Creative Education Trust

Supporting Children with Medical Conditions Policy 2025-26

Policy Owner	Director of SEND
Reviewed by	Director of SEND
Approved by Safeguarding Committee	Estates and Properties Committee on
Implementation date	September 2025
Next review date	September 2026

Supporting Pupils with Medical Conditions Policy

Principles

1) The Principal/Headteacher is responsible for the implementation of this policy.

2) Parents are responsible for providing the school with sufficient and up-to-date information about their child's medical needs. They must provide all medicines and equipment and ensure that they or a nominated adult are contactable at all times.

3) CET is committed to ensuring that pupils with medical conditions are supported so that they have full access to education, including school trips and physical education in each of its academies.

4) Principals/Headteachers will consult with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood.

5) We recognise that there is a need to treat all children with respect, especially when intimate care is given. No child should be attended to in a way that causes any distress, embarrassment or pain and care provided must be consistent.

6) Children with medical conditions are entitled to a full education and have the same rights to admission to school as other children. CET will not refuse to admit a pupil on medical grounds.

7) If a member of staff has any concerns about physical changes in a child's presentation (for example any marks, bruises, soreness etc.) they will immediately follow the procedures outlined in the child protection policy. If a child makes an allegation against a member of staff, procedures in the child protection policy will be followed.

8) In line with their safeguarding duties, the academy will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. Consequently, the Headteacher/Principal will not accept a child in school at times when it would be detrimental to the health of that child or others to do so.

9) Academy leaders will take full account of the latest Department for Education guidance, specifically: Supporting pupils at school with medical conditions, December 2015.

Procedures

10) When the school is notified of a medical condition for a new or existing pupil, the following procedure is followed.

    a) The Principal/Headteacher, or senior member of school staff to whom this has been delegated, co-ordinates a meeting to discuss the child's medical support needs and identifies member(s) of school staff who will provide support to the pupil.
    b) The senior member of staff calls a meeting to discuss and agree on the need for an Individual healthcare plan (IHCP). The meeting includes key school staff, the child, parents, relevant healthcare professionals and other medical/health clinicians as appropriate (or to consider written evidence provided by them).
    c) The senior member of staff coordinates the writing of an IHCP, if this is deemed appropriate, in partnership with the parents and healthcare professionals.
    d) The senior member of staff identifies any training needs required and ensures that these take place.
    e) The IHCP is shared with all relevant members of staff and is implemented.
    f) The senior member of staff organises reviews of the IHCP annually or when the need arises if sooner. The parents are responsible for informing the school of any changes that may require a review of the IHCP.

11) If the school is notified that the child is going to move school, the Principal/Headteacher ensures that the allocated school is informed about the child's medical needs as soon as possible. When a child moves school, the IHCP is transferred along with all of the child's records.

Individual Healthcare plans (IHCP)

12) IHCPs will vary in style and complexity according to each child's needs.

13) IHCPs will be kept confidential to only those people who need to know.

14) IHCPs should be drawn up in partnership between the school, parents, relevant healthcare professionals and, if appropriate, the child.

15) The academy will take account of religious and cultural sensitivities.

16) Where the child has special educational needs (SEN) but does not have an EHC plan, their special needs should be mentioned in the IHCP.

17) Where the child has an EHC plan, the IHCP should be linked to or become part of EHC plan.

18) As a minimum, the IHCP should include:

a) the medical condition, its triggers, signs, symptoms and treatments
b) the pupil's resulting needs, including medication and other treatments in sufficient detail to enable staff to manage the condition
c) specific support for the pupil's educational, social and emotional needs
d) the level of support needed and how much self-management the child has
e) who will provide the support, their training needs, competency and cover arrangements
f) who in the school needs to be aware of the condition and how this information will be shared
g) arrangements for written permission from parents and the Headteacher/Principal for medication to be administered by a member of staff or the pupil during school hours
h) separate arrangements for procedures outside of school, including on residential visits if appropriate
i) a risk assessment for the child and whether a PEEP is required or not
j) what to do in an emergency, including contact details and contingency arrangements.

19) If a child refuses to take medicine or carry out a necessary procedure included in their IHCP, staff should not force them to do so, but follow the procedure agreed in the IHCP. They should ensure that the parents are informed so that alternative options can be considered.

Intimate care

20) Intimate care, is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves, but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

21) Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

22) In most cases, intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure, only a person suitably trained and assessed as competent should undertake the procedure.

23) Intimate care needs must be planned carefully. Any child who requires intimate care must always be treated with respect and the welfare and dignity of the child is important.

24) Staff who provide intimate care are trained to do so and are aware of best practice. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much as possible for themselves. This may mean, for example, giving the child responsibility for washing themselves. Individual healthcare plans will be drawn up for children as appropriate to suit the circumstances of the child.

25) Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is attended to. Typically, one child will be catered for by one staff member unless there is a sound reason for having more staff present. If this is the case, the reasons should be clearly documented. Recording equipment such as mobile phones and cameras must not be taken into areas where intimate care is carried out.

26) If a child becomes distressed or unhappy about being cared for by a member of staff, the matter will be discussed and reviewed, and outcomes recorded. Parents and carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Further advice will be taken from outside agencies if necessary.

Safeguarding

27) Staff and pupils must adhere to the child protection policy.

28) If a child is hurt accidentally, they should be immediately reassured, and the adult should check that he or she is safe. The incident must be reported immediately to the designated line manager and recorded appropriately within accident and incident reporting procedures.

29) Action should be taken immediately should there be a discrepancy of reports between a child and the personal assistant, particularly with reference to time spent alone together.

Resources

30) The academy will ensure that all of the required resources, such as provisions for individual needs, PPE, sharps bins, clinical waste bins etc are provided.

Staff training

31) All staff involved in the care of a child with a medical condition must be suitably trained in line with the child's IHCP.

32) The Headteacher/Principal or delegated senior member of staff is responsible for liaising with healthcare professionals and ensuring that the training needs of all staff members required by an IHCP are fulfilled.

33) The Headteacher/Principal must arrange whole-school awareness training about the school's pupils with medical needs at least annually and as part of the induction of new staff.

Managing medicines on school premises

34) Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so, or where the medicine has been prescribed by a doctor, dentist, nurse or pharmacist and administration is required during school hours to maintain the benefit of the medicine prescribed.

35) No medicines should be given to a child without the written consent of a parent. This might be in the form of an agreed IHCP. There must be an agreed procedure in place, shared with and co-produced with parent/ carers to outline how the agreed, identified medicine(s) will be administered.

36) The academy will only accept prescribed medicines if these are in-date, labelled, provided in the original packaging and include instructions for administration, dosage and storage. See eyfs 24

37) All medicines must be stored safely. Children must know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away, both in school and on school trips.

38) When no longer required or when out of date, medicines must be returned to the parent(s) or carers.

39) Sharps boxes must be used for disposal of needles and other sharps.

40) A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. The academy will, otherwise, keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs must be easily accessible in an emergency.

41) Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. It is for the Principal/Headteacher to decide whether written instructions from the parent or on the medication container are sufficient or whether additional training is necessary. Any training or guidance detailed in an IHCP must be followed. All staff administering medicine(s) that require medical or technical knowledge must have the appropriate training relating to specific medicine(s).

42) The headteacher/ principal is responsible for ensuring that accurate records are maintained, detailing the administering of individual doses of medicine(s). Records must include the medicine(s) provided, the dose, the date and time and this information must be shared with parent / carers on the same day or as soon as practically possible, unless there is an agreement such as a IHPC in place. The head teacher/ principal is responsible for ensuring that all staff who administer medicine(s) has received adequate training to complete the required records.

43) Children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected in IHCPs.

Record keeping and communication

44) The Principal/Headteacher is responsible for ensuring that written records are kept of all medicines administered to children.

45) Communication with parents about a child's intimate care should always be through confidential and direct contact; details must not be recorded in home/school liaison books.

46) Risk assessments for activities in school and away from the school site

47) The Principal/Headteacher must ensure that the risk assessment in each child's IHCP is reviewed at least annually and whenever there is a change of circumstances.

48) In the case of a medical emergency not covered by a risk assessment, the academy must seek emergency medical assistance by calling 999, or the local emergency number if abroad, for an ambulance. School staff must remain with the child until a parent arrives.

Unacceptable practice

49) Staff must use their discretion, but it is not generally acceptable practice to:

a) prevent children from accessing their inhalers and medication and administering their medication when and where necessary
b) assume that every child with the same condition requires the same treatment
c) ignore the views of the child or their parents; or ignore medical evidence or opinion
d) 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 IHCP
e) if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
f) penalise children for their attendance record if their absences are related to their medical condition
g) prevent children from eating, drinking or taking toilet or other breaks whenever they need to in order to manage their medical condition more effectively
h) require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues
i) prevent children from participating or create unnecessary barriers to children participating in any aspect of academy life, including trips.

Liability and indemnity

50) The academy is a member of the Department for Education's Risk Protection Arrangement (RPA). This provides cover for staff who provide support to pupils with medical conditions, including the administration of medication.

Complaints

51) If a pupil or parent is dissatisfied with the support provided by the academy, they should follow the academy's published complaints procedure.

Review

52) This Policy will be reviewed annually in September

Allergy Protocol

Policy Owner	**Head of SEND**
Last Reviewed	**June 2026**
Next Review	**June 2027**

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Jemma Adlington
Sarah Bailey

Contents

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how **Harpfield Primary Academy** will support students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Parent/Carer Responsibilities

- On entry to the school, it is the parent's responsibility to inform **the school office staff and home-school link worker** of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/Carers are to supply a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional
  e.g. School nurse/GP/allergy specialist.
- Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents/carers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or cover classes) must be aware of the students in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. **This will be pinned on Arbor.** Any food-related activities must be supervised with due caution.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.
- **Home-School Link Worker** *will* ensure that the up-to-date Allergy Action Plan is kept with the student's medication.
- It is the parent/carer's responsibility to ensure all medication in date however the **Home-School Link Worker** will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- **Home-School Link Worker and Operations Manager** keeps a register of students who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given through Smart log.
- **Operations Manager** ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.

Student Responsibilities

- Students are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Students who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Allergy Action Plans are produced by a medical professional and should not be created by school. The allergy action plans are designed to function as an individual healthcare plan.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the student has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times in a suitable bag/container that is labelled so staff can find easily.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and **accessible to all staff.**

Medication should be stored in a suitable container and clearly labelled with the student's name. The student's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Home-School Link Worker will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication
Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents/carers. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority. The sharps bin is kept in the medical room.

6. 'Spare' adrenaline auto-injectors in school

Harpfield Primary Academy has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in **a wall-mounted kit in the school office**, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.**

Harpfield Primary Academy holds **four** spare pens which are kept in the following location/s:-

Main Office

The Operations Manager is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the student's allergy action plan.

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Jemma Adlington
Sarah Bailey

All staff will complete allergy and anaphylaxis training annually, and on an ad-hoc basis during induction of new staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

Harpfield Primary Academy ensures that staff undertake a practical session using trainer devices.

8. Inclusion and safeguarding

Harpfield Primary Academy is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available

for all food products.

The school's menu is available for parents/carers to view in advance with all ingredients listed and allergens highlighted on the organisation website at https://www.harpfieldprimaryacademy.org.uk/

The **Home-School Link Worker/ School Office staff** will inform the Catering Manager of students with food allergies.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for students with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The student should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic students and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions
Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Risk Assessment

Harpfield Primary Academy will conduct a detailed individual health care plan including a risk assessment for all new joining students with allergies and any students newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

12. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting students at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-students-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834