Vita et Pax
PREPARATORY SCHOOL

Vita et Pax Preparatory School
Established 1936

Supporting Pupils with Medical Conditions Policy

Policy Originator	Head of Operations
Approval	Creation authorised by Governing Body resolution, 28 August 2026; text for ratification at the next meeting
Status	School policy. Statutory duties arise under the Equality Act 2010, the EYFS Statutory Framework, health and safety law and the common-law duty of care
Guidance	DfE guidance issued under section 100 of the Children and Families Act 2014 binds maintained schools, academies and pupil referral units, not independent schools; it is adopted here as good practice
Review Period	Annually

1. Purpose and Scope

This policy sets out how Vita et Pax Preparatory School supports pupils with medical conditions so that they can play a full part in school life, remain healthy and achieve their potential. It covers long-term and short-term conditions, including asthma, epilepsy, diabetes, allergies, eczema and conditions arising from injury or surgery.

It applies to every pupil from Nursery (Little Vitas) to Year 6, on site, on educational visits, at clubs and in wraparound care. Allergy and anaphylaxis are dealt with in detail in the separate Allergy and Anaphylaxis Policy, which this policy sits alongside.

Many pupils with a medical condition are also disabled within the meaning of the Equality Act 2010. The school makes reasonable adjustments so that no pupil is placed at a substantial disadvantage, and where a pupil also has special educational needs the arrangements are aligned with the SEND Policy and any EHC plan.

2. Principles

1. Pupils with medical conditions are supported to attend full time and to take part in every aspect of school life, including trips, sport and residential activity.

2. The school does not require parents, or a family member, to attend school to administer medication or to provide medical support, including toileting.

3. The school does not send a pupil home frequently, or prevent them from staying for normal school activities, because of a medical condition.

4. A pupil who becomes unwell is never sent to the school office or medical room unaccompanied, and is never left alone.

5. The school listens to the pupil and their parents. Parents are the primary source of information about their child's condition.

3. Individual Healthcare Plans

An Individual Healthcare Plan (IHP) is drawn up where a pupil's condition is long-term, complex or fluctuating, or where there is a significant risk of an emergency. The plan is agreed between the school, the parents and, where involved, the pupil's healthcare professional, and is reviewed at least annually or sooner if the condition changes.

Each plan records:

- the condition, its triggers, signs, symptoms and treatment;
- the pupil's own level of understanding and self-management;
- medication held, dosage, timing, side effects and storage;
- what constitutes an emergency and the action to take, including who to call;
- the support needed for classroom work, examinations, PE, trips and residentials;
- arrangements for cover when a named member of staff is absent;
- who has been trained, and in what;
- consents from the parents, and the review date.

Where a pupil has an identified need on admission, the plan is in place before the pupil starts. Where a condition is diagnosed during the year, the plan is put in place as soon as practicable, and in any event within two weeks of the school being informed.

4. Medication in School

- The school accepts medication only where it is in date, in its original container with the prescriber's label and instructions, and accompanied by written parental consent. Insulin may be supplied in its original pen or pump.
- The school will only administer prescription medication where it has been prescribed by a doctor, dentist, nurse or pharmacist prescriber, and where it would be detrimental to the pupil's health not to give it during the school day.
- No pupil under 16 is given medication containing aspirin unless prescribed by a doctor.
- Medication is stored securely in the school office, at the correct temperature, and is accessible to the pupil where the IHP so provides. Emergency medication — inhalers, adrenaline auto-injectors and insulin — is never locked away and is readily accessible at all times, including on visits.
- Every administration, and every refusal by a pupil to take medication, is recorded with the date, time, dose and administering member of staff. Refusals are reported to parents on the day.
- Unused and out-of-date medication is returned to the parents for disposal.
- A record of expiry dates is checked each half term by the Head of Operations.

The school holds emergency salbutamol inhalers and adrenaline auto-injectors as permitted by the Human Medicines Regulations. Spare salbutamol is for a pupil with diagnosed asthma and recorded parental consent. Spare adrenaline auto-injectors are held for pupils known to be at risk of anaphylaxis.

The absence of recorded consent must never delay life-saving adrenaline. Regulation 238 of the Human Medicines Regulations 2012 permits adrenaline to be administered by anyone for the purpose of saving life in an emergency. Where a child shows signs of anaphylaxis, staff give adrenaline and call 999. A member of staff who acts reasonably to save a life has the school's full support, without exception. The emergency procedure is set out in the Allergy and Anaphylaxis Policy.

4.1 Pupils Carrying and Using Their Own Medication

The school is a preparatory school for children aged two to eleven, and the arrangements are set by age and by the individual child rather than by a blanket rule:

- Early Years and Year 1 — children do not carry or self-administer medication. All medication, including inhalers, is held and administered by staff.
- Year 2 and above — a pupil may carry and use their own inhaler or, where clinically indicated, their own adrenaline auto-injector, but only where this is agreed in the Individual Healthcare Plan with the parents and, where appropriate, the prescriber, and only where the pupil has demonstrated they can use it correctly. A duplicate is always held by the school.
- In every case an adult remains responsible for making sure the medication is available, in date and taken. Self-management is supported, never assumed.

5. Staff Roles and Training

- Head of Operations — overall responsibility for implementation, for the register of pupils with medical conditions, for medication and stock checks, and for reporting to the Governing Body.
- Head Teacher — ensures sufficient trained staff are available, including for cover and off-site activity.
- Class and support staff — know which pupils in their care have a condition, understand the plan, and act on it.
- All staff — receive awareness training on the conditions present in the school, annually and at induction; know that anyone may be called on to help in an emergency. No member of staff can be required to take on the role of designated person for routine medication. That does not apply in a life-threatening emergency: any member of staff trained to use an adrenaline auto-injector gives adrenaline and calls 999 without delay.

Training is condition-specific and, where required, delivered or approved by a healthcare professional. No member of staff administers medication or provides clinical support without training and confirmation of competence. Training records are held by the Head of Operations.

6. Educational Visits, Sport and Residentials

Risk assessments for visits and activities explicitly consider pupils with medical conditions. Plans, medication and trained staff travel with the group; emergency medication is carried by a named adult and remains accessible throughout. The school does not exclude a pupil from a visit because of a medical condition; where an activity presents a genuine risk, the activity is adapted.

7. Emergencies and Absence

- Emergency procedures for an individual pupil are set out in their plan, and all relevant staff know them.
- Where an ambulance is called, a member of staff stays with the pupil until a parent arrives, including in the ambulance and at hospital where necessary.
- Where a pupil is absent for a prolonged period because of a medical condition, the school works with the parents to support continuity of education, and follows the Attendance Policy in recording the absence.
- Repeated absence or repeated withdrawal from lessons for medical reasons is reviewed by the Head Teacher, in liaison with the SENCo and the Designated Safeguarding Lead where relevant.

8. Records, Confidentiality and Complaints

Information about a pupil's health is special category data under UK GDPR. It is shared only with those who need it in order to keep the pupil safe and to deliver their plan, is held securely, and is retained in line with the school's retention schedule. Parents are told who holds the information and why.

A parent who is dissatisfied with the support provided should raise the matter with the Head Teacher in the first instance. If the matter is not resolved, it may be pursued under the school's Complaints Policy.

9. Monitoring and Review

The Head of Operations reports annually to the Governing Body on the pupils supported under this policy, training completion, medication and emergency stock, and any incidents. The Governing Body reviews this policy annually.

10. Related Policies

- Allergy and Anaphylaxis Policy
- First Aid Policy
- SEND Policy and Accessibility Plan
- Attendance Policy
- Health & Safety Policy and Educational Visits Policy
- Data Protection Policy

Creation authorised by: Governing Body resolution of 28 August 2026. Text awaiting ratification at the next meeting of the Governing Body.