# Supporting children & young people with medical conditions & allergy
# Summary (for school leaders)

## Purpose and Legal Context

This draft statutory guidance (March 2026) sets out how schools must support pupils with medical conditions and allergies under Section 100 of the Children and Families Act 2014. Schools must "have regard" to it—meaning they are expected to follow it unless there is a strong reason not to.

It applies to:
Maintained schools, academies, PRUs
Also relevant to early years, FE, independent schools and partners

It aligns with key legislation including:

- Equality Act 2010 (reasonable adjustments)
- Education Act 2002 (safeguarding)
- Health & Safety at Work Act 1974
- Children Act 1989 (duty of care)

## Core Principles

Schools must deliver inclusive education, ensuring pupils with medical needs:

- Can attend, participate and achieve like their peers
- Feel safe, supported and included

Key principles:

- Whole-school approach (all staff share responsibility)
- Strong leadership and accountability
- Partnership with parents, pupils and health professionals
- Proactive planning, not reactive responses
- Recognition that conditions may be hidden, fluctuating, or undiagnosed
- Continuous review and improvement

## Risks to Manage

Schools must actively manage three key risks:
Health and safety risk (e.g. anaphylaxis, seizures)
Learning risk (absence, missed learning)
Wellbeing risk (anxiety, stigma, bullying)

## Mandatory Policies

### 1. Medical Conditions Policy (statutory expectation)

Must be published and reviewed annually & led by a named governor & SLT member

Must include:

- Identification of pupils
- Use of Individual Healthcare Plans (IHPs)
- Staff training arrangements
- Emergency procedures
- Medication management
- Reasonable adjustments (Equality Act)
- Inclusion in trips/clubs
- Wellbeing and complaints procedures

### 2. Allergy Safety Policy (separate requirement)

Required due to life-threatening risk of anaphylaxis

Must include:

- Identification of individuals with allergies
- Risk reduction (especially food and airborne allergens)
- Staff training in recognising and treating anaphylaxis
- Access to adrenaline devices (AAIs) including “spares”
- Safe food provision and allergen management
- Inclusion in all activities

Key message: “Allergy-aware” environments are recommended, not “nut-free” policies.

## Individual Healthcare Plans (IHPs)

IHPs are central to the guidance.
They must be in place for any pupil needing support (no diagnosis required) & be co-produced with parents, pupil and healthcare professionals

Set out:

- What support is needed
- Who provides it
- Emergency procedures
- Medication arrangements

Be reviewed:

- At least annually
- After incidents or changes

## Staff Training
All staff must receive awareness training
Staff supporting specific pupils must receive role-specific training

Training must include:
- Recognising symptoms
- Emergency response
- Medication use (e.g. adrenaline, inhalers)

**First aid training alone is not sufficient**

## Emergency Response and Safety
Schools must have clear emergency procedures
Staff should act immediately—doing nothing is riskier
Adrenaline should be given without delay in suspected anaphylaxis
Schools are expected to:
Keep spare adrenaline devices
Ensure access to medication within 5 minutes

## Incident and Risk Management
All serious incidents and near misses must be recorded and reviewed
Reports shared with parents and governing body
Schools must:
Learn lessons
Update policies and IHPs
Consider statutory reporting (HSE, food safety)

## Inclusion and Day-to-Day Practice
Schools must ensure:
Pupils are not excluded from trips, clubs or activities
Reasonable adjustments are in place (e.g. rest breaks, flexible timetables)
Attendance is managed supportively (not punitively)
Pupils are not penalised for medical absence

## Wellbeing and Culture
Pupils with medical conditions are at higher risk of:
Anxiety
Isolation
Bullying
Schools must:
Actively promote wellbeing and inclusion
Prevent stigma and discrimination
Use supportive communication and language

## Key Takeaways

- Policies must be robust, visible and embedded
- Systems must be proactive, not reactive
- IHPs + training + culture are critical
- Safety and inclusion go hand-in-hand

# School Action Plan (Practical Implementation)

**Priority 1: Leadership & Governance (Immediate)**

✓ Appoint:
Named Governor for medical conditions & allergy
Named Senior Leader responsible

✓ Add risks to school risk register

✓ Schedule annual policy review cycle

**Priority 2: Policy Compliance (0–1 term)**

✓ Update or create:
Medical Conditions Policy
Allergy Safety Policy

✓ Publish both on website

✓ Ensure policies include:
Trips, clubs, food provision
Emergencies and incident reporting
Equality Act duties

**Priority 3: Identification & Records (0–1 term)**

✓ Audit all pupils with:
Medical conditions
Allergies

✓ Create and maintain:
Central register (secure GDPR-compliant)

✓ Establish admissions/transition process for gathering info

**Priority 4: Individual Healthcare Plans (0–2 terms)**

✓ Ensure all relevant pupils have IHPs

✓ Include:
Emergency steps
Medication details
Adjustments

✓ Set up:
Annual review cycle
Trigger reviews after incidents

**Priority 5: Staff Training (Ongoing)**

✓ Implement:
Whole-staff annual training
Targeted training for named staff

✓ Include:
Anaphylaxis recognition
Adrenaline device use
Condition-specific awareness

✓ Induct:
New staff, supply staff, club staff

**Priority 6: Emergency Preparedness (Immediate)**

✓ Ensure:
Clear emergency protocols displayed
All staff know how to respond

✓ Maintain:
Accessible medication locations
Spare adrenaline devices (correct quantities)

✓ Run:
Simulation drills (e.g. anaphylaxis scenario)

**Priority 7: Allergy & Food Safety (0–2 terms)**

✓ Work with catering to:
Ensure allergen compliance (Natasha's Law)
Provide clear labelling

✓ Implement:
Safe food handling procedures
Packed lunch expectations

✓ Introduce:
"Allergy-aware" culture
No food sharing rules

**Priority 8: Inclusion & Curriculum Access**

✓ Ensure pupils:
Attend trips, clubs and PE with adjustments

✓ Review:
Attendance policy (non-punitive for medical absence)
Uniform, behaviour and break policies

**Priority 9: Wellbeing & Culture**

✓ Embed:
Anti-bullying measures linked to medical needs

✓ Promote:
Awareness across pupils and staff

✓ Consider:
"Allergy/medical champion" roles

**Priority 10: Monitoring & Continuous Improvement**

✓ Establish:
Incident and near-miss reporting system

✓ Termly review:
Trends and lessons learned

✓ Report to governors:
Compliance and risk updates

Quick Self-Assessment Checklist

✓ Policies updated and published
✓ Named leads in place
✓ All pupils identified
✓ IHPs completed and reviewed
✓ Staff trained and confident
✓ Emergency systems tested
✓ Food and allergy risks controlled
✓ Inclusion fully embedded