



RIDGEWOOD
SCHOOL

Supporting Pupils with Medical Conditions at School Policy 2026-2027

Version	Author	Summary of Changes	Approved By	Date Published	Date of Review
1.0	ECN	Updated policy from previous Managing Medicines and Supporting Pupils with Medical Conditions in the School Policy and Protocols	AGB	Sept 26	Sept 27

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1. Definitions

For the purposes of this document a child, young person, or pupil is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

Wherever the term 'parent' is used, this includes any person with parental authority over the child concerned e.g., carers, legal guardians.

Wherever the term 'Headteacher' is used this also refers to any manager with the equivalent responsibility for children.

Wherever the term 'school' is used, this also refers to schools and Pupil Referral Units (PRU) and references to Governing Bodies include Proprietors in academies and the Management.

Committees of PRUs and will usually include wrap around care provided by a setting such as After School Clubs and Breakfast Clubs.

Wherever the term 'Individual Healthcare Plan' (IHP) is used this refers to an individual pupil's plan to help ensure that the school can effectively support a pupil with a medical condition.

2. Statement of Intent

This policy is issued in line with statutory and non-statutory guidance relating to Section 100 of the Children and Families Act 2014, which places a duty on proprietors of academies to make arrangements for supporting pupils in their school with medical conditions.

The school recognises that some pupils with medical conditions may also experience mental health difficulties. Where appropriate, support for mental health needs will be coordinated alongside physical health support, safeguarding arrangements and SEND provision to promote pupil's wellbeing, attendance, and educational achievement.

In meeting the duty, the school must have regard to the guidance issued by the Secretary of State under Section 100.

This policy is also in line with:

- 2.1 Statutory Framework for the Early Years Foundation Stage.
- 2.2 Keeping Children Safe in Education 2026.
- 2.3 Education (Independent Academy Standards) Regulations 2014.
- 2.4 Education and Skills Act 2008.
- 2.5 Children Act 1989.
- 2.6 Childcare Act 2006.
- 2.7 Equality Act 2010.
- 2.8 Human Medicines Regulations 2012.
- 2.9 Data Protection Act 2018 and General Data Protection Regulation (GDPR).

This policy has regard to the following guidance and advice:

- 2.10 Supporting pupils at school with medical conditions; statutory guidance for governing bodies of maintained schools and proprietors of academies in England (DfE, December 2015).
- 2.11 Automated external defibrillators (AEDs): a guide for schools (DfE, January 2025).
- 2.12 Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, March 2015).
- 2.13 Allergy Safety in Schools (DfE, July 2026).
- 2.14 Guidance on first aid for schools (DfE, February 2014).
- 2.15 Promoting and supporting mental health and wellbeing in schools and colleges (DfE, April 2026).
- 2.16 Medical conditions at academy (Health Conditions in Schools Alliance).

2.17 Health protection in schools and other childcare facilities (UK Health Security Agency (UKHSA), September 2026).

The school risk assessment is published on the school website.

The policy will be reviewed annually but will be revised accordingly in line with guidance. The school is aware of the DfE consultation and proposal on support for pupils with medical conditions in school (March 2026).

The Governors of Ridgewood School (hereinafter referred to as 'the school') believe that all pupils with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve across the whole curriculum and this includes access to school trips and Physical Education (PE).

We understand that the parents of pupils with medical conditions are often concerned that their child's health will deteriorate when they attend the school because they may not receive the on-going support, medicines, monitoring, care, or emergency interventions that they need while at the school to help them manage their condition and keep them well. By putting in place suitable arrangements and procedures to manage their needs, the school is committed to ensuring that parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school. We also understand that pupils' health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents and pupils. Given that many medical conditions that require support at school affect a child's quality of life and may even be life-threatening, our focus will be on the needs of each individual pupil's and how their medical condition impacts on their school life, be it on a long or short-term basis.

In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Pupils may be self-conscious about their condition, and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems may affect children's educational attainment, impact on their ability to integrate or re-integrate with their peers and affect their general wellbeing and emotional health. We fully understand that reintegration back into school needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a pupil's educational attainment and emotional and general wellbeing.

Ridgewood School also appreciates that some pupils with medical conditions may be disabled, and their needs must be met under the Equality Act 2010. The school will make reasonable adjustments in accordance with the Equality Act 2010 to ensure pupils with medical conditions are not placed at a substantial disadvantage compared with their peers.

Some pupils may also have special educational needs or disabilities (SEND) and may have an Education, Health, and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For pupils with special educational needs or disabilities (SEND), this policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document *Special Educational Needs and Disability: Code of Practice 0-25 Years* (DfE: January 2015).

3. Organisation

3.1 The Governing Body

The governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this policy.

Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the governing body as a whole to ensure that:

no child with a medical condition is denied admission or prevented from taking up a place at Ridgewood School because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that no pupil's health is put at unnecessary risk, for example, from infectious diseases.

there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this policy.

there is clear understanding at this setting's strategic level and, where relevant, across all partnership workers that:

- Local Authorities (LA) and Integrated Care Boards (ICBs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEND or disabilities (S26: Children and Families Act 2014).
- LAs are responsible for commissioning public health services for statutory school-aged children including School nursing, but this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a ICB commissioning responsibility. When children need care which falls outside the remit of School Nurses, e.g., postural support or gastrostomy and tracheostomy care, ICB commissioned arrangements must be adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school; and
- Providers of health services should co-operate with the school including appropriate communication, liaison with healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed outreach and training.
- Ofsted will consider how well a setting meets the needs of the pupils with medical conditions, making key judgements informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.
- sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions.
- staff who provide such support are able to access information and other teaching support materials as needed.
- funding arrangements support proper implementation of this policy, for example for staff training, resources etc.

3.2 The Headteacher

The Headteacher has a responsibility to ensure that this policy is developed and implemented effectively with partners.

To achieve this, the Headteacher has delegated responsibility to the Medical Lead for the development IHPs and will make certain that school arrangements include ensuring that:

- all staff are aware of this policy and understand their role in its implementation.
- all staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.

- where a pupil needs one, an IHP is developed with the proper consultation of all people involved, implemented, and appropriately monitored and reviewed.
- sufficient trained numbers of staff are available to implement the policy and deliver against all IHPs, including in contingency and emergency situations.
- staff are appropriately insured and are aware that they are insured to support pupils in this way.
- appropriate health professionals are made aware of any child who has a medical condition that may require support at Ridgewood School and who has not already been brought to their attention.
- pupils at risk of persistent absence, severe absence, or missing education as a result of medical needs are identified and effective collaborative working with partners such as the LA and alternative education providers such as the hospital teaching service aims to ensure a good education for them.
- risk assessments take account of the need to support pupils with medical conditions as appropriate, for example on educational visits or activities outside the normal timetable. All pupils with a risk assessment for a medical condition have had this reviewed by the Medical Lead and/or the Pupil Services Assistant – Health and Welfare to ensure it is fit for purpose.
- The school risk assessment should include a first aid needs assessment to determine the cover required based on the number of pupils and staff on site. This includes first aid, paediatric first aid and administration of medication (including blood glucose and AAIIs).

3.3 School Staff

Any member of staff may be asked to provide support to pupils with medical conditions. While administering medicines is not part of teachers' professional duties, they should still take into account the needs of pupils with medical conditions that they teach. Arrangements made in line with this policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support pupils with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The Medical Lead and/or the Pupil Services Assistant – Health and Welfare, have specific responsibility for the development of IHPs.

The Medical Lead and the Pupil Services Assistant – Health and Welfare, have a responsibility to:

- Know which pupils have a medical condition and which have special educational needs because of their condition.
- Ensure teachers make the necessary arrangements for a pupil who needs special consideration or access arrangements in examinations.
- Where a pupil has SEND but does not have an EHCP, ensure their SEND is mentioned in their IHP.
- Where the pupil has SEND identified in an EHCP, collaborate with the SENDCo to ensure the IHP is linked to or a part of that EHCP.

Teachers within the school have a responsibility to ensure that they are aware of pupil's medical conditions and how it may affect a pupil's learning. Teaching staff will support, for example through providing appropriate resources and teaching materials, the pupil in catching up on missed schoolwork.

First aiders within school have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school.
- when necessary, ensure that an ambulance or other professional medical help is called.
- check the contents of first aid kits and replenish as necessary.

3.4 School Nurses and Other Healthcare Professionals

Ridgewood School has access to a school nursing service which is responsible for notifying the school when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at Ridgewood School and our arrangements for liaison support this process.

While the school nursing service will not have an extensive role in ensuring that the school is taking appropriate steps to support pupils with medical conditions, they are available to support staff on implementing a child's IHP by providing advice, liaison with other health officials – such as lead clinicians or a child's General Practitioner (GP) and with training.

3.5 Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. The school will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHP.

It is also recognised that the sensitive involvement of other pupils in school may be required, not only to support the pupil with the medical condition, but also to break down societal myths and barriers and to develop inclusivity.

3.6 Parents

Parents are key partners in the success of this policy. They may, in some cases, be the first to notify school that their child has a medical condition and, where one is required, will be invited to be involved in the drafting, development and review of their child's IHP.

Parents should provide school with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

4. Arrangements/Procedures

4.1 Procedure for the Notification that a pupil has a Medical Condition

While it is understood that the school does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion, judgements will still need to be made about the support to provide and they will require basis in the available evidence. This should involve some form of medical evidence and consultation with parents. Where evidence is conflicting, it is for the school to present some degree of challenge in the interests of the child concerned, in order to get the right support, put in place.

4.2 School Attendance and Re-integration

Every LA must have regard to the DfE statutory guidance, '*Ensuring a good education for children who cannot attend school because of health needs*' (January 2013) and this Academy undertakes to liaise with the LA to ensure that everyone is working in the best interests of children who may be affected. Where a pupil would not receive a suitable education at this Academy because of their health needs, the LA has a duty to make other arrangements, in particular when it becomes clear that a child will be away from the school for 15 days or more (whether consecutive or cumulative across the school year).

4.3 Individual Healthcare Plans (IHP)

An IHP is a working document that will help ensure that the school can effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when, and by whom, and aims to capture the steps which school should take to help the pupil manage their condition and overcome any potential barriers to get the most from their education. It will focus on the pupil's best interests and help ensure that school can assess and manage identified risks to their education, health and social well-being and minimise disruption.

An IHP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all pupils will require one. The school, relevant healthcare professional and parent will need to agree, based on evidence, when an IHP would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is considered best placed to and will take the final view. Our flow chart for identifying and agreeing the support a child's needs and developing an IHP is in Appendix A. The level of detail within an IHP will depend on the complexity of the pupil's condition and the degree of support they need, and this is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an EHC Plan, their special educational needs will be mentioned in their IHCP. Where a child has SEND identified in an EHC Plan, the IHP will be linked to or become part of that EHC Plan.

In general, an IHP will cover:

- the medical condition, its triggers, signs, symptoms, and treatments.
- the pupil's resulting needs, including medicine (dose, side-effects and storage), treatments, time, facilities e.g., need for privacy, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues e.g., crowded corridors, travel time between lessons etc. and being added to the register of asthma sufferers who can receive salbutamol where applicable.
- specific support for the pupil's educational, social, and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary); and cover arrangements for when they are unavailable.
- who in school needs to be aware of the child's condition and the support required.
- arrangements for written permission from parents and the Headteacher for medicines to be administered by a member of staff.
- any separate arrangements or procedures required for school trips or other activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. If a pupil has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHP.

IHPs, (and their review), may be initiated, in consultation with the parent, by a appropriate member of school staff or a healthcare professional involved in providing care to the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

An IHP will be reviewed at least annually and earlier if there is any evidence that a child's needs have changed. This review should also trigger a re-check of any registers held e.g. asthma sufferers with

permission to receive emergency salbutamol and may require a re-check of school insurance arrangements especially where a new medical procedure is required.

4.4 Pupils Managing their own Medical Conditions

At Ridgewood School, pupils will not carry their own medication or self-administer without supervision of an appropriate staff member. All pupils requiring medication must keep it in the Medical Room, and report to Pupil Services as agreed with the Medical Lead and/or the Pupil Services Assistant – Health and Welfare. Exceptions to this would include insulin, AAI's and asthma inhalers.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHP as well as inform parents. This is an occurrence that may trigger a review of the IHP.

4.5 Training

The Headteacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the policy and deliver against all IHPs, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff.

Any member of school staff providing support to a pupil with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in IHPs. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training needs will be identified during the development or review of IHPs. It is recognised that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not always be required, but staff who provide support will be included in meetings where training is discussed. The family of a child will often be key in providing relevant information about how their child's needs can be met, and parents will be asked for their views - they should provide specific advice but will not be the sole trainer.

A relevant healthcare professional will normally lead on identifying and agreeing with school, the type and level of training required, and how training can be obtained usually through the development of IHPs. Healthcare professionals can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine and the school will keep records of training and proficiency checks.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, which the school undertakes to update to reflect any IHCs. A first-aid certificate does not constitute appropriate training in supporting pupils with medical conditions, but some training could be very simple and delivered by an appropriate person in school – for example basic training covering school procedures for administering a non-emergency prescribed oral medicine.

The school keeps a training record and ensures that training is refreshed as appropriate.

4.6 Managing Medicines

Ridgewood School is committed to the proper management of medicines and there are clear procedures that must be followed.

- Medicines are only to be administered in school when it would be detrimental to a pupil's health or school attendance not to do so.

- Staff will not administer non-prescription medicines.
- No child under 16 is to be given prescription medicines without their parent's written consent. Parents are to sign a completed form/Appendix B: Parent Agreement for School to Administer Medicine.
- A child under 16 is never to be given medicine containing aspirin unless prescribed by a doctor.
- Where a pupil requires supervision to take their medication or where such medication will be administered by staff, pupils receiving medication should be made aware of when and where they should attend at the prescribed times during the course of the medication to receive their treatment.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- With the exception of insulin, which may be provided in an insulin pen or pump, all medicines supplied to school by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. Staff administering medication will check the pupil's name, the name of the medication, the prescribed dose, the expiry date, the method of administration, the time/frequency of administration, any side effects, and the written instructions on the container before providing the medicine to the pupils. This is to be made clear within a child's IHP as appropriate.
- School staff are not able to give medication to a child unless it has been prescribed by a Doctor, Dentist or Nurse Practitioner and a medication form has been completed.
- Staff administering medicines must be supervised by another member of staff who will check all of the medication details.
- If staff are in any doubt over the procedure to be followed, parents will be contacted before action is taken.
- If a pupil refused their medication, staff would record this and report to parents as soon as possible.
- All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted. Children should know where their medicines are at all times and know the whereabouts of an adult who has access to them immediately, they might need them. Where relevant, they should also know who holds the key to any locked storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are to always be readily available to children and not locked away. Off-site this will be especially considered as part of the risk assessment process for educational visits.
- When no longer required, medicines will be returned to the parent for them to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- All medicines that have been administered to pupils by school staff will be recorded on Medical Tracker and a notification sent via email to inform parents.

4.6.1 Controlled Drugs

The supply, possession, and administration of some medicines e.g. methylphenidate (Ritalin) is strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents.

Controlled drugs should be brought into school on a daily basis by parents and the medicine details and quantity handed over be carefully recorded on Medical Tracker following the completion of Appendix C: Record of Medicine Administered to an Individual Child. Appendix C must be signed by the parent and the receiving member of staff. If a daily delivery is not a reasonable expectation of the parent, supplies should be limited to no more than one week unless there are exceptional circumstances.

In some circumstances, the drugs may be delivered to school by a third party e.g. transport escort. In this case, the medicine should be received in a security sealed container/bag. Pupils must not carry their own medication, all medication must be stored in the medical room.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions and a record will be kept in the same way as for the administration of other medicines. The administration of controlled drugs/medication is to be witnessed by a second adult. The name of the member of staff administering the drug/medication and the name of the second member of staff witnessing the administration will be recorded on Medical Tracker.

4.7 Record Keeping

Ridgewood School will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. This will be recorded on Medical Tracker. Any side effects the pupil experiences are also to be noted.

Where a pupil has a course of or on-going medicine(s) they will have an individual record sheet which a parent should sign when they deliver the medicine (Appendix C: Record of Medicine Administered to an Individual Child).

Where a pupil requires administration of a controlled drug, they will follow the same procedure using Medical Tracker. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record on Medical Tracker.

4.8 Emergency Procedures

The pupil's IHP should be the primary reference point for action to take in an emergency. It will clearly state what constitutes an emergency for that pupil and include immediate and follow-up action.

To ensure the IHP is effective, adequate briefing of all relevant staff regarding emergency signs, symptoms and procedures is required and will be included in the induction of new staff, re-visited regularly, and updated 4.9as an IHCP changes. Similarly, appropriate briefings for other pupils are required as far as what to do in general terms i.e., inform a teacher immediately if they think help is needed.

In general, immediately when an emergency occurs, the emergency services will be summoned in accordance with normal Academy emergency procedures and Appendix D. If a child needs to be taken to hospital, a member of school staff will remain with them until a parent arrives. This may mean that they will need to go to hospital in the ambulance.

4.9 Emergency Salbutamol Inhalers

Asthma is the most common chronic condition in the UK, affecting one in eleven children. There are on average, two children with asthma in every classroom¹ and over 25,000 emergency hospital admissions every year for asthma amongst children.² An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost, or broken it, or the inhaler having run out. Before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.

From 1 October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allows (but does not require) schools to keep a salbutamol inhaler for use in an asthma emergency.

¹ Asthma UK, 'Asthma Facts and FAQs', <http://www.asthma.org.uk/asthma-facts-and-statistics>.

² The NHS Atlas of Variation in Healthcare for Children and Young People gives the numbers of emergency admissions of children and young people for asthma in each former PCT / local authority area
<http://www.sepho.org.uk/extras/maps/NHSAAtlasChildHealth/atlas.html>

Ridgewood School **will** hold emergency salbutamol inhalers. We will continue to be vigilant in checking inhalers are in date and that children who need them have sufficient supplies in school. The asthma register will be kept up to date by the Pupil Services Assistant – Health and Welfare. Parents of pupils on the asthma register will return a completed consent form for their child to receive Salbutamol from an emergency inhaler held by the school.

4.10 Allergens

Ridgewood School is committed to providing a safe, inclusive and supportive environment for all pupils, staff and visitors, including those with allergies. Allergic reactions can range from mild symptoms, such as itching or rashes, to severe and potentially life-threatening anaphylaxis. Effective allergy management is therefore an essential component of safeguarding and promoting the health, safety and wellbeing of everyone within the school community.

An allergy occurs when the body's immune system reacts abnormally to a substance that is usually harmless. Common allergens include foods such as peanuts, tree nuts, milk, eggs, fish, shellfish, wheat and sesame, as well as insect stings, medicines and latex. Exposure to an allergen can occur through eating, touching, inhaling or accidental cross-contamination, and even small amounts may trigger a serious reaction in some individuals.

In accordance with Allergy Safety in Schools statutory guidance issued by the Department for Education, and the requirements commonly known as Benedict's Law, the school will adopt a whole-school approach to allergy safety. This includes maintaining an Allergens Policy, identifying and supporting pupils with allergies through Individual Healthcare Plans (IHPs), ensuring appropriate staff training, maintaining effective emergency arrangements for allergic reactions and anaphylaxis, and promoting awareness of allergy risks throughout the school community. [\[gov.uk\]](https://www.gov.uk), [\[ihasco.co.uk\]](https://www.ihasco.co.uk)

Ridgewood School acknowledges that it is not possible to guarantee a completely allergen-free environment. However, through robust risk assessment, effective communication, appropriate control measures and ongoing staff training, the school will take all reasonable steps to minimise the risk of allergen exposure and to respond promptly and effectively in the event of an allergic reaction. [\[gov.uk\]](https://www.gov.uk), [\[ihasco.co.uk\]](https://www.ihasco.co.uk)

This policy should be read alongside the LET Allergen Policy, Appendix 1 of the LET Allergen Policy details Ridgewood Schools' implementation schedule. Together, these arrangements help ensure that pupils with allergies are protected, supported and able to access education safely and without unnecessary barriers.

4.10.1 School Meal Providers

Catering for the school is provided by OCS. The Chef Manager is responsible for handling all requests for allergen information. Any pupil identified on an IHP as having food allergies will be reported to the Chef Manager who will ensure all food handling staff are made aware.

The Chef Manager will ensure that appropriate procedures are in place and training is provided to all food handlers regarding situations in which foods can be cross contaminated by allergenic food. All food handlers will also be given basic training on signs and symptoms of an allergic reaction and what to do and who to report to should this occur.

The catering provider must record the ingredients which are used in each dish which should be either displayed in the food preparation area, or be readily available to all relevant staff and keep a copy of the ingredient information on labels of pre-packed foods for example, sauces, desserts etc. Ingredients must be kept in original containers, or a copy of the labelling information kept in a central place; allergen labelling information must be retained with each product and goods suitably enclosed to prevent cross-contamination with other foods when in storage.

The catering provider will ensure compliance with new guidance on PPDS allergen labelling, also known as Natasha's Law, as advised by the Food Standards Agency: [Introduction to allergen labelling for PPDS food - GOV.UK](#)

4.10.2 Emergency Situations

All staff must be aware that allergic reactions can occur in any pupil, including those with no previously known allergy. Allergic reactions can range from mild symptoms to life-threatening anaphylaxis and require a prompt and appropriate response. Staff must be familiar with the school's procedures for recognising the signs and symptoms of an allergic reaction and summoning emergency assistance where required. The school will ensure that clear emergency response procedures are available and accessible to all staff.

Pupils with a diagnosed allergy must have an appropriate care plan and emergency medication in accordance with the school's allergy management procedures. All staff must know how to access a pupil's emergency information, including the location of prescribed medication and any Individual Healthcare Plan (IHP).

The school maintains spare adrenaline auto-injectors (AAIs) for use in emergencies in accordance with current guidance. Staff should refer to the LET Allergen Policy, specifically Appendix 1, for the locations of spare adrenaline auto-injectors and details of the school's emergency arrangements.

Where anaphylaxis is suspected, staff must act immediately, following the pupil's Individual Health Care Plan where available, administering an adrenaline auto-injector where required, calling emergency services, and informing parents as soon as practicable. All incidents, near misses, and uses of emergency medication must be recorded, reported, and reviewed in accordance with school procedures to identify any lessons learned and further risk reduction measures.

All staff must complete approved allergy awareness and anaphylaxis training as part of their induction and undertake refresher training at least annually. Records of training will be maintained by the school. Training will include the recognition of allergic reactions, the administration of adrenaline auto-injectors, emergency response procedures, and the requirements of the school's Allergy Safety Policy.

4.11 Day Trips, Residential Visits and Sporting Activities

Through development of the IHP staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activities offered to all children i.e., changing a less accessible venue for one that is more so, but can still achieve the same educational aims and objectives. A pupil will only be excluded from an activity if the Headteacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

A risk assessment for an educational visit may need to especially consider planning arrangements and controls required in order to support a pupil with a medical condition. The IHP will be used alongside usual school risk assessments to ensure arrangements are adequate. This may also require consultation with parents and pupils and advice from a relevant healthcare professional.

4.12 Home to School Transport

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHP that the school has prepared.

The LA *must* know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. The school

undertakes to appropriately share IHP information with the LA for this purpose and will make this clear to parents in the development meeting.

Where transport is organised by the school on a private arrangement with parent's, the responsibility for ensuring that the transport operator is aware of a pupil with a life-threatening medical condition rests with the school in consultation with the parents. In some cases, it may be appropriate to share elements of the pupil's IHP with the transport operator.

4.13 Defibrillators

Sudden cardiac arrest is when the heart stops beating, and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest.

The school has five defibrillators, located in **main reception, the Newton building and Sixth Form reception**. The school **Administrative Assistant** is responsible checking the unit is kept in good condition. This is done on a weekly basis. School first aiders are trained in the defibrillators use.

4.14 Unacceptable Practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHP. It is not however, generally acceptable practice at this school to:

- prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary.
- assume that every child with the same condition requires the same treatment.
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns).
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- if the child becomes ill, send them to Pupil Services unaccompanied or with someone unsuitable.
- penalise children for their attendance record if their absences are related to their medical condition e.g., hospital appointments.
- prevent pupils from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- require parents, or otherwise make them feel obliged, to attend the school to administer medicine or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

4.15 Insurance

The school's insurance provides liability cover for staff undertaking activities in accordance with school policies and procedures. This includes carrying out risk assessments associated with supporting pupils with medical conditions, the administration of medication and any other healthcare procedures as identified through the IHP process. If an IHP review identifies that an entirely new medical procedure is required, the school management will ensure that any staff involved in undertaking this procedure receive the appropriate instruction and training.

4.16 Complaints

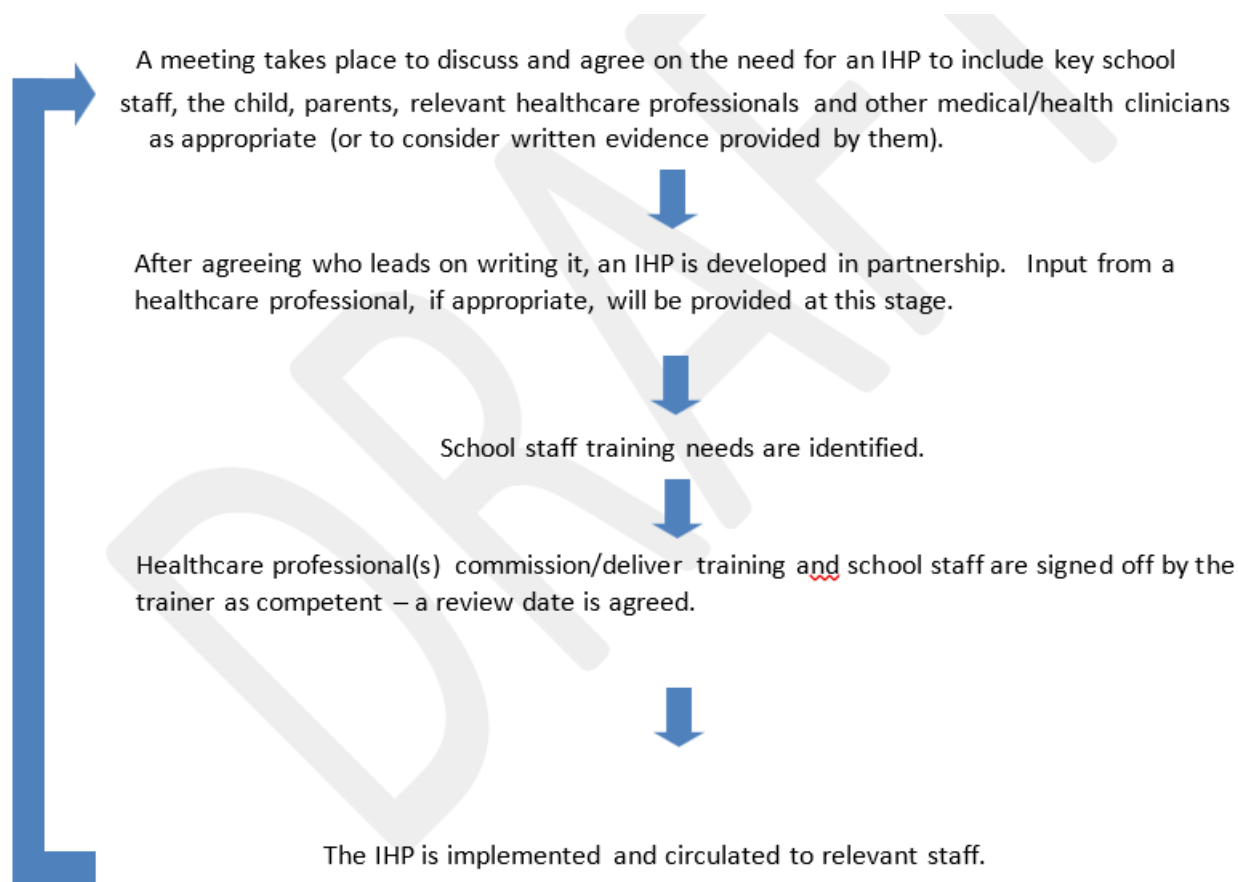
Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school Medical Lead or Deputy Headteacher in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint through the normal school complaints procedure. This is available on our school website or copies from the school office.

Appendix A – Process for Developing Individual Healthcare Plan (IHP)

A parent or healthcare professional informs the school that a child with a medical condition:

- has been newly diagnosed; or,
- has had a change in their health needs; or,
- is due to attend Ridgewood School as a new pupil; or,
- is due to return to this Ridgewood School after a long term absence.

The Pupil Services Assistant – Health and Welfare, in communication with the School Medical Lead, coordinates a meeting to discuss the pupils' medical support needs and identifies member(s) of school staff who will provide support to the pupil. With appropriate input from parents and in some cases a healthcare professional as well it may be agreed at this point that an IHP is unnecessary because there will be no significant information to record on it and this along with any measures in place generally to support the child will be communicated to parents.



Appendix B – Parental Agreement for School to Administer Medicine

Ridgewood School will not give your child medicine unless you complete and sign this form, the school has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine

(As described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____

Date_____

Appendix C – Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature

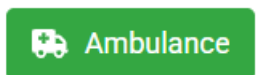
Parent signature

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

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

- your telephone number.
- your name.
- your location as follows [Ridgewood School, Barnsley Road, Scawsby, Doncaster]
- state what the postcode is DN5 7UB – please note that postcodes for satellite navigation systems may differ from the postal code.
- provide the exact location of the patient within the school setting.
- provide the name of the child and a brief description of their symptoms.
- provide information about any known medical conditions.
- inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.
- put a completed copy of this form by the phone.

Medical Tracker – select the Ambulance icon on a pupils profile for supporting medical information to share with emergency services.



Ridgewood School

Date: 2026-27

Dear Parent

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what supports each pupils needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

We would like to meet with you to start the process of developing your child's individual health care plan.

Please can you reply with a convenient time to meet. The meeting will involve [INSERT NAMES OF STAFF INVOLVED].

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to meet, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting.

Yours sincerely,

[Insert Name and Signature]

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER

Ridgewood School

Child showing symptoms of asthma / having asthma attack.

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....

.....

.....

Telephone:

E-mail: