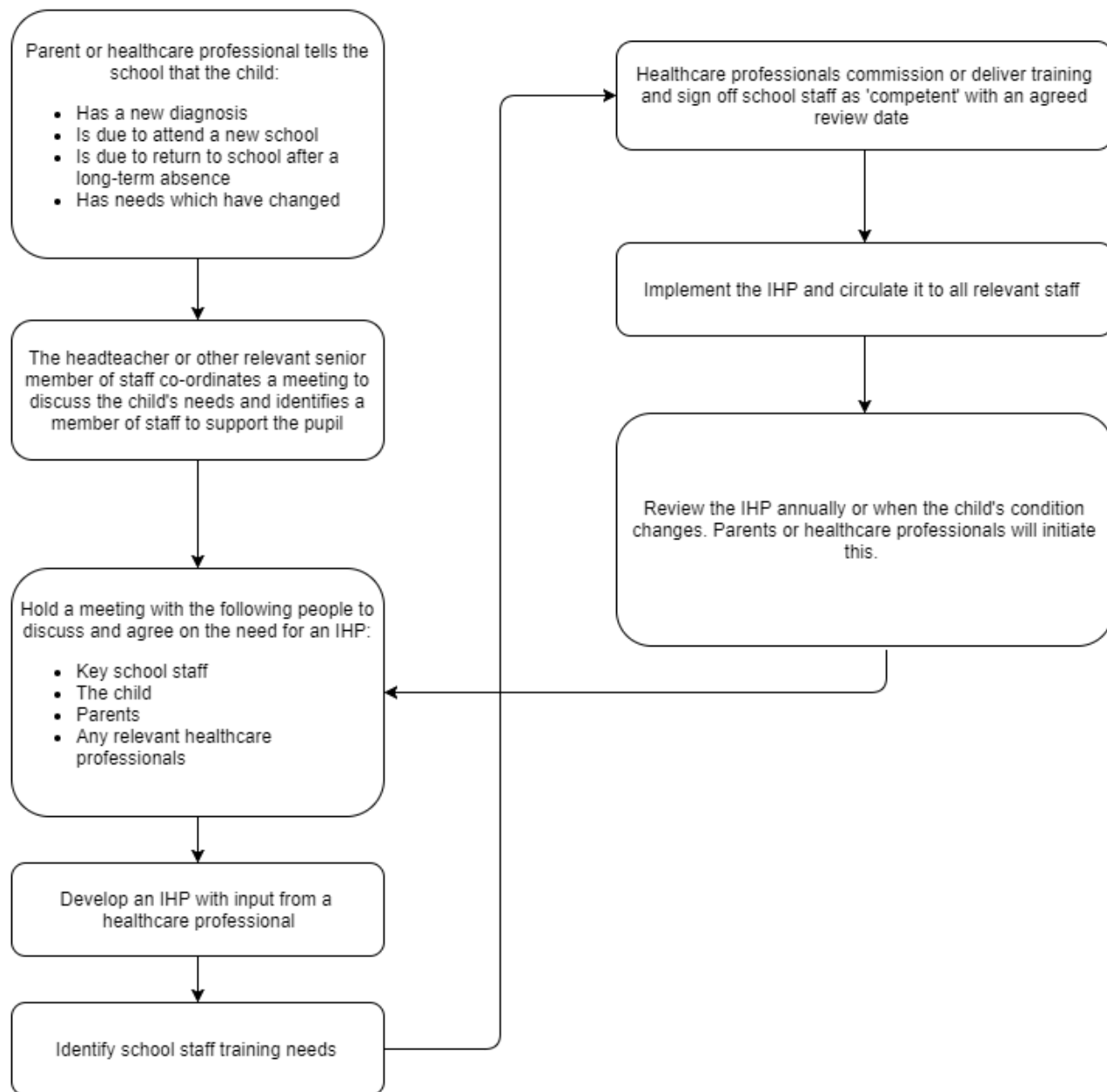
This policy has been carefully considered and ratified by the Board of Directors at its meeting on 26th September 2026

The policy will be reviewed operationally each year and formally no later than December 2028. It will be reviewed sooner following relevant legal or guidance changes, a significant change to systems or provision, or a serious incident or near miss indicating that arrangements may be inadequate.

Date	Comments / Reviewed:
August 2024	Policy reviewed and updated by P Ruffle, full consultation with first aid staff (C Howard, S Scott & S Pattemore). Based on the model by 'The Key' and the previous version by Assistant Headteacher (E Martin). Additions included: - more detail included related to supporting pupils with asthma - new tiered approach to ensure written consent in place (templates included)
September 2026	Full Policy revision by P. Ruffle due to Children's wellbeing and School's Act 2026 (allergy safety) and the adoption of Medical Tracker and Arbor as school recording systems. The Key model template retained. Also alignment with EYFS safer eating.

Appendix 1: Notification and planning pathway

Important: Urgent treatment and safeguarding action take priority. This pathway must not delay emergency care.



Appendix 2: Ongoing Medical Conditions Plan template



ONGOING MEDICAL CONDITIONS

Name: _____ Class: _____ Date of Birth: _____

Medical needs

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by / self administered with / without supervision.

Medication:	
Dose:	
Method of administration:	
Side effects:	
Administered by self	Yes/N o
Supervised	Yes/N o

I agree to designated members of staff assisting with the administration of medicines/providing treatment to my child as directed below.

Name of Medicine	Dose

New Condition:		Admin use only	
Integris updated by:		Special Conditions Form updated by:	
Notified	SLT	Class Teacher	Lead First Aid
☐	☐	☐	☐
SLT	Class Teacher	Lead First Aid	LSA team
Action to take:			

Daily care requirements

Diet
Timetable
Activities
Other requirements
Special educational needs (please give details)

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits / trips
etc.

--

Other information

--

Describe what constitutes as an emergency, and the action to take if this occurs.

--

Plan developed with

1
2
3
4

Staff updated

Name	Date delivered by whom/signed	Review

This care plan will be reviewed annually or on or on the change of advice from Dr's.



ONGOING MEDICINES IN SCHOOL PLAN

Name:

Class:

Date of Birth:

Medical needs

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by / self administered with / without supervision.

Medication:

Dose:

Method of administration:

Side effects:

Administered by self

Yes/No

Supervised

Yes/No

I agree to designated members of staff assisting with the administration of medicines/providing treatment to my child as directed below.

Name of Medicine	Dose

Parent/Guardian Signature:

New Condition:		Admin use only	
Integris updated by:		Special Conditions Form updated by:	
Notified	SLT	Class Teacher	Lead First Aid
	SLT	Class Teacher	Lead First Aid
	SLT	Class Teacher	Lead First Aid
LSA team			
Action to take:			

This care plan will be reviewed annually or on or on the change of advice from Dr's.

PARENT/CARER CONSENT FORM

for the administration of Medicine/Treatment



Please print

Child's name: Class:.....

Parent/Carer Contact Number(s):

My child has been identified as having:

I agree to designated members of staff assisting with the
administration of medicines/providing treatment to my child as
directed below.

Signed: (Parent/Carer) Date:

Name of Medicine	Dose

Please note: Medicines will be given from the School Office during lunchtime

*In the case of asthma, anaphylaxis or diabetes, separate information is needed.
Please see the school office for further information.*

Special Instructions/Allergies:

Date received in school:

Appendix 5: Medical Tracker downtime / offline administration record

Contingency form: Use only when Medical Tracker cannot be accessed or an agreed trip arrangement is offline. Check the current plan and previous-dose information first. Enter every row into Medical Tracker as soon as access is restored, then store or dispose of this sheet securely under the records schedule.

Pupil / class						
Medicine / strength / route						
Plan or consent checked			Yes / No			
Reason offline						
Date	Time due	Time given	Dose	Given by	Witness*	Outcome / refusal / error

**Witness only where required by the plan or school controlled-drug procedure.*

Back-entered in Medical Tracker by	
Date/time completed	
Parent informed if required	

Appendix 6: Serious medical incident / near-miss review

Complete after immediate records and notifications.

Use a constructive, no-blame approach and share only with those who need the information.

Person affected / class	
Date, time and place	
Incident or near miss	
Condition / plan involved	
What happened and likely cause	
Immediate response / treatment	
999 / hospital / parent notification	
Medical Tracker reference	
Other reporting required/completed	
Impact and wellbeing support	
Review question	Finding / action
Was the current plan adequate and followed?	
Were staff trained, competent and able to respond quickly?	
Were medicines/devices available and in date?	
Did communication and digital/paper records work?	
Could reasonable preventive action have reduced the risk?	
What will change, by whom and by when?	
Who needs the learning / policy or plan review?	
Review lead	
Pupil/parent involvement	
Board/governance reporting	
Completion/review date	