Supporting Pupils with Medical Conditions Policy

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Supporting Pupils with Medical Conditions Policy – Executive Summary (2026)

Purpose
Community Inclusive Trust (CIT) is committed to ensuring that pupils with medical conditions can fully access education, participate in all aspects of school life, remain safe, and achieve their academic, social and emotional potential. The policy aligns with the 2026 statutory guidance *Supporting Children and Young People with Medical Conditions and Allergy*.

Key Message
Every CIT school must create a safe, inclusive and supportive environment where children and young people with medical conditions can thrive, participate fully and receive the support they need to access education successfully.

Key Principles
All CIT schools are expected to ensure:
Inclusion – pupils are supported to participate fully in school life, including trips, enrichment activities and PE.
Safety – robust planning, trained staff and effective emergency arrangements are in place.
Partnership – strong collaboration with families and healthcare professionals.
Individualised Support – arrangements are tailored to the pupil's needs.
Dignity and Respect – pupil voice, privacy and wellbeing are central.
Accountability and Compliance – schools meet statutory duties and Trust requirements.
Clear Communication – information is accessible and responsive to individual needs.

Roles and Responsibilities
The policy sets clear expectations for:
Trust Board and Governors
Headteachers
School Staff
Healthcare Professionals
Local Authorities
Parents/Carers
Pupils
All stakeholders share responsibility for ensuring pupils with medical conditions are safe, supported and included.

Individual Healthcare Plans (IHPs)
Schools will:
Identify pupils who require additional support.
Develop Individual Healthcare Plans where needed.
Involve pupils, parents and healthcare professionals.
Review plans annually or sooner if circumstances change.
Ensure plans transfer between schools.
Include emergency arrangements, medication requirements and reasonable adjustments.

Medication and Medical Support
Schools will:
Administer medication only with appropriate consent and training.
Store medicines safely while ensuring emergency medicines remain accessible.
Maintain accurate Medication Administration Records (MARs).

Support self-management where appropriate.
Ensure staff receive suitable training before undertaking healthcare tasks.
Maintain arrangements for emergency inhalers and adrenaline auto-injectors.

Emergencies, Incidents and Wellbeing
Schools must:
Follow clear emergency procedures.
Respond immediately to medical emergencies.
Report and investigate serious incidents and “near misses”.
Learn from incidents and improve practice.
Consider the wellbeing of pupils, families and staff following serious events.

Inclusion and Equal Access
Pupils with medical conditions must:
Not be unfairly disadvantaged.
Have equal access to education, visits, clubs and activities.
Receive reasonable adjustments where required.
Be supported during periods of illness, hospitalisation and reintegration into school.

Record Keeping and Monitoring
Schools will maintain:
Medical condition registers.
Individual Healthcare Plans.
Medication records.
Training records.
Incident and near-miss reports.
The Trust will monitor compliance through governance, reviews, audits and lessons learned from incidents.

Contents:

1.1 **Statement of intent**

At CIT We believe that effective support for pupils with medical conditions is fundamental to safeguarding, equality, and inclusive education. Through this policy, the Trust aims to create environments where all pupils feel safe, understood, and empowered to succeed—regardless of their medical needs.

We are committed to all our schools ensuring that pupils with medical conditions can access and fully participate in education, achieve their potential, and remain safe within a supportive and inclusive environment.

We recognise our statutory duty under Section 100 of the Children and Families Act 2014 to make arrangements to support pupils with medical conditions, and we are committed to implementing these duties consistently across all academies within the Trust,

It is our aim that pupils with medical conditions who attend any CIT school:

✓ Play a full and active role in school life
✓ Remain healthy and safe
✓ Access education, including school trips and physical education
✓ Achieve their educational, social and emotional potential

In our CIT family of schools, we recognise that many pupils have multiple, complex or fluctuating medical conditions and may require:
✓ Ongoing medication during the school day
✓ Emergency medication
✓ Specialist equipment or interventions
✓ Delegated clinical procedures delivered by trained school staff
✓ Flexible attendance arrangements and personalised timetables

This policy is written in 2 parts.
Part 1 – Identifies Trust expectations and statutory guidance.
Part 2 – sets out how schools will apply the requirements of Part 1 in their setting.

1.2 Key principles

The Trust expects that all CIT schools will ensure:

Inclusion: Pupils with medical conditions are supported to participate fully and are not unfairly excluded from learning or enrichment.

Safety: Pupils' health is protected through robust planning, competent staff and clear emergency arrangements.

Partnership: Effective collaboration with parents/carers and healthcare professionals.

Individualisation: Support is appropriate, compliant, tailored and evidence informed.

Dignity and respect: Privacy, dignity, and pupil voice are central, especially where intimate care and clinical procedures are involved.

Clear accountability: Roles, training, record-keeping and escalation pathways are defined.

Compliance: all schools will ensure they know, understand and follow statutory and Trust expectations fully.

Clear Communication and language: all schools will ensure that communication with pupils and families is clear, accessible and appropriate to age, understanding, disability and language needs.

The Trust expects that all school leaders:

- Ensure they have a compliant, published policy for supporting pupils with medical conditions, with clear leadership and governance oversight
- Implement a consistent approach to Individual Healthcare Plans (IHPs)**,** ensuring that pupils who require support have clear, detailed, and regularly reviewed plans
- Maintain robust systems for identifying, recording, and responding to medical incidents**,** including learning from serious incidents and near misses
- Provide appropriate and regular training for staff, ensuring that those responsible for supporting pupils with medical needs are confident and competent
- Promote a culture of awareness and understanding**,** including specific attention to high-risk areas such as allergies and long-term or fluctuating conditions
- Ensure that no pupil is disadvantaged due to their medical condition, including in relation to attendance, behaviour, or participation in activities
- Embed medical needs support within safeguarding, SEND, and inclusion frameworks across the Trust.

This Part 1 of the policy sets out the statutory guidance and Trust expectations.

Part 2 of this Policy will be contextualised by the school to set out their own arrangements for:

- Administration of medicines
- First aid provision
- Delegated clinical duties
- Storage and disposal of medication
- Emergency response and risk assessment

CIT believes that our schools must set a culture where parents/carers feel confident that schools provide safe, effective and compassionate support, and that pupils feel secure, respected and included.
The Trust also recognises the social and emotional impact of medical conditions. Pupils may experience anxiety, depression, self-consciousness or bullying.
This policy seeks to minimise these risks through inclusive practice, pastoral support and awareness-raising. Some pupils with medical conditions may be considered disabled

under the Equality Act 2010. The Trust expects that all CIT schools will comply fully with their duties to make reasonable adjustments.

The requirements of this policy apply equally to breakfast clubs, after-school clubs and any Trust-led wraparound provision.

1.3 **Transparency and Accessibility**

All CIT schools will maintain and publish their own contextual Part 2 Supporting Pupils with Medical Conditions Policy and an Allergy Safety Policy which are reviewed at least annually, are easily accessible to parents, carers, staff and pupils, and accurately reflect the arrangements in place within the setting

2.1 **Legislation**

This policy has due regard to, but is not limited to:
- Children and Families Act 2014
- Education Act 1996 (as amended)
- Education Act 2002
- Children Act 1989
- Equality Act 2010
- National Health Service Act 2006 (as amended)
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- School Premises (England) Regulations 2012
- SEND Regulations 2014
- Human Medicines Regulations 2012 (as amended)
- UK GDPR and Data Protection Act 2018

2.2 **Guidance**

- DfE (2026) Supporting children and young people with medical conditions and allergy
- DfE (2024) SEND code of practice: 0 to 25 years - GOV.UK
- DfE Keeping children safe in education 2025
- DfE (2023) Arranging education for children who cannot attend school because of health needs
- DfE (2024) Working together to improve school attendance (applies from 19 August 2024)
- Department of Health (2017) Guidance on the use of adrenaline auto-injectors in schools
- Ofsted – State-funded school inspection toolkit version 1.1

2.3 **Related trust policies (including separate Allergy Awareness Policy)**

This policy operates alongside these school and Trust policies:
- Allergy Awareness Policy (CIT, Part 1 and Part 2)
- SEND Policy

- Attendance Policy
- Safeguarding and Child Protection Policy
- Administration of Medicines Policy
- First Aid Policy
- Delegated Clinical Duties Policy
- Intimate Care Policy
- Educational Visits Policy
- Exam Access Arrangements Policy
- Complaints Policy
- Data Protection and Records management policies

From September 2026 all CIT schools have an Allergies Management Policy that sits alongside this policy, and these must be read in conjunction with each other.

All CIT schools must publish both their Supporting Pupils with Medical Conditions Policy and their Allergy Safety Policy on their website and ensure that these documents are reviewed annually and following any significant medical incident where policy changes may be required.

3.0 **Definitions, scope and context**

A medical condition is a specific physical or mental health issue or illness that can be diagnosed by healthcare professionals based on symptoms, tests, or examination.

This policy applies to both physical and mental health conditions where the school is required to make arrangements to support a child or young person in accessing education safely and effectively. The Trust recognises that some medical conditions may fluctuate over time and may have social, emotional or psychological impacts that require support alongside physical healthcare arrangements.

These conditions, which include chronic diseases, require management or treatment and can affect an individual's functioning. A medical condition is in scope of this guidance if the school needs to put arrangements in place to support children and young people with that condition (whether as part of institution-wide policies or specific arrangements for an individual).

Some pupils are likely to have Education and Health Care Plans that provide the statutory provision pupils need to be able to access education. Support may include day-to-day management, emergency responses, medication administration, clinical procedures and educational adjustments.

CIT schools support pupils with a wide range of needs. Many pupils may have multiple, complex, and/or fluctuating medical conditions.
Part 2 of this policy will identify some of the medical conditions that each setting will manage and support.

This Trust policy applies to:

- School day provision (on-site), including breakfast clubs, after-school clubs,

extracurricular activities and any school-led wraparound provision
• Off-site activities, educational visits and residentials
• Transport interfaces (information sharing and planning with the LA)
• Periods of short-term absence and longer-term absence (as set out in related attendance/medical needs processes)

4. **Roles and responsibilities (CIT staff)**

4.1 The Trust Board:
Is legally responsible for fulfilling statutory duties under relevant legislation. The Board should ensure that its arrangements give children, young people and parents confidence in all CIT school's ability to provide effective support for medical conditions in school.

Trustees will ensure that significant medical condition and allergy-related risks are appropriately reflected within Trust and school risk management arrangements and reviewed through governance processes.

They must:

- Ensure that a named member of the board and named senior leader is responsible for the policy, which should be reviewed at least annually.
- Ensure that Trust-wide arrangements are in place to support pupils with medical conditions.
- Ensure that where serious incidents or "near misses" occur involving a child or young person with a medical condition (including allergy), lessons have been learned following a review of the relevant policies and arrangements.
- Must have strategic oversight of the monitoring and support for continuous improvement, utilising data and key information. Part 2 of this document will set out how school leaders intend to communicate with the Trust Board via the LSB.
- Ensure that a schools' years setting's medical conditions and allergy safety policies are explicit about what practice is not acceptable.
- Seek to receive assurance from all schools that pupils can access and enjoy the same opportunities as peers. They must ensure that school arrangements are clear and unambiguous about the need for proactive support so that children and young people with medical conditions can participate in school trips and visits, or in sporting and extracurricular activities, and not prevent them from doing so.
- Ensure that all school staff are aware of this policy and it sets out clearly how staff will be supported in carrying out their role to support children and young people with medical conditions.
- Ensure that the staff who are likely to be involved in supporting the child or young person know that they have an Individual Healthcare Plan and understand the arrangements it sets out.
- Ensure that the medical conditions policy sets out what should happen in an emergency.

- Ensure that arrangements to support children and young people with medical conditions apply at all times when the child or young person is in the care of the school.
- In the case of 'near misses' or emergencies, check that leaders in school have considered what lessons to learn and whether changes are required to the Trust or school policy.
- Ensure that the complaints processes permit complaints to be raised and investigated following a serious incident or near miss relating to a child or young person's medical condition.

4.2 The Headteacher:

The Headteacher holds overall responsibility for implementation of Part 1 and 2 of this policy at school level. They will ensure operational implementation of those arrangements in school.

At all CIT schools the Headteacher is responsible for ensuring:

- The school systems and procedures are fully compliant with statutory guidance and Trust expectations.
- Parts 1 and 2 of this policy is read, understood and implemented effectively with all stakeholders.
- Staff understand their roles and can easily access relevant information.
- Appropriate and sufficient trained staff are available to support IHP delivery, including emergencies. Ensure all staff receive allergy awareness training in accordance with the CIT Allergy Safety Policy, including recognition of allergic reactions, anaphylaxis, emergency procedures and the use of adrenaline auto-injectors.
- That staffing and recruitment needs are met to meet medical needs safely.
- IHP plans are developed and are compliant with statutory guidance, fully implemented and reviewed:
  - in place where needed
  - developed with parents, pupils and health professionals
  - regularly reviewed and accessible to relevant staff
- Robust information systems are in place to-
  - identify pupils with medical conditions early
  - record and share accurate information with staff
  - keep information up to date
- Liaise with health professionals. Ensure appropriate links with school nurses and healthcare professionals. Seek support when a pupil's needs:
  - are newly identified
  - or not yet formally assessed
- Safe management and storage of medicines. Ensure systems exist for:
  - storage, administration, and record-keeping of medicines
  - managing controlled drugs and emergency medication
- That staff understand that they are not obliged to deliver medication but must be supported if they volunteer

- That safe procedures are followed consistently
- That emergency arrangements are effective. Put in place clear emergency procedures, including:
  - what to do in a medical crisis
  - access to medication (e.g. inhalers, adrenaline auto-injectors)
  - Ensure all relevant staff know their role in an emergency.
- All pupils have a right to inclusion and equal access. Make sure pupils with medical conditions:
  - are not excluded from education or activities
  - have full access to trips, PE, and school life
- Avoid unlawful discrimination under the Equality Act 2010 (where applicable).
- Effective and accurate monitoring, review and governance reporting. Headteachers must monitor how effectively arrangements are working and report to governors on:
  - policy review cycles
  - evaluation of incidents / “near misses”
- Liaison with Public Health / relevant agencies where appropriate (e.g., infection control advice)

4.3 School staff:
May be asked to support pupils with medical conditions including administering medication but are not required to do so unless contracted accordingly.

The Trust expects that staff:

- Receive appropriate training and demonstrate competency before undertaking medical support tasks. Staff must engage with that training and meet deadlines set by the Trust
- Follow IHPs, risk assessments, and local procedures
- Respond promptly when aware that a pupil requires help
- (Teachers) take account of medical needs in lesson planning and provide additional help where needed, liaising with families and professionals when appropriate
- Use curriculum opportunities (e.g., PSHE) to promote understanding of medical conditions and reduce stigma
- Ensure pupils are fully included in the life of the school

4.4 External agencies and health professionals

The Trust welcomes support and engagement with external professionals to work in partnership with our schools in the best interests of our pupils.

External agencies are responsible for providing clinical expertise, training, assessment, and coordinated multi-agency support, enabling schools to implement safe, effective provision for pupils with medical conditions.

We expect our schools to engage professionally with all agencies. We look to them to:
- Provide medical diagnosis and clinical information
- Advise on treatment and medication regimes

- Contribute to Individual Healthcare Plans (IHPs)
- Clarify:
  - symptoms
  - triggers
  - emergency actions
- Give professional guidance to schools and parents and Support decisions about:
  - whether a pupil needs an IHP
  - what staff need to do in emergencies

Part 2 of this document will set out contextually which external partners that a school works with or is likely to work with and the roles the agencies will play in supporting pupils.

4.5 The Local Authority.

The Trust expects that all CIT schools work and engage with their relevant Local Authority. We expect that they will support our schools by:

- Promoting cooperation between partners
- Supporting training and guidance arrangements
- Supporting attendance and full-time education where possible
- Arranging alternative provision for pupils absent for 15 days or more due to health needs (see related Trust policy on pupils unable to attend due to health needs)

4.6 Parents/carers:

The Trust expects that school leaders make clear to parents their role in supporting pupils with medical conditions. Part 2 of this policy sets out how schools will ensure parents:

- Inform the school of their child's medical condition and changes
- Provide written information about medication required in school hours and for off-site activities
- Ensure medication/devices that come in to school are compliant with this policy for example clearly labelled with the pupil's full name and are within expiry date.
- Provide appropriate spare medication if required
- Keep their child at home if not well enough to attend
- Engage in medical care plan development/review and agreed actions
- Ensure they (or a nominated adult) are always contactable
- Support catch-up learning where appropriate and agreed

4.7 Pupils (as appropriate to age/ability).

The Trust will expect schools to support pupils to be active partners in their own medical care. It is expected that schools make this very clear to pupils how this will happen in their school (Part 2 of this policy). This includes supporting them to:

- Participate in discussions about their support needs where possible
- Tell a trusted adult when unwell or if another pupil is unwell
- Treat medication with respect
- Know how to access support quickly in an emergency
- Develop independence/self-management skills where safe and appropriate

4.8 **Duty of Care**. All Staff and school stakeholders:

If a child or young person experiences a life-threatening medical emergency, anyone—staff, volunteers or bystanders, may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure. People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis.

5.1. **Staff training and competency**

The Trust requires that any member of staff providing support must receive suitable training. Leaders must ensure that staff do not undertake healthcare procedures or administer medication without appropriate training.

Training needs will be assessed through Medical Care plan development and review, informed by healthcare professionals.

A first-aid certificate does not in itself constitute training for specific medical procedures.

Whole-school awareness training (e.g., epilepsy awareness) may be delivered annually where appropriate to the cohort.

All staff must receive allergy awareness training at intervals determined by the Trust and school leaders. This training should include the recognition of allergic reactions, emergency response procedures, awareness of allergen risks, and the use of adrenaline auto-injectors. Records of training must be maintained and monitored.

All staff should be familiar with normal precautions for avoiding Infection. Basic hygiene procedures of hand washing, disposal of contaminated wipes/tissues in the appropriate bin (yellow clinical waste plastic bin liner). Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings in the appropriate container.

School specific details will be set out in Part 2 of this policy.

5.2 **Delegated clinical duties for medical procedures**

Delegated clinical duties are healthcare procedures or interventions that are normally undertaken by registered healthcare professionals, but are formally delegated to trained, competent school staff, and are required to enable a pupil to access education safely.

Examples may include (but are not limited to):

- Enteral feeding e.g. Gastrostomy feeding/ Nasogastric tube (NG)
- Suctioning (oral/tracheal)
- Oxygen administration
- Catheterisation
- Management of complex epilepsy care plans
- Monitoring and responding to specific medical parameters as directed

Delegated clinical duties will only be undertaken where:

- The procedure is necessary to support the pupil's access to education
- Delegation is formally agreed by an appropriate registered healthcare professional
- The duty is clearly defined, time-limited where appropriate, and reviewed regularly
- The pupil's dignity, safety and wellbeing are central to all decisions
- Staff act within the limits of their training and competence

No member of staff will be required to undertake a delegated clinical duty unless they have voluntarily agreed to do so.

Delegated clinical duties will only be carried out when a registered healthcare professional has:

- Assessed the pupil's clinical needs
- Determined that delegation is appropriate
- Provided clear written instructions and protocols
- Written parental/carer consent has been obtained
- The duty is documented within the pupil's medical care plan - IHP.

Staff undertaking delegated clinical duties must receive procedure-specific training delivered or approved by a suitably qualified healthcare professional.

Training will include:

- The procedure itself
- Infection control
- Equipment uses
- Recognition of complications
- Emergency actions

A general first aid qualification does not constitute appropriate training for delegated clinical duties. Staff competency must be:

- Assessed
- Recorded
- Reviewed at agreed intervals.

Delegated clinical duties are subject to ongoing review by healthcare professionals and school leaders. Reviews will consider:

- Changes in the pupil's condition
- Staff confidence and competence
- Incidents, near misses or concerns

Duties may be withdrawn or amended at any time if safety cannot be assured.

All delegated clinical duties must be supported by an up to date and accurate risk assessment alongside clear escalation and emergency procedures.

Safeguarding principles always apply, including:

- Maintaining dignity and privacy

- Appropriate staff deployment
- Recording and reporting concerns

6.0 **Admission**

The Trust requires that in no circumstances in CIT schools will any child be denied admission to a CIT school or prevented from taking up a place because arrangements for their medical condition have not yet been made.

A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting at that time, or where there are immediate public health concerns (e.g., infection control), and only following appropriate advice and lawful decision-making. Any such decision will be documented and handled fairly and transparently.

7.0 **Notification and planning** (new to school or new diagnosis)

When a CIT school is notified that a pupil has a medical condition requiring support in school, the school will:

- Gather information promptly from parents/carers and relevant professionals.
- Arrange a planning meeting (as appropriate) with parents/carers, school staff and healthcare professionals, and the pupil where appropriate, to consider whether a medical care plan (IHP) is required.
- Put interim support in place where needed; the school does not wait for a formal diagnosis before offering support.

Where a pupil's needs are unclear or disputed, the Headteacher will decide based on available evidence, including medical advice and consultation with parents/carers.

If Fabrication of Injury or Illness (FII) is suspected, the safeguarding team will follow safeguarding procedures.

For September intake, arrangements will be made prior to start, informed by previous settings. For mid-term admissions/new diagnoses, arrangements will be made as soon as practicably possible.

8. **Individual Health Care Plans**

Individual Healthcare Plans are documents which a school, college or education provider produces and owns, setting out the support which a specific child or young person may require in respect of their medical condition, and the steps which the education provider will take to support them. IHPs will be developed in collaboration with the child or young person and their parents and should take account of any advice received from healthcare professionals.

The Trust expects that school leaders ensure they seek to identify any children and young people with medical conditions so they can consider whether an Individual Healthcare Plan is required. They then should discuss the circumstances with the child or young person and their parents.

The headteacher will decide (in discussion with the parents and any relevant healthcare professionals) whether the medical condition can be managed through the adjustments

made under the school's medical conditions policy or whether an Individual Healthcare Plan is required to specify arrangements that reflect the child or young person's condition and circumstances.

If a medical condition requires the school to put supportive arrangements in place, an Individual Healthcare Plan should be drawn up which specifies these arrangements. This includes children and young people whose medical conditions require flexibility and "reasonable adjustments", as well as those who require medication (either proactively or in an emergency).

Personalised care plans: if healthcare professionals will issue personalised care and/or action plans they must be included in the IHP. This includes allergy and asthma action plans, diabetes care plans and seizure plans.

Plans will be reviewed at least annually or sooner if the pupil's needs change, or after significant incidents/near misses.

IHPs must transfer with pupils when they move to a new school.

All IHPs will fully comply with the statutory guidance.

Part 2 of this policy will set out each school's process and timetable for collating information and setting up and reviewing IHPs.

9.1 **Administration of medication**

The Trust expects that all CIT schools will ensure that any medicines are only to be administered in accordance with written consent requirements and prescribing information.

Individual Healthcare Plans (IHPs) should be put in place for any child or young person who requires medication while in school.

The IHP should set out arrangements for administering the medication, contact details of the relevant healthcare professional and procedures in the event of any complications or side-effects.

Pupils will be supported to access medication safely and discreetly and encouraged towards independence where appropriate and safe.

Medication is administered/supervised only by appropriately trained staff who have agreed to undertake the role.

Where intimate procedures are required, dignity, privacy, safeguarding and (where possible) gender-sensitive arrangements will be considered, while recognising emergency exceptions.

9.2 **Consent for administration of medication**

The Trust expects that a pupils IHP should record parental consent for the medication to be administered to a child (other than in the exceptional circumstances where medication is prescribed without a parent's knowledge). Where specific members of staff have been trained to administer medication or deliver personalised care plans (for example diabetes care or plans seizure plans), they should be named on the IHP, together with cover arrangements in their absence.

An additional copy of the IHP should be uploaded to the school's information system (Bromcom).

A letter from a doctor or medical professional would be required if a pupil needed medication to be administered covertly.

In special circumstances where pupil medication is prepared at home to be administered at school, a letter of consent must be written with the specific information for the individual pupil. This must be signed by parent/carer.

CIT schools can only accept prescribed medicines if they are in the original pharmacy-dispensed container, with the pharmacy label showing the pupil's name, dosage instructions, and storage requirements.

The DfE guidance states that schools should only accept prescribed medicines that are:

- In date
- Labelled
- Provided in the original container as dispensed by a pharmacist
- Accompanied by instructions for administration, dosage and storage

Exceptions include:

- Insulin**,** which may be supplied in an insulin pen or pump rather than the original container.
- Emergency medicines such as inhalers and adrenaline auto-injectors, which are typically carried or stored in a form that allows immediate access

9.3 **Transfer of medication from home to school**

Where appropriate, schools will share relevant information (with appropriate consent) to support safe transport planning for pupils with significant medical needs.

If a pupil requires medication administration during transport, this must be planned and delivered through the LA's transport arrangements using appropriately trained personnel, in line with agreed responsibilities.

Staff should ensure that medication that is transported by school is signed over to and from transport. Procedures for individual schools are set out in Part 2 of this policy.

9.4 **Storage of medication**

9.4.1 **General/ non prescribed medication storage**

Pupils should not store medication on their person. Medication will normally be stored securely by the school unless a risk assessment and Individual Healthcare Plan identify that the pupil should carry and self-manage their medication.

All medication should be hand in for safe storage. Medication is stored in locked cabinets (or secure storage as required). Medication is stored in the original container with label,

instructions and expiry date. Temperature/storage requirements are followed, including refrigeration where required in a secure area.

Parents/carers supply medication clearly labelled with pupil name, dose and frequency. Arrangements are in place for end-of-year return/collection, where applicable.

9.4.2 **Emergency medication and its storage**

Emergency medication is medication prescribed or supplied for the immediate treatment of a potentially serious or life-threatening medical condition where delay in administration constitutes a serious incident because it could place a pupil at significant risk of harm.

Examples of emergency medication commonly covered include:

- Salbutamol reliever inhalers for asthma attacks.
- Adrenaline auto-injectors (AAIs) such as EpiPens for anaphylaxis. (see separate Allergy Policy).
- Rescue medication for epilepsy (for example, buccal midazolam where prescribed).
- Emergency diabetes treatments, such as fast-acting glucose treatments and other prescribed emergency interventions identified in a pupil's healthcare plan.
- Any other medication specifically identified in a pupil's Individual Healthcare Plan (IHP) as being required to manage a medical emergency.

Access arrangements must ensure controlled drugs remain secure whilst being immediately accessible in an emergency.

Depending on the developmental stage and age of the pupil it may be deemed appropriate for the pupil to have their emergency medication on their person to support them in developing independence, alternatively the emergency medication should be kept in an agreed location that can be accessed by adults. Details of this will be stated in a pupils IHP, and staff must be aware of the location of any emergency medication. Further details of school context will be contained in Part 2 of this guidance.

The specific medication care plan should remain with the emergency medication.

If an emergency medicine is a controlled drug, it must be stored in a secure, locked storage arrangement. The key must remain readily available and not held solely by one individual. It must be accessible in an emergency. Medication is stored securely or carried by staff outside the building, in line with risk assessment and the agreed school procedures set out in Part 2 of this guidance.

In accordance with the Trust Allergy Safety Policy, schools will maintain spare emergency medication where required by legislation or statutory guidance. This includes maintaining centrally accessible spare adrenaline auto-injectors for emergency use in line with national guidance and local arrangements. Storage, monitoring and replacement arrangements will be detailed within each school's Allergy Safety Policy and Part 2 procedures

9.5 **Administration of medication procedure**

When administering medication, staff must complete the ‘Six Checks’ procedure. All checks and administration are to be observed by a second staff member:

- Right pupil
- Right medication
- Right dose
- Right time
- Right route
- Right documentation

Staff must always ensure they administer the medication discreetly and with dignity.

9.6 **Medication Administration Record** (MAR)

The Trust expects that all schools have a record of medication administration. Schools will set out in Part 2 of this Policy their proforma for this form. The contents of this must match the statutory guidance and paragraph 14.4 in Part 1 of this policy.

Staff should ensure that as soon as medication has been administered, they must complete the MAR form and ensure this is counter signed.

9.7 **Medication Refusal**

If a pupil refuses medication, staff must:

- Not force administration
- Record the refusal
- Inform parents/carers as soon as possible

9.8 **Medication incident - serious incidents and 'near misses'**

The DfE Guidance on Supporting Pupils with Medical Conditions specifically reference the need for schools to learn from both **serious incidents and "near misses"** as part of their medical conditions arrangements.

The Trust defines the following:

Near miss – an error identified before medication is given. It meets the criteria if it could have resulted in harm to a pupil but was identified or corrected before harm occurred.

Serious Incidents - Under the 2026 statutory guidance on supporting children and young people with medical conditions, a serious incident is generally one where a pupil has suffered, or was at significant risk of suffering, serious harm because of a medical condition, allergy, medication issue, or failures in support arrangements.

Medication error – medication given incorrectly (wrong pupil, medicine, dose, time or route), or a missed dose.

A medication error becomes a serious incident if a pupil has been harmed or put at risk of harm. This might include:

- Wrong medication administered and the pupil suffers adverse effects.
- Incorrect dosage administered resulting in treatment, monitoring, or hospital attendance.
- Failure to administer essential medication leading to deterioration in the pupil's condition.

- Administration of medication to the wrong child

Adverse reaction – unexpected or harmful reaction following medication.

Please see Appendix 1 for examples of 'near misses' and serious incidents that require reporting.

If a medication incident or a serious incident is suspected or confirmed staff will immediately:

- Ensure the pupil's immediate safety
- Stay with the pupil
- Monitor their condition
- Call 999 if there is any immediate risk to life (continuously risk assess this for deterioration)
- Inform the Headteacher or delegated senior leader immediately
- Seek medical advice i.e. NHS 111, prescribing clinician, specialist nurse, or emergency services as appropriate
- Preserve evidence (e.g. retain Medication packaging and labels, Medication Administration Record (MAR), Any measuring devices or equipment
- Do not alter records retrospectively
- Complete the Medication Administration Record (MAR) and highlight the error.

A senior leader will inform parents/carers as soon as possible after immediate safety actions and provide clear, factual information and log the communication on CPOMs.

The Headteacher will assess if the case requires consultation with LADO, internal investigation or other escalation procedure and will inform the Trust. The Headteacher will assess if a RIDDOR report should be submitted.

All medical emergency incidents or near misses will be reported to the LSB and subject to investigation.

The Headteacher Report to the LSB board will include any lessons to be learned to inform future practice.

9.8.1 **Supporting Wellbeing Following Serious Incidents**

Following a serious medical incident, the Trust expects that all CIT schools consider the emotional wellbeing needs of the pupil involved, their family, staff members and other pupils who may have been affected.

The Headteacher will determine what support is required following a review of the incident and in consultation with relevant professionals where appropriate.

The Trust requires that Headteachers act within the 2026 Supporting Pupils with Medical Conditions Guidance 2026 which requires all responses to serious medical incident or a "near miss" that could have put a child or young person's life at risk to:

- Consider the impact on the child, their family, staff involved in the response, and any pupils who witnessed the event.

- Review the incident with the child and their parents, recognising that confidence in the school's ability to keep the child safe may have been affected.
- Involve the child and parents in reviewing arrangements such as the Individual Healthcare Plan (IHP) to ensure support remains robust and appropriate.
- Provide support to staff involved, including time to reflect constructively on what happened. The guidance explicitly notes that carelessness, inadvertence or simple mistakes do not automatically amount to serious or wilful misconduct.
- Consider carefully how incidents are communicated within the school community, using them as learning opportunities while protecting the privacy of the child involved.

Schools will set out in Part 2 how this will happen in the individual setting.

9.9 **Disposal**

Expired/unused medication is disposed of safely via agreed routes (e.g., pharmacy/school nurse). Each school will have a named person responsible for checking expiry dates at least three times per year, with checks documented. Sharps disposal arrangements will be in place where required.

10.1 **Over the counter medication** (OCM)

No CIT school is legally required to administer non-prescribed medication. Part 2 of this guidance will identify a school's individual response to OCM.

Non-prescribed medication will only be administered where it is in the pupil's best interests, and where all requirements of this procedure are met.

No pupil will be given non-prescribed medication without written parental consent.

Medication must be administered in line with the Administration of Medicines 'Six checks' procedure.

(Non-prescribed medication includes but is not limited to: Paracetamol products i.e. Calpol, Ibuprofen, Antihistamines (e.g. hay fever medication), Topical creams (e.g. eczema cream, barrier creams), Teething gel, Rehydration sachets etc.).

The Trust expects that CIT Schools may agree to administer non-prescribed medication only when all the following apply:

Written parental consent has been provided (signed and dated).

The medication is:

- In its original packaging
- Clearly labelled with the pupil's full name
- Within its expiry date
- Clear instructions are provided regarding, dose, timing, route of administration
- The medication is suitable for the child's age, weight and condition.
- The medication does not mask symptoms of a potentially serious illness.

The Headteacher (or delegated senior leader) has agreed that administration is appropriate.

School will not administer non-prescribed medication where:

- A pupil is unwell enough to require regular pain relief (parents will be asked to collect the pupil).
- The medication is requested:
  - To manage behaviour
  - To enable attendance when the pupil is too unwell for school
- The medication is:
  - Out of date
  - Not in original packaging
  - Not clearly labelled
- The parent requests a dose above the manufacturer's recommended guidance.
- The school has concerns about:
  - Frequency of use
  - Potential misuse
  - Masking symptoms of illness
- There is no written consent.

10.2 Paracetamol **and Ibuprofen**

Due to the risk of overdose, additional safeguarding procedures will apply with these medications and any products containing these medications.

As well as the conditions for medication administration in previous paragraphs, the following conditions must be in place:

- Parents must confirm the time and dose of the last administration before school.
- Schools will not administer paracetamol or ibuprofen:
  - If the pupil has already received the maximum daily dose
  - If the pupil appears significantly unwell
  - If it hasn't been provided by parents/carers

Repeated requests for pain relief may trigger a review with parents and consideration of an IHP.

10.3 **Asthma and Inhalers**

The Trust expects that in all CIT schools the appropriate staff must be aware of pupils who are asthmatic and what their IHP says about their medication plan.

Schools must ensure that asthma inhalers are readily available and not locked away. Pupils should be able to access their own inhalers immediately when needed.

Children with asthma should have their prescribed reliever inhaler available at school and must be allowed (or supported) to use them when necessary and as prescribed.

If a pupil is competent to manage their asthma, they should be allowed to carry their inhaler themselves.

Where a pupil cannot self-manage, the inhaler should be stored in a location that is known and quickly accessible to staff.

10.3.1 **Asthma and Individual Healthcare Plans (where appropriate)**

For some pupils, particularly those with severe or poorly controlled asthma, schools should have an Individual Healthcare Plan (IHP) setting out:

- Symptoms and triggers.
- Medication requirements.
- Emergency procedures.
- Contact details.
- Responsibilities of staff and parents.

10.3.2 **Emergency Inhaler.** The Trust is happy for schools to procure an emergency salbutamol inhaler prescription for use in emergencies.

The emergency inhaler may only be used for pupils:

- Who have been diagnosed with asthma (or prescribed a reliever inhaler); and
- For whom parental consent has been obtained in accordance with the school's own Part 2 of this policy

10.3.3 **Staff training**

The Trust expects that all CIT schools will ensure relevant staff can recognise signs of worsening asthma and know how to access inhalers quickly.

All staff must be trained to follow and understand the school’s own emergency procedures.

That staff can access and use the emergency inhaler and spacer where applicable.

Part 2 of this policy will identify the school’s own individual context and arrangements for the storage and use of inhalers.

All doses administered must be recorded on the Medication of Administration Record sheet.

Any problems arising from the use of inhalers should be referred to the Headteacher immediately who will consult with the parents/carers or health professionals for further advice.

11.1 **Planned hospital admission**

Where a pupil is due to undergo planned hospital treatment or admission, the Trust expects all CIT schools will work with parents, carers, healthcare professionals and the pupil to plan for absence, maintain educational access where possible, review healthcare arrangements and support a safe and successful return to school.
Any resulting changes to medication, emergency procedures or support needs will be reflected in the pupil's Individual Healthcare Plan.

Part 2 of this policy will set out how schools will plan and manage the absence and the return to school, including any work provided and how pupils will be kept in touch with school life and their peers.

School will liaise with the Local Authority and hospital education providers where the admission is expected to last 15 days or more (consecutively or cumulatively), to support suitable education provision.

The Trust expects that leaders monitor attendance records accurately to reflect medical absence and remain alert to safeguarding concerns, including the emotional wellbeing of the pupil and family.

11.2 **Transition and Reintegration Following Significant Illness or Absence**

Where a pupil returns to school following significant illness, injury, hospitalisation or a prolonged period of absence linked to a medical condition, schools will work with parents, carers, healthcare professionals and the pupil to support a successful reintegration.

Reintegration planning may include:

- review of the Individual Healthcare Plan
- staff briefing and awareness
- reasonable adjustments
- modified timetables where appropriate and regularly reviewed
- management of missed learning
- support for emotional wellbeing and social inclusion

The pupil's voice will be considered throughout the planning process.

12.1 **First Aid**

The Trust expects that all schools follow the Trust and school First Aid policy to manage injuries and record appropriately.

12.2 When **pupils with medical condition are feeling unwell**

The Trust expects all CIT schools should have clear arrangements for responding when a pupil with a medical condition feels unwell, including recognising symptoms, following the pupil's Individual Healthcare Plan (IHP), accessing medication promptly, and escalating concerns where necessary. The guidance emphasises emergency situations, staff training, communication, and ensuring children with medical conditions are supported safely and included in school life.

- Assess the pupil promptly
- Take concerns seriously, particularly where a pupil has a known medical condition.
- Check whether symptoms may be related to their condition or treatment.
- Refer to the Individual Healthcare Plan
- Follow any agreed actions, medication instructions, symptom thresholds and emergency procedures set out in the pupil's IHP.
- Provide access to medication
- Ensure emergency medication such as inhalers, adrenaline auto-injectors, epilepsy rescue medication or diabetes treatments is accessible without delay where required.
- Monitor and escalate

- If symptoms worsen, follow the emergency procedures in the IHP and seek medical assistance as required.
- Contact parents/carers where appropriate.
- Record the incident

Leaders must ensure that staff document symptoms, actions taken, medication administered and any communications with parents or healthcare services.

Schools must not:

- Ignore or dismiss a pupil's report that they are unwell.
- Delay access to prescribed medication.
- Send a pupil with a known medical condition unaccompanied to retrieve medication when this may be unsafe.
- Exclude a pupil from activities unnecessarily due to their condition

12.3 **Medical emergency**

The Trust defines a medical emergency is a situation where a pupil's condition has deteriorated or presents an immediate risk to their health and requires urgent intervention, such as emergency medication, medical assistance, or emergency services.

Examples include (but not limited to):

- An asthma attack causing significant breathing difficulty.
- Anaphylaxis requiring an adrenaline auto-injector.
- A prolonged seizure requiring rescue medication.
- Severe hypoglycaemia or hyperglycaemia in a pupil with diabetes.
- Any collapse, loss of consciousness, or situation requiring an ambulance.

Schools should:

- Act immediately and follow the pupil's Individual Healthcare Plan where one exists.
- Administer emergency medication where staff have been appropriately trained and authorised to do so.
- Call 999 where the situation is serious, life-threatening, or in accordance with the pupil's healthcare plan.
- Contact parents/carers as soon as practicable.
- Ensure the pupil is always supervised until responsibility is transferred to parents or healthcare professionals.
- Record and review the incident afterwards, identifying any lessons learned.

12.4 **Off site first aid procedures**

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils with medical conditions – IHPs and their relevant medication i.e. inhalers, AIIs etc.

- Access to parents' contact details
- Appropriate emergency medication

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises. There will always be at least one first aider with a current first aid certificate on school trips and visits. This will include a paediatric first aider for Early Years pupils.

13.0 **Where a child or young person dies**

The guidance describes such events as rare and tragic and directs schools to the statutory guidance Working Together to Safeguard Children and the Child Death Review: Statutory and Operational Guidance (England).

Schools should be aware that an unexplained death may be investigated by the police and subject to a Coroner's inquest. Evidence such as food residues or fluid samples may need to be preserved and seized.

Schools, colleges and early years settings should consider:

- how to support children and young people following the death;
- how to support members of staff;
- how to support the bereaved family, particularly any siblings attending the setting.

The guidance signposts schools to specialist bereavement support organisations including:

- Child Bereavement UK
- The Child Death Helpline.

14.0 **Reporting to the Health and Safety Executive (HSE)**

The Trust expects that all schools follow the CIT Health and Safety Policy Appendix 1 to report injury, disease, or dangerous occurrence as defined in the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 2013 legislation.

15.1 **Record keeping for Pupils with Medical Conditions**

The Trust expects that all schools are compliant with the requirements of the 2026 guidance to maintain accurate records to ensure pupils with medical conditions are supported safely, staff are appropriately informed, and incidents can be reviewed and learned from.

The school will maintain accurate, up-to-date and confidential records relating to pupils with medical conditions. This will include Individual Healthcare Plans, parental consent forms, medication administration records, staff training records, incident and near-miss reports, and records relating to educational visits. Records will be stored securely and reviewed regularly to ensure pupils receive safe and effective support. Lessons learned from incidents and near misses will be used to improve practice and reduce future risk.

15.2 **Medical Conditions Register**

A central register of pupils with medical conditions, including:

- Nature of the medical condition.
- Emergency contact details.
- Medication requirements.
- Whether an Individual Healthcare Plan (IHP) is in place.
- Relevant allergies and emergency procedures.

15.3. **Individual Healthcare Plans (IHPs).**

These should contain the required information as set out in the statutory guidance. See para 8 in this policy.

Where required, schools should retain:

- The current IHP.
- Review dates.
- Evidence of parental and healthcare professional involvement.
- Records of amendments and updates.

15.4. **Parental Consent Forms**

Schools should keep records of:

- Consent to administer any medication.
- Consent for emergency medication where applicable.
- Information supplied by parents regarding dosage and administration.

15.5. **Medication Administration Records**

The Trust is happy for schools to keep their own MAR form to meet school need. This should record:

- Name of pupil.
- Medication administered.
- Dose given.
- Date and time.
- Name and signature/identifier of the staff member administering or supervising administration.
- Any side effects or concerns observed.

15.6. **Medication Storage Records**

Where appropriate:

- Receipt of medication into school.
- Expiry date checks.
- Controlled drug records.
- Return or disposal of medication

15.7. **Training Records**

Schools should maintain records of:

Staff training completed.

- Date of training.
- Trainer details.
- Competencies achieved.
- Refresher training requirements.

15.8 **Incident and Near-Miss Records**

Schools should record:

- Medical emergencies.
- Medication errors.
- Allergic reactions.
- Failure to follow an IHP.
- Near misses and lessons learned.
- Actions taken to reduce future risk.

15.9. **Educational Visit Records**

Leaders should ensure staff refer to IHPs when undertaking educational visit risk assessments for pupils with medical conditions. These must include detail of:

- Availability of medication.
- Named responsible staff.
- Emergency arrangements

16 **Unacceptable Practice**

Statutory guidance requires that the Trust, those responsible for governance and school leaders ensure that the medical conditions and allergy safety policies are explicit about what practice is not acceptable. Examples of unacceptable practice include (but are not limited to):

- preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- Assuming that every child with the same condition requires the same support;
- Assuming that older children and young people do not require support related to their medical condition, even if they are able to take increasing responsibility for its management;
- Ignoring the views of the child or young person or their parents or carer;
- Ignoring medical evidence or the opinion and advice of healthcare professionals;
- Assuming that a child or young person does not have a medical condition because they do not yet have a diagnosis, for example while medical investigation is under way;
- Unreasonably requesting further medical evidence (e.g. from specialists);
- Discriminating against children or young people with medical conditions by sending them home frequently for reasons associated with their medical condition or prevent

them from staying for normal school activities or extracurricular activities, including lunch;

- Sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person;
- Penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for 100% attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies;
- Setting lower attendance ambitions for children or young people with medical conditions, for example by implementing sustained part-time timetables without review;
- Preventing children and young people from drinking, eating or taking toilet or other breaks whenever they need to, in order to manage their medical condition effectively;
- Preventing children and young people from resting or engaging in sustained physical activity where they have conditions which cause chronic pain or fatigue;
- Requiring parents / carers (or otherwise making them feel obliged) to attend the school, college or setting to administer medication or provide medical support to their child, including with toileting issues. Parents and carers should not have their work or other responsibilities impacted because the school, college or setting is failing to support their child's medical needs
- Preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of school, college or setting life, including external visits and trips, e.g. by requiring parents to accompany the child.

17. **Liability and indemnity**

CIT ensures appropriate insurance arrangements are in place to cover staff providing support, including administration of medication and healthcare procedures, subject to training and policy compliance.

All staff must have undertaken appropriate training relevant to their responsibilities.

18. **Complaints**

The Trust aims to resolve all complaints at the earliest possible stage and, where possible, informally, and is dedicated to continuing to provide the highest quality of education possible throughout the procedure.

Parents/carers and pupils wishing to raise concerns should follow the school's own complaints policy.

19. **Monitoring, evaluation and review**

CIT expects that all schools can demonstrate through policy, records, training and implementation that arrangements for supporting pupils with medical conditions are effective

This policy will be reviewed annually by the Director of Safeguarding or sooner where:

- There are changes to legislation, statutory guidance or Trust arrangements
- A serious incident or pattern of near misses indicates the need for review
- Learning from complaints identifies improvement opportunities
- Audit findings identify areas requiring development

Trust schools will contribute to evaluation through local feedback from pupils, parents, carers, staff, governors and healthcare partners. Reviews will specifically consider incident trends, accessibility of support arrangements, training compliance, inclusion outcomes and equality impacts.

Appendix 1

Near Misses that require reporting: Examples – this list is a set of examples, not exhaustive.

Medication administration

- Wrong medication prepared but error identified before administration.
- Wrong dose drawn up but checked and corrected.
- Medication nearly given to the wrong pupil.
- Expired medication discovered during pre-administration checks.
- Parent supplies medication without pharmacy label and staff identify the issue before administering it.
- Controlled drug count discrepancy identified and resolved before administration.

Asthma

- Pupil's inhaler unavailable in classroom but found before symptoms escalated.
- Inhaler expired but replacement obtained before use was required.
- Staff escorting a pupil on a trip realise no emergency inhaler is available and rectify before departure.

Allergies and anaphylaxis

- Pupil almost given food containing a known allergen.
- Adrenaline auto-injector (AAI) not taken to PE or a trip, but omission identified before activity begins.
- Staff member discovers an AAI has expired during routine checking.
- Temporary catering error identified before food is served.

Diabetes

- Incorrect carbohydrate calculation identified before insulin administration.
- Blood glucose monitoring missed but detected before symptoms develop.
- Diabetes supplies not taken on an educational visit but identified during pre-departure checks.
- Epilepsy
- Rescue medication unavailable in planned location but located before it is needed.
- New staff member assigned responsibility without training, identified during handover.

Healthcare plans and communication

- New diagnosis not transferred onto the school's central medical register.
- Supply teacher not informed of a pupil's emergency healthcare plan, but issue identified before an incident.
- Healthcare plans review overdue but detected through audit.
- Educational visits

- Emergency medication omitted from trip bag and identified during departure checks.
- Transport provider not informed of a significant medical condition, but oversight discovered before travel.

Risk Rating	Example
Low	Medication form missing signature but identified before administration
Medium	Pupil's inhaler unavailable for part of a lesson
High	Wrong medication almost administered to a pupil
Critical	Adrenaline auto-injector unavailable for a pupil with severe allergy but discovered before an allergic reaction occurred

Serious Incidents:

If an incident resulted in, or could reasonably have resulted in, significant injury, life-threatening harm, emergency medical treatment, hospitalisation, or raises safeguarding concerns about the school's systems and practice, it should be treated as a serious incident and investigated formally.

Examples that would typically be considered serious incidents include:

- Medical emergencies
- Anaphylaxis requiring the use of an adrenaline auto-injector (AAI).
- Severe asthma attack requiring emergency treatment or hospital admission.
- Prolonged seizure requiring rescue medication or emergency services.
- Diabetic emergency resulting in hospital treatment.
- Any medical event leading to an ambulance call-out, emergency department attendance, or hospital admission. [assets.pub...ice.gov.uk]
- Medication incidents causing actual harm
- Wrong medication administered and the pupil suffers adverse effects.
- Incorrect dosage administered resulting in treatment, monitoring, or hospital attendance.
- Failure to administer essential medication leading to deterioration in the pupil's condition.
- Administration of medication to the wrong child.
- Allergy-related incidents
- Exposure to a known allergen causing a significant allergic reaction.
- Failure to follow an allergy management plan resulting in anaphylaxis or medical treatment.
- Catering or food safety failures causing serious allergic reactions.
- Safeguarding-related concerns
- Repeated failures to implement an Individual Healthcare Plan (IHP).
- Failure to make reasonable arrangements for a pupil with a medical condition, placing them at significant risk.

- Systemic failures in training, supervision, communication, or emergency response that create a substantial risk of harm.
- Fatality or life-threatening event
- Any death of a pupil linked to a medical condition, allergy, or failures in support arrangements.
- Any incident where there was a credible risk to life