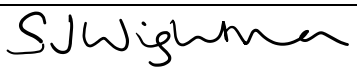
ST BENEDICT'S CATHOLIC SCHOOL

MEDICAL CONDITIONS POLICY 2026

Supporting students with medical conditions, first aid and administration of medicines

School	St Benedict's Catholic School
Address	Bury St Edmunds, Suffolk, IP32 6RH
Academy Trust	Our Lady of Walsingham Catholic Multi Academy Trust
Policy year	2026
Approved by	 Governing Board
Next review	OCT 2027

Ora et Labora

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1. Purpose, scope and principles

St Benedict's Catholic School is committed to safeguarding the health, welfare, dignity and educational entitlement of students with medical conditions, while also providing effective first aid and safe arrangements for medicines for students, staff and visitors.

- Ensure students with medical conditions are properly supported so they can access the same education as other students, including school trips, sporting activities and the wider life of the school.
- Complete appropriate first aid needs and activity risk assessments and provide adequate first aid materials, equipment, facilities and trained personnel.
- Ensure procedures for first aid, medicines and individual medical support are clear, understood, implemented and reviewed.
- Make reasonable adjustments so medical needs do not create unnecessary barriers to participation.

- Keep appropriate records of medical support, medicines administered, first aid and accidents.
- Ensure sufficient trained staff and contingency arrangements are available, including for emergencies and staff absence.

Safety is the highest priority for those receiving first aid or medicines and for staff providing support. A student who becomes ill should not be sent to the school office or medical room unaccompanied where this would be inappropriate or unsafe. Students must be able to eat, drink, use the toilet or take necessary breaks to manage their condition effectively.

2. Legal and statutory framework

This policy is intended to reflect the school's duties and the principles contained in relevant legislation and statutory guidance, including:

- Section 100 of the Children and Families Act 2014.
- Department for Education statutory guidance, Supporting pupils at school with medical conditions.
- Equality Act 2010.
- Health and Safety (First-Aid) Regulations 1981.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- Misuse of Drugs Regulations 2001 and subsequent amendments, where controlled drugs are concerned.

The school will also have regard to relevant current Department for Education, NHS and Health and Safety Executive guidance. This policy should be read alongside related school policies, including safeguarding, health and safety, educational visits, SEND, attendance, complaints and infection control arrangements.

3. Roles and responsibilities

3.1 Governing Board / Trust

- Make arrangements to support students with medical conditions and ensure this policy is implemented.
- Ensure sufficient staff are suitably trained and competent before taking responsibility for medical support.
- Ensure first aid needs, risk assessments, equipment, facilities and provision are reviewed appropriately, including after significant operational changes.
- Ensure appropriate insurance / indemnity arrangements are in place.

3.2 Headteacher

- Ensure this policy is effectively implemented and all staff understand their responsibilities.
- Ensure sufficient appointed persons / trained first aiders and trained staff are available, including contingency and emergency cover.
- Ensure relevant staff know about students' medical conditions and IHPs on a need-to-know basis.
- Ensure first aid needs and relevant risk assessments are undertaken and reviewed.
- Ensure adequate space is available for students' medical needs.
- Ensure contact is made with relevant health services when a student may require medical support that has not already been notified.
- Ensure reportable incidents are notified to the appropriate authority where required.

3.3 Senior Lead for Medical Conditions / First Aid

The Director of Student Welfare & DSL, working with the school's senior/lead first aider and relevant pastoral, SEND and administrative staff, will coordinate operational arrangements. Responsibilities include:

- Identifying students requiring medical support and coordinating appropriate provision and IHP implementation.
- Advising on staff training needs and arranging access to suitable training.
- Supporting the safe administration of first aid and medicines within staff competence and training.
- Ensuring periodic checks of first aid boxes, defibrillators and associated equipment, including stock levels and expiry dates.
- Supporting accident recording, reporting and investigations.
- Ensuring appropriate cover arrangements when key staff are absent.

3.4 Parents / carers

- Provide sufficient, accurate and up-to-date information about their child's medical needs.
- Work in partnership with the school, student and healthcare professionals on IHP development and review.
- Provide necessary medicines and equipment in accordance with this policy and ensure medication supplied to school is in date.
- Notify the school promptly of changes to medication, dosage, frequency, treatment or the student's condition.
- Ensure they, or another nominated adult, can be contacted when required.

3.5 Students

- Be involved, to an age-appropriate extent, in discussions and decisions about their medical support.
- Contribute to and follow their IHP where applicable.
- Where assessed as competent, self-manage medication or devices in line with agreed arrangements and must never share prescribed or controlled medicines with another student.

3.6 School staff

- Know how to obtain first aid or medical assistance and respond appropriately when a student needs help.
- Follow this policy, relevant IHPs and emergency procedures.
- Only administer medicines or undertake healthcare procedures when appropriately trained and competent for the task.
- Complete required records promptly and accurately.
- Provide supply staff with appropriate information, where relevant and proportionate.
- Inform their line manager of any personal first aid needs or health condition relevant to their work.

3.7 School nursing service and healthcare professionals

The school will work with the school nursing service, GPs, paediatricians and specialist teams as appropriate. Healthcare professionals may advise on IHPs, staff training and condition-specific support. Contact details for services will be maintained operationally by the school rather than fixed in this policy so that they can be kept current.

4. Identifying and communicating medical needs

Medical information will be obtained from parents/carers, students and healthcare professionals as appropriate. Relevant information will be shared with staff who need it to keep the student safe and enable participation, while respecting confidentiality. Medical information and IHPs will be stored on the school's approved information systems and/or secure records, with staff given appropriate access and opportunities to familiarise themselves with the needs of students they teach or supervise.

5. Staff training and support

- Any member of staff providing medical support must receive suitable training appropriate to the student's needs and the task required.
- Training must be updated when required by the IHP, healthcare professional advice, changes in need or expiry of certification.
- The school will maintain a record of relevant training and refresher requirements.
- First aiders must hold appropriate qualifications and remain competent. Staff training cannot be replaced solely by written instructions where practical competency is required.

6. Individual Healthcare Plans (IHPs)

The Headteacher has overall responsibility for IHP arrangements and may delegate their coordination. Not every student with a medical condition requires an IHP. The need for a plan will be determined with parents/carers and healthcare professionals, taking account of the complexity and impact of the condition. If consensus cannot be reached, the Headteacher will make the final school decision, informed by available evidence.

- New students with an identified need should have arrangements in place in time for starting school where reasonably possible. Following a new diagnosis or a mid-term admission, arrangements should be established as soon as practicable.
- IHPs will be reviewed at least annually and sooner if needs change.
- Where relevant, the IHP will link with an Education, Health and Care Plan or other SEND provision.

An IHP should contain, as appropriate:

- Medical condition, triggers, signs, symptoms and treatment.
- Medication, dose, side effects, storage and other treatments.
- Facilities, equipment, testing, dietary needs, access to food/drink, toilet or rest breaks, and environmental considerations.
- Educational, social and emotional support, including arrangements for absences, catch-up, examinations or rest.
- Level of support required, including emergency support and any self-management arrangements.
- Named or identified staff responsible, training/competency requirements and cover arrangements.
- Who needs to know about the condition and support required.
- Parental permissions for administration or agreed self-administration of medicines.
- Arrangements for trips, sport, off-site activities and risk assessment.
- Confidentiality arrangements where applicable.
- What constitutes an emergency, actions to take, who to contact and contingency arrangements.

- Transport arrangements where medical needs affect travel to or from school or school activities.

7. Managing medicines on school premises

- Medicines will be administered at school when necessary to support a student's health or attendance. Where clinically possible, families should ask prescribers whether doses can be scheduled outside school hours.
- Prescription medicines must be in date, labelled and normally supplied in the original pharmacy-dispensed container with administration, dosage and storage instructions. Insulin may be supplied in an appropriate pen or pump rather than its original container.
- For students under 16, prescription or non-prescription medicines will not normally be given without parental consent, except where a medicine has been prescribed without parental knowledge and the young person's confidentiality must be respected.
- Non-prescription medicines, including pain relief, may only be administered under the school's agreed arrangements and with prior parent/carer consent. Maximum dose and the timing of any previous dose must be checked.
- Aspirin will not be given to a person under 16 unless prescribed by a doctor.
- Staff will administer medicines in accordance with the prescriber's instructions and their training.
- If a student refuses medication, staff will not force them. Parents/carers will be informed and emergency/IHP procedures followed where relevant.
- A written record will be kept of medicines administered, including what was given, dose, time and by whom, together with relevant observations or side effects.
- Parents/carers are responsible for providing in-date medication and informing school of changes.

8. Controlled drugs

- A student prescribed a controlled drug may possess it where they are assessed as competent to do so and arrangements are agreed, but must not pass it to another student.
- Controlled drugs otherwise held by school will be stored securely in a non-portable container with access limited to authorised staff, while remaining accessible in an emergency.
- A record will be kept of doses administered and the quantity held.
- A trained/authorised member of staff may administer a controlled drug only to the student for whom it has been prescribed and in accordance with instructions.

9. Self-management and access to medicines

Wherever appropriate, students will be supported to manage their own medicines and devices. Emergency medicines and devices, such as inhalers, blood glucose monitoring equipment and adrenaline auto-injectors, must be readily accessible and not stored in a way that prevents prompt access. Arrangements must also work during lessons, breaks, examinations, trips and off-site activities. Medicines no longer required will be returned to parents/carers for safe disposal. Sharps will be disposed of in approved sharps containers.

10. First aid arrangements

- The school will provide first aid in accordance with its assessed needs, including appropriately trained staff, first aid kits and suitable facilities.
- First aid kits will be located at suitable points across the site and checked periodically. Current locations will be maintained in the school's operational first aid information.
- In an incident, staff should obtain a first aider. If safe and appropriate, an ambulant student may be accompanied to the first aid/medical area.
- The first aider will assess, treat within their competence, escalate where needed and record the treatment.
- For head injuries, parents/carers will be contacted in accordance with the school's first aid procedures and relevant staff informed where observation on return to lessons is appropriate.
- Defibrillators form part of the school's emergency equipment. Their locations will be clearly identified and equipment checks maintained.
- The school's first aid arrangements apply to students, staff and visitors as appropriate.

11. Emergency procedures and hospital treatment

- IHPs for students with significant medical needs will identify what constitutes an emergency and the action required.
- For a medical emergency, call 999 and request an ambulance when indicated. Provide the school address, postcode, exact casualty location, patient details and symptoms, and arrange for the ambulance crew to be met.
- Where a student requires urgent or non-urgent hospital treatment that cannot safely be managed in school, the school will arrange appropriate emergency assistance. A member of staff will remain with the student until a parent/carer arrives or accompany the student in the ambulance where required.
- Parents/carers will be informed as soon as practicable. It is essential that emergency contact details are kept current.
- General emergency arrangements apply to school activities wherever they take place, including educational visits.

12. Specific medical emergencies

12.1 Anaphylaxis

Students with severe allergies will have individual arrangements describing their prescribed adrenaline auto-injector(s), location, symptoms and emergency response. If an adrenaline auto-injector is administered for suspected anaphylaxis, emergency services must be called immediately and the student monitored and supported until help arrives. Staff must follow current training, the student's IHP and the device instructions.

12.2 Asthma

Students must have rapid access to their prescribed reliever inhalers in line with their agreed arrangements. Any school-held emergency inhaler will be managed in accordance with applicable Department of Health / Department for Education guidance and the school's operational protocol.

12.3 Diabetes

IHPs will specify blood glucose monitoring, insulin or other medication, food/drink access, recognition and treatment of hypoglycaemia/hyperglycaemia, and emergency action as relevant to the individual student.

12.4 Epilepsy and seizures

Where rescue medication is prescribed, the student's IHP and seizure protocol will state the presentation of seizures, when medication is to be given, route/dose, action if the first dose is ineffective, recovery arrangements and when emergency services are required. Only staff trained and competent for the prescribed intervention will administer rescue medication, and administration will be recorded.

13. Educational visits, sport and activities

- Students with medical conditions should be enabled to participate fully and safely in visits, residentials, sport and other activities.
- Risk assessments will identify reasonable adjustments, medication/equipment needs, trained staff cover, emergency arrangements and access to healthcare.
- Medication and emergency devices must remain readily accessible off site.
- Day visits will include suitable first aid provision. Residential visits will include appropriate first aid cover and reporting arrangements.
- A student will not be excluded from an activity solely because of a medical condition where reasonable adjustments can make participation safe.

14. Equality, inclusion and unacceptable practice

The school will support students with medical conditions in accordance with its equality duties and will make reasonable adjustments where required. Individual needs will be considered rather than assumptions being made from a diagnosis alone.

Except where an individual IHP or clinical advice requires otherwise, it is not acceptable to:

- Prevent students from readily accessing inhalers, medicines or devices, or from administering them when agreed.
- Assume every student with the same condition needs the same treatment.
- Ignore the views of the student or parents/carers, or disregard medical evidence or opinion without proper consideration.
- Send students home frequently because of their condition or prevent normal participation unless required by their IHP or current health needs.
- Send an unwell student to the office/medical room unaccompanied where this is unsafe or inappropriate.
- Penalise attendance where absence is related to a medical condition, such as hospital appointments, contrary to applicable attendance arrangements.
- Prevent a student from eating, drinking, using the toilet or taking other necessary breaks to manage their condition.
- Require parents/carers to attend school routinely to administer medication or provide support that the school should reasonably arrange.

- Create unnecessary barriers to trips, sport or other aspects of school life, including routinely requiring a parent to accompany a student.

15. Record keeping, accident reporting and notifications

- First aid and medicine administration records will be completed as soon as practicable and stored securely. At St Benedict's this will be held online via Meditracker.
- Accident records will contain sufficient detail and be retained in accordance with legal, insurance and records-management requirements.
- Parents/carers will be informed of accidents, injuries and first aid treatment as appropriate, normally on the same day where practicable.
- The Headteacher will ensure accidents, diseases or dangerous occurrences that meet RIDDOR reporting criteria are reported to the Health and Safety Executive within applicable timescales.
- Where any statutory notification to Ofsted, a local authority or safeguarding/child protection body is required, the Headteacher or delegated lead will ensure this is completed within the required timescale.

16. Insurance, liability and indemnity

Our Lady of Walsingham Catholic Multi Academy Trust participates in the Department for Education Risk Protection Arrangement (RPA). Staff should be informed of the cover applicable to authorised medical support and should follow school policy, training and IHP arrangements.

17. Complaints

Concerns about the implementation of this policy should initially be raised with the appropriate senior leader so they can be investigated with relevant pastoral, SEND and medical staff. If the matter is not resolved, the school's formal Complaints Policy should be followed.

18. Monitoring, review and distribution

- This policy will be reviewed at least annually and sooner where legislation, statutory guidance, medical practice or school arrangements require change.
- Material amendments will be submitted through the school's appropriate governance approval process.
- The policy will be made available to staff and governors/trustees and shared with other relevant members of the school community.
- Operational information such as named first aiders, first aid kit locations, service contact details and emergency equipment locations will be maintained separately so it can be updated promptly.

Appendix A – Individual Healthcare Plan template

Student name	
Date of birth / form	
Medical diagnosis / condition	
Triggers	
Signs and symptoms	
Medication / treatment / dosage / storage	
Daily care requirements	
Access to food, drink, toilet, rest or other facilities	
Educational, social and emotional support	
Environmental adjustments	
What constitutes an emergency	
Emergency action and order of actions	
Family contacts	
Healthcare professional / clinic contacts	
GP contact	
Staff responsible for daily support	
Staff requiring awareness	
Training / competency requirements	
Cover / contingency arrangements	
Self-management arrangements	
School trip / sporting / off-site arrangements	
Transport arrangements	
Confidentiality arrangements	
Plan completed by / date	
Review date	

Appendix B – Parental agreement for school to administer medicine

Student name	
Date of birth	
Condition / illness	
Medicine name/type/strength	
Date commenced	
Dosage and method	
Time to be given	
Special precautions	
Known side effects	
Self-administration agreed?	
Emergency procedure	
Parent/carer name	
Daytime telephone	
Relationship to student	
Parent/carer declaration and consent	
Signature	
Date	

Medicine should be supplied safely to the school in accordance with section 7 of this policy. Parents/carers must notify the school promptly in writing of any change or discontinuation.

Appendix C – Record of medicine administered

Student: _____ Medicine / strength: _____

Date	Time	Dose	Given by	Initials	Observations / comments

Appendix D – Seizure / rescue medication plan

Student name / DOB	
Condition / seizure presentation	
Rescue medication and dose	
Route	
When medication must be given	
Usual recovery	
Action if first dose is ineffective	
When to call 999	
Parent/carer consent / date	
Healthcare professional advice / date	
Review date	

Only trained and competent staff may administer prescribed rescue medication. All administrations must be recorded.

Appendix E – Emergency medical procedure / ambulance call aide-mémoire

REQUEST FOR AN AMBULANCE – CALL 999

1. Give your telephone number.
2. Give the school name and address: St Benedict's Catholic School, Bury St Edmunds, Suffolk, IP32 6RH.
3. Give the exact location of the patient within the school or off-site activity.
4. Give your name.
5. Give the student/person's name and a clear description of symptoms or injury.
6. Tell Ambulance Control the best entrance/access point.
7. Arrange for someone to meet the ambulance crew and guide them to the patient.

Speak clearly and slowly and be ready to repeat information if asked.

Appendix F – Staff training record

Name	Job title	Training course / competency	Date undertaken	Refresher due	Refresher completed

Approval and revision record

Document / revision	Date	Status / amendment	Approved by

Chair of Governors / Trustees	Name: _____ Signature: _____
Headteacher	Name: _____ Signature: _____
Approval date	_____
Next review date	_____