



LONGTON NURSERY AND PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Care • Grow • Shine

Policy owner	Headteacher	Approved by	Governing Body
Applies to	Nursery and school pupils with medical conditions, allergies and healthcare needs	Linked policies	Child Protection; Attendance; SEND; First Aid; Health and Safety; Educational Visits; Intimate Care; Data Protection; Allergy Safety Policy
Headteacher	Julie Brown	Chair of Governors	Jon Bates
DSL	Julie Brown — 1st Iain Pearson — 2nd Rebecca Catterall — 3rd	Local authority	Lancashire County Council
Named responsibility	Headteacher / delegated trained staff	Emergency	999 where life is at risk
Current statutory basis	Section 100 Children and Families Act 2014 and current DfE statutory guidance	Future guidance	Review when final replacement guidance comes into force
Core principle	Pupils with medical conditions should be properly supported to access education, including trips and physical activity	Status	Statutory school policy

1. Purpose and legal framework

Longton Nursery and Primary School is committed to ensuring that pupils with medical conditions, allergies and healthcare needs are properly supported so that they can play a full and active role in school life, remain healthy, achieve their academic potential and access the same opportunities as other pupils.

The Governing Body must make arrangements to support pupils with medical conditions under section 100 of the Children and Families Act 2014. This policy is based on the current Department for Education statutory guidance Supporting pupils at school with medical conditions, Keeping Children Safe in Education 2025, Working Together to Improve School Attendance and relevant SEND duties, equality law and health and safety law. The school also maintains a separate Allergy Safety Policy in accordance with the DfE statutory guidance.



2. Principles

- No child will be denied admission or prevented from taking part in education solely because arrangements are needed for a medical condition, except where lawful and necessary for safety.
- Support will focus on the individual child, not only the diagnosis.
- Pupils will be listened to and involved according to age, maturity and communication needs.
- Parents/carers and relevant healthcare professionals will be partners in planning support.
- Staff will receive information and training appropriate to their responsibilities.
- Medicines and emergency devices will be safely managed but readily accessible when urgently needed.
- Medical needs will be considered in attendance, safeguarding, SEND, trips, physical education and emergency planning.
- Reasonable adjustments will be made for disabled pupils.

3. Roles and responsibilities

The Governing Body will ensure appropriate arrangements are in place, sufficient staff are trained, insurance is suitable, and the policy is implemented and reviewed.

The Headteacher will:

- ensure the policy is implemented consistently;
- identify a responsible person to coordinate medical support where appropriate;
- ensure staff are aware of relevant pupils and emergency arrangements;
- ensure sufficient trained staff are available, including for trips and foreseeable staff absence;
- ensure individual healthcare plans are developed where needed;
- ensure recruitment, induction, risk assessment and emergency planning take account of medical needs;
- liaise with parents, healthcare professionals, school nursing services and the local authority.

All staff must know how to summon help, respond to emergencies, follow agreed plans and report concerns. Staff are not required to undertake medical procedures without appropriate training, competence and agreement.

Parents/carers should provide accurate and current information, medicines and devices as agreed, notify the school of changes, attend planning meetings and ensure medicines are in date.

Pupils should contribute to their support where appropriate, know how to seek help, and carry or manage medicines independently where assessed as safe.

4. Notification and transition

- Parents/carers should inform the school of a medical condition or allergy at admission and whenever circumstances change.
- Information may also come from healthcare professionals, previous settings or safeguarding processes.
- Where possible, arrangements will be made before a pupil starts school or returns after diagnosis or significant change.
- Transitions between classes, phases, schools and services will be planned to avoid gaps in support.
- Urgent interim arrangements will be made where a pupil cannot safely wait for a full plan.



5. Individual Healthcare Plans (IHPs)

An IHP will be considered where a medical condition is long-term, complex, fluctuating, life-threatening, requires emergency intervention, affects attendance or access, involves multiple staff or agencies, or where a plan would help the school manage risk consistently.

Not every pupil taking medicine needs an IHP. The decision will be based on individual need and professional judgement. Where an IHP is not required, the school will still record and communicate the necessary arrangements.

- condition, triggers, signs, symptoms and treatments;
- the pupil's needs and impact on learning, attendance, physical activity and wellbeing;
- medicines, doses, timing, storage, access and side effects;
- emergency action and when to call 999;
- who is responsible and who is trained;
- arrangements for self-management;
- adjustments, rest, food, drink, toilet access or environmental controls;
- trips, clubs, PE and off-site activities;
- attendance support and reintegration where needed;
- confidentiality and information sharing;
- review date and triggers for earlier review.

IHPs will normally be reviewed at least annually and sooner after an emergency, hospital admission, change in treatment, significant incident or change in the pupil's needs.

6. Medicines: general rules

- Medicines should normally be prescribed in dose frequencies that allow administration outside school where clinically possible.
- The school will only accept medicines that are necessary during school hours and supplied in accordance with agreed procedures.
- Prescription medicines should be in the original container as dispensed, with the pupil's name, medicine, dose, method, timing and expiry information.
- Non-prescription medicines will be administered only under the school's agreed arrangements and with appropriate parental consent.
- Medicines will not be transferred into unlabelled containers.
- Staff will check the correct pupil, medicine, dose, route and time before administration.
- Administration and refusals will be recorded.
- Parents/carers will be informed where a dose is missed, refused, vomited or otherwise not administered when this may affect the child's health.

6A. Longton arrangements for administering medicines

At Longton Nursery and Primary School, routine medicines required during the school day are normally administered by authorised members of the school office team. Office staff follow the written instructions and consent provided by the parent or carer, together with the pharmacy label and any healthcare plan or prescriber instructions that apply. Parent or carer instructions will not be used to alter a prescribed dose, timing or method of administration.



Where medicine must be given at a particular time, the office team may set a timer or other reliable reminder. This supports timely administration but does not replace the required checks before a dose is given.

Before administering medicine, the authorised member of staff will check the pupil, medicine, dose, route, time, written instructions, expiry date and the administration record. Each dose will be logged promptly after administration. Any refusal, missed dose, error, vomiting after a dose or other concern will also be recorded and followed up appropriately.

The school will take particular care to avoid duplicate doses. If there is uncertainty about whether a medicine has already been given at home, in school or elsewhere, staff will not guess. The office team will check the administration record and contact the parent or carer and, where necessary, seek advice from an appropriate healthcare professional, pharmacist or NHS service before administering a further dose.

- Routine administration is normally undertaken by authorised office staff who have been briefed or trained for the task.
- Timers or reminders may be used for time-critical or scheduled medicines.
- The medicine administration record is checked before and completed immediately after each dose.
- Prescription medicines must be administered in accordance with the dispensing label and agreed written arrangements.
- Changes to prescribed doses or timings must be supported by appropriate updated written instructions; staff will not vary prescribed treatment solely on an informal verbal request.
- Where a pupil is absent, on a trip or away from the usual setting, responsibility for medicines will be planned in advance.

7. Consent

Written parental consent will normally be obtained for routine administration of medicines. Emergency treatment will not be delayed because written consent cannot be located where staff reasonably believe immediate action is necessary to protect life or prevent serious harm.

The school will follow the child's emergency plan, staff training and emergency-service instructions.

7A. Paracetamol and other non-prescription medicines

If a pupil appears to need paracetamol (for example, Calpol) or another non-prescription medicine during the school day, the school office will contact the parent or carer first. The school will only administer such medicine where this is permitted by the school's agreed arrangements and appropriate parental consent has been obtained.

Before administration, staff will check whether the pupil has already received the same medicine or another medicine containing the same active ingredient, the time of any previous dose, the appropriate dose for the child and any known allergy, contraindication or relevant medical information. The dose will be recorded.

The school will not use medicine simply to keep a child in school when the child is too unwell to remain. Where symptoms are concerning, persistent or worsening, parents or carers will be asked to collect the pupil and medical advice or emergency help will be sought as appropriate.

8. Storage and access

- Medicines will be stored securely but in a way that permits prompt access when needed.



- Emergency medicines and devices must be readily available and not locked away where delay could create risk.
- Pupils who are competent to carry and use their own medicines or devices will be supported to do so.
- Controlled drugs will be stored securely with access limited to authorised staff, while remaining available when required.
- Refrigerated medicines will be stored appropriately and separately or in a clearly identified secure container.
- Expiry dates and stock will be checked under an agreed schedule.
- Unused or expired medicines will normally be returned to parents/carers for safe disposal.

8A. Suspected missed regular medication

If a pupil's presentation suggests that a regular medicine may have been missed, for example prescribed medication for ADHD, staff will not diagnose the cause or automatically administer a dose. The office team will check the school medicine record and the agreed arrangements for that pupil.

Where uncertainty remains, the parent or carer will be contacted to establish whether and when the medicine was last given. If there is still uncertainty, or if giving a late or additional dose could create risk, the school will seek appropriate healthcare or pharmacy advice. A further dose will not be given until it is safe and authorised to do so.

The concern, checks made, advice received, action taken and any medicine administered will be recorded. Repeated concerns about missed medication will be discussed with the parent or carer and, where appropriate, the pupil's healthcare professional or relevant school staff.

9. Self-management

Pupils who are sufficiently competent should be encouraged to manage their own medicines and devices, with support appropriate to age and need. A risk assessment or IHP will set out whether the pupil carries the item, where a spare is kept and what adult support is required.

A pupil will not be penalised for needing to access medicine, food, drink, toilet facilities, rest or medical support.

10. Record keeping

- Maintain an up-to-date list or system identifying pupils with significant medical conditions and allergies.
- Keep IHPs accessible to staff who need them.
- Record medicines received and returned.
- Record each administration or refusal.
- Record staff training and competence.
- Record incidents, emergency responses and follow-up.
- Store medical information securely and share it on a need-to-know basis.

11. Training and staff competence

Training will be based on the child's needs and provided or confirmed by an appropriately competent professional where a clinical procedure or emergency response requires it.

- No staff member will be expected to undertake a procedure for which they have not received appropriate training.
- Training will be refreshed according to professional advice, changes in need and the school's risk assessment.
- All staff present when pupils are on site will receive allergy awareness training annually.



- Generic awareness training does not replace child-specific training where this is required.
- Records will show the training, trainer, date, competence or authorisation where relevant, and review date.
- Agency, supply and temporary staff will receive the information necessary to keep pupils safe.

12. Allergies and anaphylaxis

The school will take allergies seriously and will seek to reduce foreseeable exposure while maintaining inclusion. Allergy management will be individualised and based on the pupil's healthcare information.

- Record known allergens, signs of reaction and emergency treatment.
- Ensure adrenaline auto-injectors are immediately accessible to those who may need them.
- Ensure all staff know where devices are and how to summon emergency help.
- Call 999 for suspected anaphylaxis and follow the pupil's emergency plan and current clinical guidance.
- Do not delay adrenaline where anaphylaxis is suspected and the trained emergency response indicates its use.
- After an adrenaline auto-injector is used, call 999 and ensure the pupil is transferred for emergency medical assessment.
- Consider food, curriculum activities, celebrations, trips, catering and cross-contact risks.
- Review arrangements after any allergic reaction or near miss.

School holds spare emergency adrenaline auto-injectors, it will follow current national guidance, maintain a protocol, check stock and expiry dates, obtain the necessary consent arrangements, and ensure staff are trained.

12A. Longton arrangements for adrenaline auto-injectors

At Longton Nursery and Primary School, pupil adrenaline auto-injectors (AAIs), including EpiPen-style devices, are not routinely kept in classroom yellow medical grab bags. They are stored centrally in the designated medical cabinet in the school hall.

This location has been chosen because it is central within the school and close to the area where pupils would typically be eating, while allowing the devices to be managed securely and consistently. The school recognises that anaphylaxis can occur anywhere and at any time; the central storage arrangement must therefore allow immediate access by staff in an emergency.

The decision not to place AAIs in the yellow drawstring bags reflects the need for these prescription emergency devices to be subject to clear, controlled storage and handling arrangements. They must never be locked away or stored in a way that causes avoidable delay in an emergency.

All relevant staff must know the exact location of the AAI cabinet, how to access it immediately, which pupils have prescribed devices, and the emergency response for suspected anaphylaxis.

- The designated hall cabinet must be clearly identifiable and immediately accessible to authorised staff.
- AAIs must be stored in accordance with the manufacturer's instructions and protected from inappropriate temperatures or conditions.
- Each pupil's devices must be clearly identifiable and linked to the pupil's allergy and emergency arrangements.
- Expiry dates and device condition must be checked routinely and replacement requested before expiry.
- Staff must not delay treatment while attempting to contact parents or carers where anaphylaxis is suspected.
- For school trips, church visits, off-site activities or any occasion when the pupil will be away from prompt access to the hall cabinet, the pupil's prescribed AAI must accompany the pupil with the responsible adult in accordance with the pupil's individual arrangements.



- For outdoor PE or activities on the school site, staff must ensure the pupil can receive the AAI without avoidable delay; where the activity is sufficiently distant from the hall cabinet, the device should accompany the group.
- During evacuation or a fire drill, staff should take emergency medicines only if immediately accessible and doing so does not delay evacuation. Once safe, access to required emergency medication must be restored as quickly as possible.

13. Asthma

- Pupils should have rapid access to their reliever inhaler and spacer.
- Individual arrangements will reflect age and competence.
- Staff will know how to obtain emergency help.
- Where the school chooses to hold an emergency salbutamol inhaler, it will follow current national guidance and maintain the required protocol, consent, records, stock checks and training.
- An asthma attack or significant deterioration will be managed as a medical emergency.

14. Other emergency conditions

For epilepsy, diabetes, severe allergy, adrenal insufficiency and other conditions that may require urgent intervention, the school will follow the pupil's IHP or emergency plan and staff training. Emergency services will be called whenever required.

Emergency medication and essential equipment must accompany the pupil during evacuation, lockdown, trips and other foreseeable movements where practicable and safe. At Longton, the classroom yellow medical grab bag supports this arrangement and is taken for school trips, church visits, outdoor PE and activities, and fire drills or evacuations where it is immediately accessible and can be taken without delaying evacuation.

14A. Longton yellow medical grab-bag system

Every classroom at Longton Nursery and Primary School has a clearly identifiable yellow drawstring medical grab bag. This is a key part of the school's day-to-day and emergency arrangements and ensures that pupils' essential medical equipment remains readily available when a class leaves its usual room.

The yellow bag may contain pupil-specific medical equipment and medicines required for prompt access, including inhalers and other items identified through individual healthcare or medical arrangements. Pupil adrenaline autoinjectors are an exception to the usual classroom-bag arrangement and are stored centrally in the designated hall cabinet under section 12A. Contents will reflect the needs of pupils in that class and will be managed in accordance with this policy.

The yellow bag must accompany the class whenever pupils leave the classroom where access to their usual medical equipment could otherwise be delayed. This includes school trips and educational visits, visits to church, fire drills and evacuations, outdoor PE, sports activities and other off-site or extended outdoor activities. The system does not replace individual emergency healthcare plans, pupil-held emergency medicines where self carry is appropriate, or any requirement for immediately accessible emergency medication. Where a pupil requires medication to remain on their person or with a specifically trained adult, the individual plan takes priority.

- A named member of staff must take responsibility for the yellow bag whenever the class leaves the classroom.
- Staff must know which pupils rely on equipment or medicines in the bag and must be able to access them without avoidable delay.



- The bag must remain with the class or responsible adult and must not be left unattended where pupils could access medicines unsafely.
- Before an off-site visit, staff must check that the required pupil-specific medicines and equipment are present, in date and appropriate for the activity.
- Following use of any item, staff must record administration where required and ensure replacement stock is arranged promptly.
- Contents and expiry dates must be checked routinely and whenever pupil medical needs change.
- Supply, temporary and visiting staff taking responsibility for a class must be told about the yellow bag and its purpose.
- During evacuation or fire drill, the bag should be taken if it is immediately accessible and doing so does not delay evacuation or place anyone at risk. Life safety and prompt evacuation take priority.

15. Medical emergencies

- Assess immediate danger and summon trained help.
- Call 999 where there is a life-threatening emergency or serious concern.
- Follow the pupil's emergency plan and staff training.
- Do not leave the pupil alone unless necessary to obtain urgent help.
- Send relevant medical information and medicines with the pupil where appropriate.
- Contact parents/carers as soon as practicable, but do not delay emergency treatment.
- Record the incident and review arrangements afterwards.

16. Educational visits, PE and extracurricular activities

Pupils with medical conditions will be supported to participate as fully as possible. Risk assessments and planning will consider medicines, emergency response, trained staff, transport, communication, food and environmental risks. The class yellow medical grab bag will accompany school trips, church visits and other off-site activities where it contains equipment or medicines needed by participating pupils.

A pupil will not be excluded from a trip or activity merely because of a medical condition where reasonable adjustments and safe arrangements can be made.

17. Attendance and education during ill health

The school will work with families to understand health-related absence and will not create unnecessary barriers to attendance. Medical evidence will not be demanded routinely for every short illness.

- Monitor patterns and discuss emerging concerns early.
- Coordinate the Attendance Policy, IHP and SEND support where relevant.
- Make reasonable adjustments and consider phased or supported return where appropriate.
- Maintain educational connection during prolonged absence where appropriate.
- Seek local authority involvement where health needs prevent attendance for a significant period and statutory education arrangements may be required.
- Never use part-time timetables as a long-term substitute for appropriate medical or SEND provision.



18. Mental health

Mental health conditions may be medical conditions and may require individual support, reasonable adjustments, attendance planning or an IHP where appropriate. Staff will respond to distress with safeguarding awareness and will involve the DSL where there is risk of harm.

The school will avoid requiring a diagnosis before providing reasonable school-based support where need is evident.

19. SEND, disability and equality

Some pupils with medical conditions are disabled under the Equality Act 2010 or have SEND. The school will coordinate this policy with reasonable adjustments, SEN support and Education, Health and Care Plans. A medical condition does not automatically mean a pupil has SEND, and SEND does not remove the need for safe medical arrangements.

20. Safeguarding

Medical information can be relevant to safeguarding. Staff must remain alert to unexplained injuries, fabricated or induced illness, neglect of medical needs, repeated unexplained absence, unsafe withholding of treatment or other concerns.

Safeguarding concerns must be reported immediately to Julie Brown, or to Iain Pearson or Rebecca Catterall in her absence, under the Child Protection and Safeguarding Policy.

21. Intimate and personal care

Where a medical condition requires intimate or personal care, the school will agree dignified arrangements that protect privacy, independence and safeguarding. Relevant plans will be coordinated with the school's Intimate Care arrangements.

22. Unacceptable practice

It is unacceptable to:

- prevent pupils from easily accessing inhalers, adrenaline devices or other emergency medicines;
- assume every pupil with the same condition needs identical support;
- ignore the views of the pupil, parents or relevant healthcare professionals;
- send a pupil who is unwell to the office or medical area alone where this could be unsafe;
- penalise a pupil for attendance affected by a medical condition without considering the circumstances and support needed;
- prevent pupils from drinking, eating, taking toilet breaks or resting where required by their condition;
- require parents to attend school to administer routine medicine as a condition of the child attending;
- prevent participation in trips or activities without individual assessment and consideration of reasonable adjustments;
- delay emergency action because paperwork is incomplete.



23. Complaints

Concerns should first be raised with the Headteacher. If unresolved, the school Complaints Policy may be used. A complaint does not prevent immediate safeguarding, medical or emergency action.

24. Insurance and liability

The Governing Body will ensure appropriate insurance arrangements are in place and that staff acting within their training, authority and school procedures are covered. The school will clarify cover for specialist procedures where necessary.

25. Monitoring and review

The Governing Body and Headteacher will monitor implementation through review of IHPs, training, incidents, medicine records, attendance, trips and complaints. This policy will be reviewed annually, after significant incidents, and when final replacement DfE statutory guidance comes into force.

Appendix A — Individual Healthcare Plan template

Pupil / DOB / class	
Condition / allergy / diagnosis	
Triggers and warning signs	
Symptoms and usual presentation	
Daily support and adjustments	
Medicine / device / dose / timing	
Storage and access	
What the pupil can self-manage	
Emergency signs and action	
When to call 999	



Named trained staff	
Food / drink / toilet / rest needs	
PE / trips / clubs arrangements	
Attendance / reintegration support	
Information sharing	
Parent/carers contacts	
Healthcare professional contacts	
Plan agreed by / date	
Review date / early review triggers	

Appendix B — Medicine administration record

Date	Time	Pupil	Medicine	Dose / route	Given by	Witness if required	Notes / refusal

Appendix C — Staff training and competence record

Staff member	Pupil / procedure	Training	Trainer / role	Date	Competence confirmed	Refresh / review

Appendix D — Medical conditions audit checklist

- ☐ Current list of pupils with significant medical conditions and allergies
- ☐ IHPs in place where required and reviewed annually
- ☐ Emergency medicines immediately accessible



- ☐ Parent/carer information current
- ☐ Staff know emergency arrangements
- ☐ Child-specific training current
- ☐ Medicine administration records complete
- ☐ Expiry dates and stock checked
- ☐ Trips and PE include medical planning
- ☐ Supply/temporary staff receive necessary information
- ☐ Health-related attendance patterns reviewed
- ☐ Incidents and near misses reviewed
- ☐ Spare inhaler / AAI protocols current if school holds them
- ☐ Policy reviewed against final DfE replacement guidance when published

Appendix E — Guidance and legislation considered

- Children and Families Act 2014, section 100.
- Supporting pupils at school with medical conditions — current DfE statutory guidance.
- Keeping Children Safe in Education 2025.
- Working Together to Improve School Attendance — statutory guidance.
- Education for children with health needs who cannot attend school — statutory guidance.
- SEND Code of Practice: 0 to 25 years.
- Equality Act 2010.
- Emergency asthma inhalers for use in schools — national guidance.
- Using emergency adrenaline auto-injectors in schools — national guidance.
- MHRA safety guidance and resources for adrenaline auto-injectors.
- Allergy Safety in Schools, Statutory guidance July 2026