ST AMBROSE PREPARATORY SCHOOL

MEDICAL CONDITIONS AND SPECIFIC HEALTH NEEDS POLICY

Reviewed: September 26

To be reviewed: September 27

This policy has been written in consultation with staff and governors of St. Ambrose Preparatory School and with due regard to the school's mission statement:

At St Ambrose we aim to provide an independent Catholic education for boys and girls of all faiths aged 3 to 11; St Ambrose is an inclusive school where the Gospel teachings and our school values are at the centre of everything that happens in our school family. At St Ambrose we strive to develop happy, fulfilled, well educated, confident and caring children who know and understand the love, joy and peace of Jesus; and to show our Faith by the way we live, showing care and consideration for each other, those around us and the environment.

Our Vision

Our Vision is to be an exemplar Edmund Rice School, with an enviable reputation amongst our peers, both as an organisation and for the services and facilities we provide, making us first choice for parents and pupils in our geographic area.

Our Ethos & Values

At St Ambrose we provide a Catholic school community in which pupils feel welcome, safe, recognised for their individuality – supported by a community of love, and affection. We strive to live the Gospel in all aspects of school life and policy, following Blessed Edmund's footsteps.

1 Purpose, aims and scope

St Ambrose Preparatory School is committed to ensuring that pupils with medical conditions, allergies and specific physical or mental health needs are safe, included and properly supported so that they can access education, School life, sport, clubs and educational visits as fully as possible.

This policy applies to all pupils, including EYFS, and to staff, governors, volunteers, contractors and providers involved in their care. It covers long-term, recurring, acute and temporary conditions, allergies, medication, emergency treatment, first aid interfaces and pupils returning after illness or treatment.

The School will:

- support each pupil according to individual need rather than diagnosis alone;
- work in partnership with parents, pupils, healthcare professionals and relevant agencies;
- make reasonable adjustments and avoid unnecessary barriers or exclusion;
- maintain safe, reliable arrangements for medicine, equipment and emergencies;
- protect dignity, privacy, wellbeing and independence;
- learn from incidents and near misses.

2 Legal and guidance framework

This policy reflects the School's responsibilities, where applicable, under the Equality Act 2010, Children and Families Act 2014, Health and Safety at Work etc. Act 1974, Health and Safety (First-Aid) Regulations 1981, Education (Independent School Standards) Regulations 2014, Human Medicines Regulations 2012, Misuse of Drugs Regulations 2001, UK GDPR and Data Protection Act 2018. The EYFS statutory framework for group and school-based providers applies to the School's early years provision.

The School also has regard to Keeping children safe in education 2026, the SEND Code of Practice where relevant, DfE guidance on first aid in schools and early years, and current health-protection guidance for education settings.

The DfE's Supporting pupils at school with medical conditions and Allergy safety in schools guidance do not currently impose their school-specific statutory duties on independent schools. St Ambrose uses both as relevant good practice and will review this policy if revised guidance or equivalent requirements for independent schools take effect.

Related documents include the Child Protection and Safeguarding, SEND, Accessibility Plan, First Aid, Allergy Safety, Attendance, Educational Off-Site Visits, Data Protection,

Medical Conditions and Specific Health Needs Policy

Behaviour Management and Complaints policies and procedures.

3 Roles and responsibilities

The proprietor retains legal responsibility for meeting the Independent School Standards. The Governing Body carries out the scrutiny and approval functions delegated to it by the proprietor.

3.1 Governing Body

- reviews and signs off this policy and provides scrutiny and assurance.
- ensures that suitable arrangements, staffing, training, insurance and resources are in place;
- reviews implementation and anonymised trends at least annually;
- ensures pupils are not unlawfully discriminated against and that reasonable adjustments are considered.

3.2 Headteacher

- has overall operational responsibility, supported by the member of staff with First Aid responsibilities.
- ensures sufficient trained staff and cover are available whenever affected pupils are under School supervision;
- ensures temporary, supply and visiting staff receive necessary information;
- authorises policy exceptions and serious-incident reviews.

3.3 The School Office

- maintains the secure medical register and emergency-contact information;
- coordinates Individual Healthcare Plans (IHPs), parental consents and reviews;
- checks medication, storage, expiry dates and return or disposal arrangements;
- maintains administration, training, incident and near-miss records;
- ensures relevant staff receive controlled, need-to-know information.

3.4 SENCO, DSL, EYFS Lead and Educational Visits Coordinator

- coordinate medical, SEND, safeguarding, attendance, behaviour and trip arrangements where needs overlap;
- ensure accessible communication and reasonable adjustments;
- review concerns that may indicate neglect, abuse, exploitation or barriers to education.

3.5 Parents and carers

Parents and carers will:

- provide complete and current information, medication, equipment, consent and professional advice;
- ensure items are in date, correctly labelled and replaced promptly;
- notify the School immediately of changes;
- keep the child at home when too unwell to attend and follow current infection-control advice;
- participate in IHP preparation and review.

3.6 Pupils

Pupils are encouraged, according to age and understanding, to contribute to their plan, recognise symptoms, tell an adult when help is needed and manage their condition with appropriate support. No pupil will be required to take responsibility beyond their competence.

4 Notification and initial assessment

Parents must notify the School at admission and as soon as a diagnosis, treatment, allergy, medication or material change arises. Information may also come from a healthcare professional, previous setting or statutory plan. The School will not wait for a final diagnosis before providing proportionate interim support where need or risk is evident.

The school will:

- assess the impact on learning, attendance, participation, safety and wellbeing;
- decide whether an IHP, risk assessment, emergency plan or adjustment is required;
- identify training and cover;
- agree information-sharing arrangements;
- consider whether an EHC plan, SEND support or external advice is appropriate.

5 Individual Healthcare Plans

An IHP will normally be prepared where a condition is long-term, fluctuating, complex, life-threatening, requires emergency medication or intervention, significantly affects education or attendance, or requires coordinated action. An IHP may also be used for a temporary condition where risk or complexity warrants it. (See Appendix 1)

An IHP will be tailored to the pupil's needs and will include, where relevant:

- condition, symptoms, triggers, early warning signs and likely impact;
- medication, dose, method, timing, side effects and storage;
- daily care, monitoring, diet, toileting, mobility, communication or environmental

needs;

- what constitutes an emergency and the action, contacts and escalation required;
- the pupil's ability to self-manage and the level of supervision;
- adjustments to teaching, attendance, PE, clubs, trips, tests and evacuation;
- staff training and cover;
- confidentiality and who needs to know;
- arrangements for absence, reintegration and transition;
- review date and responsibilities.

Plans are developed with the pupil where appropriate, parents, relevant staff and healthcare professionals. They are reviewed at least annually and earlier after a change, incident, near miss, hospital admission, new advice or concern. A parent declining an IHP will not prevent the School taking reasonable steps to protect the pupil and others.

6 Equality, inclusion and attendance

A medical condition may amount to a disability. The School will consider anticipatory and individual reasonable adjustments and will not exclude a pupil from education, trips, activities or social opportunities merely because of a condition. Decisions are evidence-based, proportionate and recorded.

Absence, fatigue, pain, treatment, hospital attendance and fluctuating symptoms are considered when setting work, assessing progress, managing behaviour or applying attendance procedures. The School will support reintegration after significant absence and liaise with parents and professionals about phased return, remote access or adjusted timetables where appropriate.

7 Staff training and competence

Staff who undertake a healthcare task must receive suitable condition-specific training from an appropriately competent person and must demonstrate competence before acting independently. Training is refreshed when required by the plan, clinical advice, the training provider or changed circumstances. A family member may contribute information but will not normally be the sole trainer for a clinical procedure. The school will ensure:

- general awareness for all staff;
- condition-specific and emergency training for named staff;
- sufficient trained cover for absence, breaks, clubs and visits;
- records of content, trainer, attendees, competence and expiry or review date;
- briefings for supply staff and relevant contractors;

- post-incident debrief and refresher training where indicated.

Except in an emergency, no member of staff will be pressured to perform a medical procedure for which they are not trained and competent. Staff remain expected to summon help and use best endeavours in an emergency.

8 Managing medicines

Medicines should normally be administered at home where this can be achieved safely. Where a pupil needs medicine during the School day, including a non-prescription medicine, the School will obtain written parental permission for that particular medicine and agree how it will be administered. For an EYFS child, prescription medicine will be given only if prescribed for that child by a doctor, dentist, nurse or pharmacist; medicine containing aspirin will be given only if prescribed by a doctor. Staff will follow the medicine's instructions, the pupil's healthcare plan where applicable, and the arrangements for staff training and competence.

Medication must be in date, clearly identifiable and supplied in its original container with the manufacturer's or pharmacy label and instructions, as applicable. The School will check the pupil's name, medicine, dose, method and timing against the written parental permission and healthcare plan. Where medicine is supplied in a device, such as an insulin pen or pump, staff will follow the agreed healthcare plan and the device instructions.

The School will not alter dosage or instructions without written advice from an authorised prescriber. Every administration or refusal is recorded promptly, including the date, time, medicine, dose, person administering it and a witness where required. Parents of an EYFS child are informed whenever medicine is administered, on the same day or as soon as reasonably practicable.

If a pupil refuses medicine, staff will not force the pupil; parents and, where necessary, healthcare or emergency services will be contacted. Medicine no longer required, expired or left at the end of the year is returned to parents for safe disposal; sharps are placed in an approved sharps container.

9 Storage, access and controlled drugs

Medicines and devices are stored securely yet remain readily accessible in an emergency, in accordance with label instructions and the IHP. They are not locked away where delay would create danger. Refrigerated medicines are kept in a labelled, closed container in a monitored refrigerator. Pupils who are competent may carry inhalers, adrenaline auto-injectors, glucose or other agreed emergency items; a spare may also be held.

Controlled drugs are stored and administered in accordance with legal and local safe-management requirements. Access is restricted to authorised staff and a separate controlled-drug record is maintained. Named pupils may access their controlled medicine for self-administration where agreed and supervised.

10 Emergency medicines and equipment

A pupil's own prescribed emergency medication is the primary provision. It accompanies the pupil throughout the School day and on visits, with a second device where clinically advised. Emergency plans identify who acts, who calls 999, who obtains medication, who meets the ambulance and who contacts parents.

Where the School chooses to hold emergency salbutamol inhalers or spare adrenaline auto-injectors, these will be purchased, stored, checked and used only under the applicable statutory scheme and School protocol, normally for a pupil known to need the medicine and with the required consent. Spare devices do not replace a pupil's own supply.

11 Allergy safety

The School adopts the July 2026 DfE allergy-safety guidance as relevant good practice pending equivalent requirements for independent schools. Allergy risk is managed through a whole-School approach involving leadership, catering, teaching staff, clubs, trips and premises users

- All staff receive proportionate allergy-awareness and anaphylaxis-response training;
- Pupils requiring it have an IHP and accessible emergency medication;
- Catering arrangements identify and communicate allergens, prevent avoidable cross-contact and control substitutions.
- For EYFS children, the School obtains information about food allergies, intolerances and special dietary requirements before admission. It develops and keeps up to date an allergy action plan with parents and, where appropriate, health professionals, and shares the allergy action plan and information needed to act on it with all staff;
- At each meal and snack, a designated member of staff checks that the food and drink provided meet the child's requirements.
- Food-sharing and celebration arrangements are risk assessed;
- Cleaning, classroom activities, art materials, animals and trips consider allergy risk;

- Serious reactions and near misses are recorded, reviewed and used to improve practice;
- The affected pupil is included without creating stigma or an unrealistic guarantee of an allergen-free environment.

12 Mental health and medical needs

This policy includes diagnosed or suspected mental health conditions where they require practical support, medication, adjustments or coordination. Mental health concerns are considered alongside safeguarding, SEND, attendance and pastoral procedures. An immediate risk of self-harm, suicide or serious harm is treated as an emergency and referred to the DSL and emergency or health services without delay.

13 Emergencies

Staff follow the pupil's IHP and emergency plan, call 999 without delay where indicated and provide first aid within their competence. Parents are contacted as soon as practicable, but emergency treatment is not delayed while awaiting consent or contact. A pupil taken to hospital by ambulance will be accompanied by a suitable adult who remains until a parent or authorised carer takes over, while safe supervision of other pupils is maintained.

The School must not rely on staff transporting a seriously ill or injured pupil in a private vehicle. Any exceptional transport decision must be authorised, risk assessed and consistent with emergency-service advice and insurance.

14 EYFS arrangements

At least one person with a current full-course paediatric first-aid certificate is on the premises and available whenever EYFS children are present, and accompanies them on outings. Whenever EYFS children are eating, a member of staff with a current full-course paediatric first-aid certificate is in the room.

Medicines are administered only where the provider has appropriate information and consent, and a written record is made and parents informed on the same day or as soon as reasonably practicable.

Medicine is administered by a suitably knowledgeable member of staff; prescription medicine is not given unless prescribed for that child, subject to the limited lawful exceptions in the EYFS framework.

EYFS accident, injury, first-aid and notification requirements are followed.

Key persons and familiar practitioners are involved in plans where appropriate, including eating, allergies, intimate care, sleep and transition.

The Headteacher and EYFS Lead determine and record any legally required notification to the relevant prescribed body within the required timescale.

15 Educational visits, sport and extended provision

Medical needs are included in planning for trips, residential visits, PE, swimming, fixtures, breakfast care, after-school care and clubs. Relevant medication, equipment, IHP extracts and emergency contacts travel with the pupil and remain accessible. Staffing, transport, accommodation, food, refrigeration, time zones and emergency healthcare are considered. A pupil will not normally be excluded where reasonable adjustments can make participation safe.

16 Record keeping and confidentiality

The School maintains a secure medical register, IHPs, consent forms, administration records, training records, incidents and near misses.

Information is accurate, current, relevant and shared on a need-to-know basis. Emergency information is accessible to those who need it.

Medical information is special-category personal data and is handled under the School's privacy notices, data-protection policy and retention schedule.

Prominent public lists displaying diagnoses are not used; staff receive controlled information appropriate to their responsibilities.

Parents are told how information will be used, but safeguarding or vital information may be shared without consent where lawful and necessary.

17 Safeguarding

A medical incident or allergic reaction is not automatically a safeguarding matter. The DSL must be consulted where circumstances suggest that a pupil may be at increased risk of neglect, abuse or exploitation because of a condition—for example, essential information is deliberately withheld, essential medication is repeatedly not supplied, treatment is persistently denied, fabricated or induced illness is suspected, or the condition is used to

isolate or control the child.

Safeguarding action takes priority over routine medical administration processes. Staff record facts, avoid investigation beyond their role and follow the Child Protection and Safeguarding Policy.

18 Incidents, near misses and reporting

All significant medical incidents, medication errors, allergic reactions and near misses are reported promptly to the Headteacher. Immediate care and safeguarding take priority. A proportionate review establishes what happened, contributing factors, actions, learning, communication and whether the IHP, risk assessment, training, equipment or policy must change.

The Headteacher determines promptly which external notifications are legally required for the particular incident, the recipient and the deadline, and records the decision and any notification made. For an EYFS child, the School notifies local child protection agencies of a serious accident or injury to, or death of, the child while in its care, and acts on their advice. If the provision concerned is registered with Ofsted, the applicable EYFS requirement to notify Ofsted of a serious accident, illness, injury or death as soon as reasonably practicable and within 14 days must also be followed. Other possible reporting duties, including those under RIDDOR, are assessed according to the circumstances. Records distinguish facts from analysis and are retained securely.

19 Infection prevention and exclusion

The School follows current UKHSA and local public-health guidance. Parents should not send a child who is too unwell to participate or who presents a material infection risk. The commonly used 48-hour exclusion after the last episode of vomiting or diarrhoea is applied unless current public-health or clinical advice specifies otherwise. Individual medical vulnerability, immunosuppression and outbreak control are considered.

20 Unacceptable practice

- preventing easy access to inhalers, adrenaline, glucose or other emergency treatment;
- assuming every pupil with the same condition needs the same support;
- ignoring the pupil’s or parent’s views or clinical evidence;
- sending a pupil who is ill or symptomatic to the office alone;
- penalising absence, reduced stamina or behaviour arising from a condition without considering adjustment;

- requiring parents to attend School routinely to administer medicine as a condition of attendance;
- preventing participation solely because of a medical condition where risk can reasonably be managed;
- using another pupil's medicine except under an authorised emergency scheme;
- delaying emergency care or a safeguarding referral while seeking paperwork.

21 Complaints and review

Concerns should first be raised promptly with the Headteacher. Formal complaints are considered under the Complaints Procedure. Safeguarding concerns are reported immediately to the DSL and are not delayed by the complaints process. The policy is reviewed annually and sooner after significant guidance, legal change, a serious incident or identified weakness.

St Ambrose Preparatory School

Individual Healthcare Plan

Complete with the pupil, parent or carer, relevant staff and a healthcare professional where appropriate. Review at least annually and whenever needs or arrangements change. Record the practical arrangements staff must follow; attach any clinician-issued action plan.

Pupil and plan details

Child's name		**Class**	
Date of birth		**Plan date**	
Review due		**School plan lead**	
Address			
Condition or health need			
Parent or carer 1		**Relationship**	
Contact numbers			
Parent or carer 2		**Relationship**	
Contact numbers			

Clinic or hospital		**GP**	

Healthcare professional and contact number	

Health needs and daily support

Symptoms, warning signs and triggers	

Daily care and monitoring	

Food, drink, diet, testing, equipment or environmental needs	

Medication and self-management

Complete one entry for each medicine, including non-prescription and emergency medicine. Copy this section if more entries are needed. Written parental permission below applies to the specific medicines listed here.

- **Medicine 1**

Name and purpose	

Dose		**Method or device**	

When to give and any instructions	

Storage and access		**Expiry date**	

Side effects or monitoring needed	

Staff administer ☐

Pupil self-administers ☐

Supervised self-administration ☐

Named staff or monitoring arrangements: _____

Parental permission: Yes ☐ No ☐

Parent/carer signature: _____Date: _____

- **Medicine 2**

Name and purpose	

Dose		**Method or device**	

When to give and any instructions	

Storage and access		**Expiry date**	

Side effects or monitoring needed	

Staff administer ☐

Pupil self-administers ☐

Supervised self-administration ☐

Named staff or monitoring arrangements: _____

Parental permission: Yes ☐ No ☐

Parent/carer signature: _____Date: _____

Emergency medicine and access

Medicine or device; number of doses held	

Carried by pupil or location held; who has access	

Access during lessons, breaks, clubs and visits	

Clinician-issued action plans

Attach the current plan where applicable:

Allergy Action Plan ☐

Asthma Action Plan ☐

Other emergency plan ☐

None ☐

Action plan date		**Issued by**	

Information sharing: The School will share relevant information with staff and professionals who need it to support the pupil safely, in accordance with its privacy notice and data protection procedures. This is separate from permission to administer medicine.

Emergency actions

Symptoms that require immediate action	

Actions in order, including medicine and dose	

When to call 999; who calls and meets ambulance	

Who contacts parents; contingency if named staff unavailable	

School arrangements

Education, attendance, social and emotional support	

Trips, PE, clubs and other adjustments	

Named staff providing support and trained cover	

Training and competence confirmed; date and by whom	

Staff who need access to this plan; confidentiality concerns	

Links to SEND or EHC plan, reintegration or other plans	

Agreement and review

Parent/ Carer to complete:

I confirm that the information I have provided is accurate and will tell the School promptly of changes. I give written permission for School staff to administer the medicine(s) specifically recorded in this plan for which I have indicated my agreement, in accordance with the recorded instructions. I agree to the recorded arrangements for any supervised or independent self-administration. A new medicine or change to medicine instructions requires an updated entry and fresh written permission.

Parent or carer name		**Date**	

Parent or carer signature	

School to complete:

The School agrees to put the support, adjustments and medicine arrangements recorded in this plan in place, subject to review if the pupil's needs change.

Headteacher name		**Date**	

Headteacher signature	