



LEIGH ST MARY'S CHURCH OF ENGLAND PRIMARY SCHOOL

Supporting Children with Medical Conditions Policy

Headteacher	Mrs S Watson
Policy owner	Headteacher
Approved by	Governing Body:
Policy date	September 2026
Next review	September 2027, or earlier following significant change

Mission Statement

At Leigh St Mary's Church of England Primary School, we promote a life-long love of learning. Through enriching, exciting learning opportunities and a creative curriculum, children are given the foundations to flourish. Our Christian values are at the heart of our school and provide us with a culture of happiness, respect and trust.

We aim to promote a sense of belonging within a warm, nurturing environment where children feel safe and valued. We celebrate cultural diversity and believe that every child should have the opportunity to be the best that they can be.

Through our encouragement of good manners, kindness and friendship we aim to ensure our children display the values of good citizenship. We hope to instil in our children an 'I can' attitude and to provide our children with the tools to succeed in an ever changing world.

Our School Bible Verse from Colossians 2 Verses 6 and 7

"As you received Christ Jesus the Lord, so continue to live in him. Keep your roots deep in him and have your lives built on him. Be strong in the faith, just as you were taught. And always be thankful."

Our School's Christian Vision

At Leigh St Mary's Church of England Primary School, our vision is to be a flourishing Christian community where everyone is inspired to learn, believe in their potential and achieve all they are called to be.

Rooted in the love and grace of God, revealed through Jesus Christ and inspired by Colossians 2:6–7, we seek to ensure that every member of our school family is "rooted and built up in Him", growing in faith, wisdom and character.

Guided by our Christian values of friendship, respect and kindness, we aspire to nurture a community where love shapes relationships, everyone is valued and each person knows they belong. We aim to inspire hope, encourage resilience and develop courageous learners who face challenges with confidence, perseverance and an 'I can' attitude.

1. Policy statement

At Leigh St Mary's Church of England Primary School, children with medical conditions are welcomed, included and supported to participate as fully as possible in education, school trips, physical education, clubs and the wider life of school. We work in partnership with each child, their parents or carers, healthcare professionals and relevant services so that support is safe, proportionate and centred on the child's individual strengths and needs.

We recognise that medical conditions may affect physical or mental health, learning, attendance, confidence and friendships. Our arrangements promote dignity, independence and self-care where appropriate, while ensuring that help is readily available when needed.

2. Purpose and scope

This policy applies throughout Leigh St Mary's day and to school-organised activities off site, including educational visits, residential visits, sporting events and wraparound or extra-curricular provision run directly by Leigh St Mary's. It should be read alongside Leigh St Mary's 's Administration of Medicines, First

Aid, Safeguarding and Child Protection, SEND, Equality, Attendance, Educational Visits and Health and Safety policies.

Separate provider arrangements may apply where activities are delivered by an external organisation; Leigh St Mary's will share relevant information lawfully and satisfy itself that appropriate arrangements are in place.

3. Legal and guidance framework

The governing body has a duty under section 100 of the Children and Families Act 2014 to make arrangements to support pupils with medical conditions. In carrying out this duty, Leigh St Mary's has regard to the Department for Education's statutory guidance, Supporting pupils at school with medical conditions (December 2015, updated web page August 2017).

1. Equality Act 2010, including the duty to make reasonable adjustments for disabled pupils and the public sector equality duty;
2. Health and Safety at Work etc. Act 1974 and associated risk-management duties;
3. Children Act 1989 and Children Act 2004 safeguarding and cooperation duties;
4. Education Act 1996 and statutory guidance on education for children unable to attend school because of health needs;
5. Special educational needs and disability code of practice: 0 to 25 years;
6. Human Medicines (Amendment) Regulations 2014 and 2017, and Department of Health guidance on emergency salbutamol inhalers and adrenaline auto-injectors in schools;
7. UK GDPR and Data Protection Act 2018; and
8. the current statutory framework for the Early Years Foundation Stage, where applicable.

4. Principles

9. The child's best interests, voice, safety, dignity and right to participate guide decision-making.
10. Support is individual: children with the same condition may need different arrangements.
11. Leigh St Mary's will not wait for a formal diagnosis before putting reasonable interim support in place where evidence shows it is needed.
12. Parents are essential partners, but will not be required to attend school routinely or give up work because Leigh St Mary's has not made suitable support arrangements.
13. Children are encouraged to manage their own medicines and procedures when this is safe and developmentally appropriate.
14. Information is shared on a need-to-know basis so that staff can keep the child safe while respecting confidentiality.

5. Roles and responsibilities

5.1 Governing body

15. Ensures effective arrangements and an accessible policy are in place and reviewed regularly.
16. Remains legally accountable for the section 100 duty, even where functions are delegated.
17. Ensures sufficient suitably trained and competent staff are available, including for absence, turnover and emergencies.
18. Assures itself that appropriate insurance and risk-management arrangements are in place.

5.2 Headteacher

19. Has overall responsibility for developing and implementing this policy and for the development of individual healthcare plans (IHCPs).
20. Ensures staff understand their roles; relevant staff and supply staff receive necessary information; and adequate cover is available.
21. Ensures training, competence, record-keeping, medicine storage and emergency arrangements are effective.
22. Contacts Leigh St Mary's nursing service when a child may need support and has not already been brought to its attention.
23. Takes the final view, after consultation and consideration of evidence, where agreement cannot be reached about whether an IHCP is proportionate.

5.3 School staff

24. Take account of the needs of children they teach or supervise and know how to obtain help in an emergency.
25. May be asked to provide medical support, including administering medicines, but will only undertake specialist tasks after suitable training and confirmation of competence.
26. Follow the child's IHCP, agreed procedures and record-keeping requirements, and raise concerns promptly.

5.4 Parents and carers

27. Provide accurate, current information, written consent, medicines and equipment in accordance with agreed arrangements.
28. Participate in planning and review, tell Leigh St Mary's promptly about changes and remain contactable through agreed emergency details.
29. Ensure medicines supplied are in date, correctly labelled and replaced when used or approaching expiry.

5.5 Pupils

- 30. Are listened to and involved in decisions in a way appropriate to their age and understanding.
- 31. Are supported to develop confidence and independence in managing their condition.
- 32. Should tell an adult if they feel unwell or need help and follow their agreed plan.

5.6 Healthcare professionals and local services

Leigh St Mary's nurse and other relevant clinicians may advise on support, contribute to IHCPs and training, and confirm competence for specialist procedures. The local authority and health services may provide advice and support within their respective responsibilities.

6. Notification and putting support in place

- 33. Notification is received from a parent, healthcare professional, previous setting or another reliable source.
- 34. The Headteacher or delegated lead gathers available information, listens to the child and parent, and considers immediate or interim safety measures.
- 35. Leigh St Mary's decides with relevant partners whether an IHCP is needed, identifies training and risk-assessment requirements, and agrees who will coordinate the plan.
- 36. Arrangements are communicated to staff who need to know, medicines and equipment are checked, and support begins.
- 37. The arrangements are monitored and reviewed.

For a child starting school, arrangements should be ready for the beginning of the relevant term. For a new diagnosis or mid-term admission, every effort will be made to put arrangements in place within two weeks. Urgent interim measures will be introduced sooner where necessary.

7. Individual Healthcare Plans

An IHCP provides clarity about what needs to happen, when and by whom. It will often be essential where a condition fluctuates, is long-term or complex, or carries a high risk of emergency intervention. Not every child with a medical condition requires one; the decision will be evidence-based and proportionate.

Plans are developed in partnership with the child, parents, school and an appropriate healthcare professional. Partners will agree who leads the drafting; the Headteacher remains responsible for ensuring that each plan is finalised and implemented.

An IHCP may include:

- 38. the condition, triggers, signs, symptoms and treatments;
- 39. medicines, dose, side effects, storage, equipment, testing, dietary or environmental requirements and access to food, drink or toilet breaks;
- 40. educational, social and emotional support, including management of absence and reintegration;

41. the child's level of independence and any supervision or monitoring;
42. named support, training and competency requirements, plus cover arrangements;
43. who needs to know and any agreed confidentiality arrangements;
44. written permission for administration or self-administration;
45. arrangements for trips and activities, including risk assessment; and
46. emergency action, contacts and contingencies.

Plans will be accessible to staff who need them while being stored and shared securely. They will be reviewed at least annually and sooner when needs, treatment or circumstances change, after a relevant incident, or at the request of the child, parent, school or healthcare professional. Where appropriate, the IHCP will link with the child's SEN support or Education, Health and Care plan.

8. Medicines and medical devices

8.1 Consent and acceptance

47. Prescription medicines will normally be administered only with written parental consent and in line with the prescriber's instructions.
48. Medicines should be in the original container as dispensed, clearly labelled with the child's name, medicine, dose, route, timing, expiry date and storage instructions. The exception is insulin, which may be supplied in an in-date pen or pump rather than its original outer packaging.
49. Leigh St Mary's may administer a non-prescription medicine only under its agreed medicines procedure, with written parental consent, for a short period and never containing aspirin unless prescribed by a doctor.
50. No child under 16 will be given medicine containing aspirin unless it has been prescribed by a doctor.
51. Medicines will not be administered merely for convenience. If the prescribed timing can safely be met outside school hours, parents may be encouraged to discuss this with the prescriber; Leigh St Mary's will not alter a prescribed regime.

8.2 Administration and records

52. Leigh St Mary's will keep a written or secure electronic record of each dose administered or supervised, including date, time, amount, name and signature/identifier of the staff member, and any refusal or error.
53. Where a child refuses medicine, staff will not force them. The agreed procedure and IHCP will be followed and parents informed; urgent medical advice or emergency help will be sought where required.
54. Parents will be told promptly about significant errors, adverse reactions or emergency administration. The incident will be recorded, reviewed and reported through relevant safeguarding, health and safety or regulatory routes where applicable.

55. Staff will not administer a dose where instructions are unclear, the medicine is out of date, the label does not match the written authorisation, or safe administration cannot be confirmed; advice will be obtained promptly.

8.3 Storage, access and disposal

56. Medicines are stored safely, securely and in line with manufacturer or pharmacy instructions, but are readily accessible to authorised staff and to children who self-manage.
57. Emergency medicines such as reliever inhalers, glucose and adrenaline auto-injectors must be available without avoidable delay and must not be locked away where access would be impeded.
58. Medicines requiring refrigeration are stored in a suitable, monitored refrigerator in a labelled, closed container, separate from food where practicable.
59. Controlled drugs are stored in a non-portable locked cabinet with access restricted to authorised staff. A child may legally possess a prescribed controlled drug where competent to do so; otherwise school arrangements will ensure ready access when required.
60. Parents are asked to collect medicines when no longer required or at the end of the agreed period. Uncollected or expired medicines will be returned to a pharmacy in accordance with local arrangements; they will not be placed in ordinary waste. Sharps are placed immediately in an approved sharps container.

8.4 Self-management

Children who are competent to manage their own health needs will be encouraged to do so, with this recorded in their IHCP or agreed arrangements. They may carry their own inhalers, adrenaline auto-injectors, glucose or other agreed medicines and devices. Where carrying is not appropriate, access will remain immediate and staff will know the location. A child who self-administers will receive the level of supervision agreed for their age, understanding and clinical needs.

8.5 Emergency inhalers and adrenaline auto-injectors

Leigh St Mary's holds emergency salbutamol inhalers and spare adrenaline auto-injectors. School will maintain a separate protocol consistent with current Department of Health and Social Care guidance. Emergency stock will be checked, stored, used, recorded and replaced by designated staff.

61. An emergency salbutamol inhaler may be used only by a child diagnosed with asthma and prescribed a reliever inhaler, or prescribed a reliever inhaler for another condition, where written parental consent for emergency use is held, unless emergency clinical advice directs otherwise.
62. A spare adrenaline auto-injector may be used for a child at risk of anaphylaxis when their own device is unavailable or not working, in accordance with current guidance, the child's plan and parental consent arrangements. If anaphylaxis is suspected, call 999 immediately, administer adrenaline without delay in line with training and instructions, and give a further device after the interval stated in current emergency guidance if symptoms persist and another device is available.

63. Emergency devices supplement, and do not replace, the child's own prescribed medicine. Stock strengths and device types will reflect the needs of pupils on roll and current clinical/manufacture guidance; Leigh St Mary's will not specify a child's dose independently.

8.6 Off-site activities

Planning will begin early enough for the child to participate safely. The visit leader will confirm that medicines, devices, the relevant plan and trained support accompany the child and remain readily accessible, not in inaccessible luggage or a locked vehicle. The risk assessment will consider transport, food, temperature-controlled storage, privacy, emergency access, mobile signal, nearest medical help and handover between staff. A parent will not routinely be required to accompany their child.

9. Emergency procedures

64. Stay with the child, make the area safe and follow the child's IHCP or emergency plan.
65. Call 999 without delay for a serious or life-threatening reaction, breathing difficulty, loss of consciousness, seizure beyond the child's expected pattern, suspected anaphylaxis, or whenever the plan directs. State Leigh St Mary's 's full address and provide clear access instructions.
66. Give agreed emergency treatment if trained and competent. Do not delay urgent treatment while trying to contact parents.
67. Send an appropriate adult to meet the ambulance and bring the child's plan and medicines. A staff member will accompany the child to hospital if a parent has not arrived; staff will not take a child to hospital in a private vehicle unless directed in an exceptional emergency.
68. Contact parents as soon as practicable, record the event, replenish used medicines and review the child's arrangements and staff response.

All staff will know how to summon first aid and emergency assistance. Emergency contact and site-access information will be kept current.

10. Training, competence and staffing

Whole-school awareness will cover this policy, common warning signs, how to summon help and the principle that a child's needs are individual. Staff undertaking a specified procedure will receive suitable role-specific training from an appropriately qualified person and must be confirmed competent before taking responsibility.

69. Training is refreshed at intervals advised by the trainer, when needs or equipment change, following concern or incident, and for new staff as required.
70. Leigh St Mary's keeps training and competency records and plans sufficient cover for absence, turnover, trips, clubs and emergencies.
71. A child's parent may share valuable information but will not normally be the sole person who certifies staff competence for a clinical procedure.

72. Supply, temporary, lunchtime, wraparound and trip staff receive the information and briefing necessary for the children they supervise.

11. Inclusion, attendance and education

Leigh St Mary's will make reasonable adjustments and plan proactively so that medical needs do not create unnecessary barriers. Absence linked to a medical condition or healthcare appointment will be recorded using the appropriate attendance code and will not be used to penalise the child. Leigh St Mary's will support continuity of learning and a positive, phased or otherwise tailored reintegration where appropriate.

Where it is clear that a child is likely to be unable to attend school for 15 days or more, whether consecutive or cumulative, Leigh St Mary's will work promptly with the local authority and relevant professionals so that suitable education and reintegration support can be considered.

12. Practice we will avoid

To keep our culture positive and inclusive, Leigh St Mary's will not:

73. prevent a child from readily accessing or using their medicine when and where necessary;
74. assume that children with the same condition require the same treatment;
75. ignore the views of the child or parent, or disregard clinical evidence without proper consideration and appropriate challenge;
76. send a child home frequently or exclude them from normal activities, including lunch, unless this is set out in their plan and is in their best interests;
77. send an unwell child to the office or medical room alone or accompanied by an unsuitable person;
78. deny necessary food, drink, toilet or rest breaks;
79. make parents feel obliged to attend school routinely to administer medicine or provide care;
80. create unnecessary barriers to trips, PE, clubs or any aspect of school life, including routinely requiring a parent to accompany the child; or
81. prevent a child from taking part because staff arrangements have not been made.

13. Confidentiality, safeguarding and information sharing

Medical information is special-category personal data and will be collected, used, shared, retained and disposed of in accordance with Leigh St Mary's 's data-protection arrangements. Information will be shared with staff and providers who need it to keep the child safe and support participation. The child and parents will be involved in decisions about routine sharing, while safeguarding or vital-interest information may be shared without consent where the law permits or requires it.

Visible alerts, photographs or emergency information will be used only where necessary and proportionate, with privacy respected. Records will be accurate, secure and retained in accordance with Leigh St Mary's 's retention schedule.

14. Liability, insurance and incident learning

The governing body will ensure that Leigh St Mary's 's insurance arrangements cover staff acting within the scope of their employment, training and this policy. Staff will follow approved procedures and act within their competence. Medical incidents, near misses and errors will be reported internally, investigated proportionately and used to improve plans, training and systems. External reporting, including under health and safety requirements, will be completed where the relevant threshold is met.

15. Concerns and complaints

We encourage families to raise concerns early with the class teacher, medical needs lead or Headteacher so that they can be resolved promptly and constructively. Formal complaints will be considered under Leigh St Mary's 's published complaints procedure. A complaint does not remove Leigh St Mary's 's duty to continue providing safe, appropriate support while the matter is considered.

16. Monitoring and review

The Headteacher will monitor implementation through, as appropriate, review of IHCPs, medicine and training records, incidents and near misses, pupil and parent feedback, participation and attendance information, and checks of emergency arrangements. The governing body will review this policy at least annually and sooner following legislative or guidance change, a significant incident, or identified weakness.

Appendix 1: Implementation checklist

Check	Evidence
Named policy lead and deputy/cover	Roles communicated; contact route clear
Pupils needing support identified	Current register and transition process
IHCP decision and review	Proportionate plans; annual/earlier reviews recorded
Medicines and devices	Consent, labels, expiry, storage and access checks
Training and competence	Current training matrix and cover arrangements
Emergencies	Plans accessible; 999/site access procedure rehearsed
Trips and clubs	Risk assessments include medicines and trained support
Information governance	Need-to-know sharing and secure records
Learning and assurance	Incidents, feedback and governor monitoring reviewed

Appendix 2: Core records

- 82. parental agreement for Leigh St Mary's to administer or supervise medicine;
- 83. individual healthcare plan or agreed support record;
- 84. medicine administration and refusal/error record;
- 85. staff training and competency record;
- 86. emergency inhaler and/or spare adrenaline auto-injector register and use record, where held;
- 87. trip-specific handover or risk-assessment record; and
- 88. incident, near-miss and review record.

Appendix 3: Reference sources

Source	Document
Department for Education	Supporting pupils at school with medical conditions: statutory guidance (December 2015; GOV.UK page updated August 2017)
Department of Health and Social Care	Guidance on the use of emergency salbutamol inhalers in schools (2014)
Department of Health and Social Care	Guidance on the use of adrenaline auto-injectors in schools (2017)
Legislation	Children and Families Act 2014, s.100; Equality Act 2010; Health and Safety at Work etc. Act 1974; Data Protection Act 2018
Department for Education	SEND code of practice: 0 to 25 years; Education for children with health needs who cannot attend school

Operational procedures should also reflect current Wigan Council advice, local health-service arrangements and the manufacturer's instructions for each medicine or device.