EMMAUS
CATHOLIC MAC

Supporting Pupils With Medical Conditions

Version	3.0
Date created/updated	August 2026
Ratified by	Full Board
Date ratified	26th August 2026
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Policy review date	August 2027
Post holder responsible	MAC Inclusion Lead

Commitment to Equality:

We are committed to providing a positive working environment which is free from prejudice and unlawful discrimination and any form of harassment, bullying or victimisation. We have developed a number of key policies to ensure that the principles of Catholic Social Teaching in relation to human dignity and dignity in work become embedded into every aspect of school life and these policies are reviewed regularly in this regard.

This Supporting Pupils with Medical Conditions Policy has been approved and adopted by all school in Emmaus Catholic Multi Academy Company on 26th August 2026 and will be reviewed in September 2027.

Mission:
Forming Christ-centred pilgrims of hope with kind hearts, questioning minds, a thirst for knowledge and a hunger for justice.

Signed by Director of Emmaus Catholic MAC: J Griffin

Signed by CEO for Central Team: S Horan

Section	Change
Individual Healthcare Plans (IHPs)	The use of Edukey Provision Map for the production of IHPs
Legislation and Statutory Requirements	Corrected legislation names and added new 2026 DfE statutory allergy guidance.
Being Notified That a Child Has a Medical Condition	Added mandatory requirement for allergy Individual Healthcare Plans (IHPs).
Managing Medication	Updated to mandate stocking spare emergency adrenaline auto-injectors (AAIs).
Training	Included mandatory allergy awareness training for all staff.
Record Keeping	Updated data protection reference to UK GDPR and Data Protection Act 2018.
Links to other Policies	Added the new mandatory Allergy Safety Policy.

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DEFINITIONS

The Company's standard set of definitions is contained at Definition of Terms – please refer to this for the latest definitions.

1. Aims

1.1 Emmaus Catholic Multi Academy Company ('the MAC') will strive to achieve the highest standards of education, health, safety, and welfare consistent with their responsibilities under the Children and Families Act 2014, the Education Act 2011, the SEND Code of Practice 0-25 years, the Health and Safety at Work Act 1974 and all other related Acts, Orders and Regulations and relevant common law duties.

1.2 This policy aims to ensure that:

- Pupils, staff and parents understand how The MAC will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

1.3 The Directors and Local Governing Bodies (the LGB) are committed to:

- Providing a safe and healthy learning, working and visiting environments for all on our premises, with safe access. Ensuring adequate emergency procedures are implemented, particularly in relation to fire, asbestos or other significant incidents.
- Assessing and controlling risks from curriculum and non-curriculum activities.
- Making sure sufficient staff are suitably trained to support pupils with medical conditions.

This policy is also underpinned by the Equality Act 2010 and the Public Sector Equality Duty, ensuring that pupils with medical conditions are not discriminated against and have full access to education and school life.

2. Legislation and Statutory Requirements

2.1 This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards (Directors and Local Governing Bodies) to make arrangements for supporting pupils at their school with medical conditions.

2.2 It is also based on the Department for Education (DfE's) statutory guidance on Supporting pupils with medical conditions and allergies at school (updated 2026) and Allergy Safety in Schools (2026).

2.3 This policy also complies with our funding agreement and articles of association.

3. Roles and Responsibilities

3.1 **The Governing Board (Directors and Local Governing Bodies)**

The Board of Directors has ultimate responsibility to make arrangements to support pupils with medical conditions and delegates this responsibility to the Local Governing Body ('The LGB'). The LGB will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 **The Executive Principal/Principal**

The Executive Principal/Principal will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition and.
- Treat all children's medical data sensitively and confidentially.
- Take overall responsibility for the development and monitoring of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant pupils
- The Principal will liaise with local health teams, including Integrated Care Boards (ICBs), where relevant, to ensure appropriate support and coordinated care for pupils with medical conditions.

3.3 **Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 **Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g., provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.
- Work with the school to secure funding from the LA to support the child's needs.

3.5 **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 **School Nurses And Other Healthcare Professionals**

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal Opportunities

4.1 The MAC commits to actively support pupils with medical conditions to participate in educational visits, or in sporting activities, and not prevent them from doing so.

4.2 The MAC will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on educational visits and sporting activities.

4.3 Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

4.4 Adjustments will be made to ensure pupils with medical conditions are included in all aspects of school life, including extracurricular activities and clubs.

5. Being Notified That a Child Has a Medical Condition

5.1 When the MAC is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

5.2 The MAC will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

5.3 Where emergency medication is required (e.g., adrenaline, inhalers), the school will ensure immediate provision while the IHP is being finalised. For pupils with allergies, an Individual Healthcare Plan (IHP) must be put in place as a mandatory requirement.

5.4 See Appendix 1

6. Individual Healthcare Plans (IHPs)

6.1 The Principal has overall responsibility for the development of IHPs for pupils with medical conditions. This can be delegated to the SENDCo, if not the Principal but the Principal must monitor the progress.

6.2 Plans written using the Emmaus MAC proforma on Edukey Provision Map will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

6.3 Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom
- The cost to provide the provision and what funding will be used.

6.4 Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Principal will make the final decision.

6.5 Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

6.6 IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

6.7 The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Principal / SEND Co-ordinator with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g., crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.

- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the Principal for medication to be administered by a member of staff or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for educational visits or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g., risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.
- The full cost of the required provision and funding sources.

7. Managing Medication

7.1 Prescription and non-prescription medicines will be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so.
- Where we have parents' written consent.
- Where the parents / carers commit to administering the morning and after school dose therefore reducing the doses administered at school.

7.2 The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

7.3 Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

7.4 Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

7.5 The school will only accept prescribed medicines that are:

- In-date

- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

7.6 The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

7.7 All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

7.8 Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.9 All administration of non-prescription medication will also be recorded. In line with statutory requirements, the school will stock spare emergency adrenaline auto-injectors (AAIs) for emergency use for any child or adult experiencing symptoms of anaphylaxis, alongside spare emergency inhalers.

7.10 **Controlled Drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug must hand it into first aid immediately upon entering the school site. The medication must clearly show the pupils name, prescribed amount, and frequency. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.11 **Pupils Managing Their Own Needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.12 **Unacceptable Practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion (although this may be challenged).
- 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 IHPs.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g., hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues.
- Prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including educational visits e.g., by requiring parents to accompany their child, before and after school clubs.
- Administer, or ask pupils to administer, medicine in school toilets.

8. Emergency Procedures

8.1 Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

8.2 If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

8.3 Where the school holds spare emergency inhalers or adrenaline auto-injectors, procedures for their use will be followed in line with DfE guidance (2024).

9. Training

9.1 Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

9.2 The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

9.3 The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Principal / SEND Co-. Training will be kept up to date.

9.4 Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
- Fulfil the requirements in the IHPs.
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

9.5 Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

9.6 All staff will receive training so that they are aware of this policy and understand their role in implementing it. This will include mandatory allergy awareness training, along with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record Keeping

10.1 The Local Governing Bodies (the LGB) will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

10.2 IHPs are kept on Edukey's Provision Map which all staff are aware of.

10.3 All records relating to medical conditions and medication will be maintained securely and in line with the UK GDPR and Data Protection Act 2018 requirements.

11. Liability and Indemnity

11.1 The Local Governing Bodies (the LGB) will ensure that the appropriate level of insurance is in place and appropriately reflects level of risk.

11.2 The details of the MAC insurance policy are:

We are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

12.1 Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Principal / SEND Co-ordinator in the first instance. If the Principal / SEND Co-ordinator cannot resolve the matter, they will direct parents to the MAC complaints procedure which can be located on the MAC website www.emmausmac.com

13. Monitoring Arrangements

13.1 This policy will be reviewed and approved by the Board of Directors every two years.

13.2 Operational aspects of this policy, including staff training and IHP implementation, will be reviewed annually even where the formal policy review cycle is biennial.

14. Links to other Policies

14.1 This policy links to the following policies:

- Accessibility plan
- Complaints
- First aid
- Health and safety
- Allergy safety policy

- Safeguarding
- Special educational needs information report and policy
- Operational aspects of this policy, including staff training and IHP implementation, will be reviewed annually even where the formal policy review cycle is biennial.

Appendix 1 – Being Notified a Child has a Medical Condition

