ACADEMY
GREAT BARR

Supporting Students with Medical Conditions

2026-27



Policy owner	Mrs H Griffiths
Approval	Local Governing Body
Effective from	November 2026
Next review	November 2027

1. Purpose and scope

Q3 Academy Great Barr supports students with physical and mental health conditions so they can attend, learn, and take part in school life. This includes lessons, physical education, educational visits, residentials, clubs, and other activities.

Support will reflect the student's individual needs. It may include reasonable adjustments, an individual healthcare plan (IHP), access to medicine or equipment, trained staff, and emergency arrangements.

This policy applies on school premises and during school-organised activities off site. Section 11 is the school's dedicated allergy safety policy.

In this policy:

- 'parent' includes carers and anyone with parental responsibility
- 'medical condition' includes a physical or mental health condition
- 'allergy' includes food, insect-sting, contact, and airborne allergies
- 'anaphylaxis' means a potentially fatal allergic reaction affecting airway, breathing, or circulation

For a student aged 18 or over, the student will normally make their own decisions and control their health information. The school will involve a parent where the student agrees, lacks capacity for the decision, or another lawful basis applies.

2. Telling the school about a medical condition

Parents and students should tell the school promptly about a medical condition, allergy, medicine, device, or change in need. They should provide current information from relevant healthcare professionals, including any action plan.

Parents and students should give this information to the student's personal tutor or head of year. The deputy headteacher for welfare and wellbeing will co-ordinate the school's response and involve the Sandwell School Nursing Service or another relevant healthcare professional where appropriate.

The school will not wait for a formal diagnosis before considering reasonable support. Where the need or advice is unclear, it will consider the available evidence, the student's and parent's views, and relevant clinical advice. It may seek clarification or challenge evidence where necessary to put suitable and safe support in place.

For a student joining the school, support should be agreed by the start of term where possible. After a new diagnosis, a mid-year transfer, or a change in need, the school will make every reasonable effort to put arrangements in place within 2 weeks.

A student will not be denied admission or prevented from taking up a place simply because arrangements have not yet been completed. This does not require attendance where it would put the student or others at an unacceptable health risk.

3. Responsibilities

The Trust and Local Governing Body

The Mercian Trust is the school's proprietor and remains accountable for medical support and allergy safety arrangements. The Local Governing Body oversees local implementation, including suitable staffing and insurance, under the Trust's governance arrangements.

The headteacher and delegated lead

The headteacher is responsible for day-to-day implementation. The headteacher delegates co-ordination to the deputy headteacher for welfare and wellbeing, who will:

- make staff aware of this policy and their role
- arrange suitable trained cover for planned and emergency support
- brief supply staff and cover supervisors on relevant needs
- co-ordinate IHPs and keep information current
- check that staff understand the insurance arrangements that apply to their role

The named senior leader responsible for allergy safety is set out in section 11.

The school's insurance cover is through Allianz Insurance.

Staff

All staff will respond when a student needs help and follow relevant emergency instructions. Teaching staff will consider the needs of students they teach.

A member of staff may be asked, but is not required, to administer medicine or carry out a healthcare procedure. A staff member who accepts that responsibility will receive suitable training and be assessed as competent before providing the support.

Parents and students

Parents should:

- provide complete, current information about their child's needs
- take part in developing and reviewing the IHP
- provide and replace medicines, devices, and equipment as agreed
- check person-specific medicines remain in date
- carry out actions agreed in the IHP

Students should:

- explain how their condition affects them and contribute to their IHP
- follow the arrangements agreed for their support
- tell a member of staff if they need help or if their needs change

- never give their medicine or device to another person

The school will take account of a student's age, understanding, capacity, wishes, and growing ability to manage their own health.

Healthcare professionals

The school will work with the Sandwell School Nursing Service and relevant clinicians. Healthcare professionals may advise on needs, IHPs, procedures, staff competence, and emergency action plans. Clinical decisions and NHS healthcare remain the responsibility of the relevant healthcare professionals and providers.

4. Individual healthcare plans

An IHP records what support a student needs, when it is needed, and who will provide it. It is likely to be needed where a condition is long term or complex, fluctuates, has a significant effect on school life, or may require emergency intervention.

Not every student with a medical condition needs an IHP. The school, parent, and relevant healthcare professional will consider the evidence and whether a plan would be proportionate. The headteacher will make the final decision if they cannot agree.

The school will develop the plan with the student, parent where appropriate, and the healthcare professional best able to advise. Those involved will agree who drafts it, but the school will co-ordinate its completion and implementation.

An IHP will contain the information needed for that student. This may include:

- the condition, triggers, signs, symptoms, and treatment
- medicine, dosage, side effects, storage, equipment, testing, and other procedures
- access to food, drink, toilets, rest, facilities, or extra travel time between lessons
- educational, social, and emotional support, including arrangements for absence, reintegration, catch-up work, and examinations
- the support required, who will provide it, their training, and cover arrangements
- what the student will manage themselves and any supervision needed
- who needs to know the information and any confidentiality arrangements
- arrangements for visits, sport, and activities outside the normal timetable
- what counts as an emergency, what staff should do, who to contact, and contingency arrangements

Where a healthcare professional or provider has issued an emergency, Allergy, or Asthma Action Plan, the current original plan will be attached to the IHP. It will be safely accessible to staff who need it. The IHP will identify the plan, its issuing professional or provider, and its review date. It will refer to the original plan and will not paraphrase it in a way that could introduce error.

An IHP will be linked to or form part of an education, health and care (EHC) plan where appropriate. If the student has special educational needs but no EHC plan, the IHP will record any relevant special educational need.

The school will review an IHP at least annually and sooner when needs, treatment, circumstances, or professional advice change. It will also review the plan after a relevant serious incident or near miss.

IHPs will be accessible to staff who need them while remaining confidential from others.

5. Consent and managing medicines

The school will only administer or help with medicine during the school day when not doing so would harm the student's health or attendance. This does not prevent emergency action that is lawful and necessary to save life.

For routine administration, no student under 16 will be given prescription medicine without written parental consent. The exception is where a medicine has been prescribed without the parent's knowledge. In that situation, the school will respect the student's confidentiality and encourage them to involve their parent where appropriate. Emergency adrenaline and school salbutamol inhalers are covered by section 11.

A student aged 16 or over is presumed to have capacity for the specific decision unless shown otherwise. The school will support them to decide. If they lack capacity, it will apply the Mental Capacity Act best-interests framework.

The school will administer non-prescription medicine only with written parental consent for a student under 16. A student aged 16 or over who has capacity may consent for themselves. A student under 16 will not be given medicine containing aspirin unless it was prescribed by a doctor. Before giving pain relief, staff will check the maximum dose and when the previous dose was taken, and will inform the parent or competent older student as appropriate.

The school will only accept prescribed medicine that is:

- in date
- labelled by a pharmacist for the student
- in its original dispensed container
- accompanied by clear instructions for administration, dosage, and storage

Insulin may be provided in an in-date pen or pump rather than its original container.

Staff will administer medicine only according to the label, clinical instructions where applicable, and the agreed written arrangement. A first aid certificate alone does not establish competence to administer prescription medicine or carry out a healthcare procedure.

6. Storage, access, controlled drugs, and disposal

The school will store medicines safely and as instructed. A student will know where their medicine is and how to access it.

Emergency medicines and devices, including inhalers, blood-glucose equipment, and adrenaline devices, will be readily accessible and will not be locked away. This applies during off-site activities as well as on school premises.

A student who is competent may carry a prescribed controlled drug. They must not pass it to another person. Other controlled drugs will be kept in a secure cupboard in Student Services. Only named staff will have access, but the medicine will remain accessible in an emergency. The school will record each dose given and the amount held.

Parents should collect medicine that is no longer required or has expired and arrange safe disposal. Used needles and other sharps will go into an appropriate sharps container. Emergency adrenaline devices will be handed to ambulance staff or disposed of through an approved route.

7. Students managing their own health

Where a student is competent, the school will encourage them to manage their own medicines, devices, and procedures. The arrangement, any supervision, and how staff will respond if support is needed will be recorded in the IHP.

Students will be allowed to carry agreed medicines and devices, such as inhalers and adrenaline auto-injectors, wherever this is safe and appropriate. This does not include paracetamol, which must follow the school's non-prescription medicine arrangements. If a student does not carry their medicines or devices, they will be able to access them quickly.

Staff will not force a student to take medicine or undergo a procedure. They will follow the IHP, consider competence and capacity, seek urgent help where needed, and inform the parent or another appropriate person lawfully. A refusal does not prevent staff from calling emergency services or taking safeguarding action.

8. Emergencies

Anyone who believes there is an immediate medical emergency should call 999 and alert Student Services and Reception. They do not need to wait for a first aider, senior leader, or parental permission.

An IHP will state the student's emergency signs and response. Relevant staff will have access to this information. Students should tell a member of staff immediately if they think someone needs medical help.

Staff will not send an unwell student to Reception or the Medical Room unaccompanied if that would be unsafe. They will take account of the condition, symptoms, mobility, and the suitability of the person accompanying them.

If a student goes to hospital, a member of staff will stay with them until a parent or other appropriate adult arrives, or will accompany them in the ambulance. The school will provide emergency services with relevant information and contact the parent or other appropriate contact as soon as practicable.

The school's detailed emergency, asthma, anaphylaxis, and first aid arrangements are in 'First Aid Procedures'. The anaphylaxis arrangements required by the allergy safety policy are also in section 11.

9. Attendance, education, and reintegration

The school will support a student with a medical condition to receive a full education unless their health needs make this inappropriate. It will consider flexible, temporary, or additional support where evidence shows this is needed.

Parents and students should report absence and provide information under the 'Attendance Policy'. Students will not be penalised for absence related to their medical condition, including unavoidable medical appointments.

Where health needs prevent attendance, the school will keep support under review, provide educational support it can reasonably arrange, and work with the local authority when its duty to arrange education may arise. The school will plan a supported return with the student, parent, healthcare professionals, and any education provider involved. The IHP will record the reintegration support needed.

Medical needs, including mental health needs, may also amount to a disability or special educational need. The school will make reasonable adjustments and use its best endeavours to secure any special educational provision required. It will follow the 'SEND Local Offer Information Report and Intervention Guide'.

10. Educational visits, sport, and school activities

Students with medical conditions will be supported to participate in educational visits, residentials, physical education, sport, clubs, and other school activities.

The school will consider reasonable adjustments, the student's abilities, clinical advice, the IHP, emergency access, trained cover, and any specific risk assessment needed. It will involve the student, parent where appropriate, and relevant healthcare professional.

A student will not be excluded from an activity simply because they have a medical condition. A parent will not be required to attend to provide routine medical support. Participation may be limited where individual clinical evidence shows that an activity cannot be made safe through reasonable arrangements.

Medicine, devices, action plans, and relevant contact information will remain readily accessible during off-site activities.

11. Allergy safety policy

This section is Q3 Academy Great Barr's allergy safety policy. It applies to students with known or suspected allergy and supports proportionate arrangements for staff and visitors where relevant.

This dedicated policy incorporates the relevant medicine, emergency, participation, training, data protection, safeguarding, unacceptable-practice, and complaints provisions in sections 2 to 10 and 12 to 14.

Leadership, publication, and review

The school's named senior allergy safety lead is Hannah Griffiths. The lead will co-ordinate implementation, training, risk management, incident learning, and review.

The school will publish this policy on its website. At least once each year, it will bring the allergy safety policy to the attention of students, parents, staff, supply and agency workers, regular volunteers, and others who work at the school.

The review arrangements are in section 14. Reviews will consider incidents, near misses, and the views of students with allergy and their parents.

Identifying allergy and planning support

Parents and students should tell the school about known or suspected allergy, triggers, asthma, prescribed devices, and any change. They should provide current Allergy and Asthma Action Plans and 2 prescribed adrenaline devices where these have been prescribed.

The school will seek relevant information from the student, parent, previous setting, and healthcare professional. It will keep a current record of known allergies, allergens, medicines, action plans, and IHPs. Staff who supervise or teach the student, prepare their food, or support them will receive the information they need.

Staff will report their own allergies to HR through the onboarding process. Parents, students, visitors, and healthcare professionals can report an allergy through the school contact page or Reception on 0121 358 6186.

When a staff member or visitor reports an allergy, the school will agree proportionate arrangements for allergen exposure, food, access to their medicine, and emergencies. It will record and share only the information needed for those arrangements.

A student whose allergy requires the school to put supportive arrangements in place will have those arrangements recorded in an IHP. This includes every student who has emergency medicine or an Allergy or Asthma Action Plan.

The IHP will record the support and adjustments needed under section 4, with current original Allergy and Asthma Action Plans attached. An updated clinical plan will prompt review of the IHP.

Training and awareness

All staff present when students are scheduled to be on site will receive allergy awareness and emergency-response training at least annually. This includes permanent, temporary, supply, peripatetic, agency, and catering staff, and all regular volunteers. It excludes ad hoc contractors with no student-facing role. New staff will receive training as part of induction. Supply and cover arrangements will provide the necessary briefing and training before staff take responsibility.

Training will cover allergy risks and prevention, anaphylaxis and acute asthma, action plans, locating and using emergency medicines, wellbeing, and incident reporting.

First aid training alone is not enough. Individual procedures may require additional clinical training and confirmation of competence.

The school's approved allergy training routes are High Speed Training and Natasha's Foundation Allergy School.

Reducing exposure and managing food allergy

The school will take reasonable, proportionate steps to reduce exposure to a person's known allergens. It cannot guarantee an allergen-free environment, and a general ban on an allergen will not replace individual planning, staff awareness, or emergency arrangements.

Risk assessment will cover food supplied by the school, caterer, or others, airborne and contact allergens, practical activities, and off-site provision where relevant.

Staff planning an activity will check relevant allergy information and adapt materials, food, or arrangements where needed. Controls will aim to include the student alongside their peers rather than isolate them.

The catering service will provide the required allergen information and use suitable food preparation and service controls to prevent cross-contact. Staff will check current information before serving food to a person with a known food allergy.

Where food is brought from home or another provider, the school will assess the known risk and communicate proportionate controls. Students with allergy will not be segregated routinely at mealtimes. The school will make reasonable adjustments so an eligible student with allergy can access their school meal entitlement.

Prescribed and spare emergency medicines

A student prescribed adrenaline should have rapid access to both prescribed devices at all times, including during travel, lunch, breaks, sport, and visits. A competent student will normally carry them. Otherwise, they will be stored unlocked and close enough to reach the student within 5 minutes. The IHP will set out the arrangements for taking devices home and checking expiry dates.

Person-specific prescribed adrenaline may be an auto-injector or nasal device. Only adrenaline auto-injectors can currently form the school's spare stock. If a prescribed nasal device is unavailable, a suitable spare auto-injector may be used in an emergency in line with current guidance.

The school's spare adrenaline auto-injectors are held in Student Services. Appropriate doses will be held in pairs, at room temperature, clearly labelled, unlocked, and separate from prescribed devices. A pair will be accessible within 5 minutes wherever needed.

The first aid coordinator will record expiry and condition checks and arrange prompt replacement after use, damage, or expiry. Used or expired devices will be disposed of safely under section 6.

The school holds an emergency salbutamol inhaler in Student Services. It may be used only for a student who has been prescribed a reliever inhaler and whose own inhaler is unavailable. Written consent is required from the student if legally competent or otherwise from someone with parental responsibility. It will remain readily accessible and be included in the checking and replacement arrangements above.

Responding to allergic reactions and acute asthma

For a mild-to-moderate allergic reaction, staff will follow the person's current original clinical action plan. They will give authorised oral antihistamine where the plan directs, keep the person accompanied, and observe them safely for at least 60 minutes. For a child, staff will notify the parent or emergency contact. Any airway, breathing, or circulation symptom will trigger the anaphylaxis response immediately.

Suspected anaphylaxis is a medical emergency. Staff will:

1. Call for help and bring adrenaline to the person. They will not make the person stand or walk.
2. Place the person flat with their legs raised. If breathing is difficult, they may raise their shoulders or sit up slowly. Follow their action plan and 999 instructions.
3. Give the person's own prescribed adrenaline first where it is available. If it is unavailable, has misfired, or the person has no prescribed device, staff may use a suitable spare auto-injector in a life-saving emergency.
4. Give adrenaline as soon as possible and within 5 minutes. Staff will not delay treatment while seeking consent or waiting for an ambulance.
5. Call 999, state 'anaphylaxis', and follow the call handler's instructions.
6. Give a second dose after 5 minutes if there is no improvement and a second suitable dose is available.
7. Contact the parent or other appropriate contact and give ambulance staff the used device and relevant information.

Staff may take reasonable life-saving action without checking prior consent. They will follow the person's action plan where available, but uncertainty about whether a reaction is anaphylaxis will not delay adrenaline or a 999 call.

Sudden breathing difficulty in a person with asthma and food allergy will be treated as possible anaphylaxis. Staff will give adrenaline first and will never substitute a reliever inhaler for adrenaline when treating anaphylaxis. The current original action plan may direct use of a reliever inhaler after adrenaline.

For other acute asthma symptoms, staff will follow the student's IHP and current original Asthma Action Plan. They will help the student use their prescribed reliever inhaler and call 999 if symptoms are severe or do not improve. Staff will use any school emergency inhaler only in the circumstances set out above.

Visits, sport, and off-site activities

A specific risk assessment will cover any off-site activity involving a student at risk of anaphylaxis. The student's own 2 prescribed devices will travel with them and remain rapidly accessible. Suitable trained staff and the action plan will be available.

The visit risk assessment will decide whether spare auto-injectors should also travel. Taking spare stock off site will not leave the school without the on-site provision needed for those who remain.

Wellbeing and bullying

The school will listen to students about the effect of allergy, including anxiety about exposure or treatment. It will provide proportionate pastoral support and avoid arrangements that single a student out unnecessarily.

Threatening, intimidating, excluding, or deliberately exposing someone to a known allergen may be bullying, discriminatory behaviour, or a safeguarding concern. Staff will act under the 'Anti-Bullying Policy', 'Behaviour Policy', and the school's 'Safeguarding and Child Protection Policy'. Emergency medical help will come first.

Allergy incidents and near misses

A serious incident is one in which a person is harmed or placed at immediate and significant risk, including where emergency medicine, urgent clinical help, or emergency services are needed. A near miss is an error, omission, or system failure that caused no harm but clearly could have done so.

Staff will report and record an allergy incident or near miss promptly through EVOLVEaccidentbook. Parents, students, visitors, and healthcare professionals can report an allergy incident, near miss, or delayed reaction through the school contact page or Reception on 0121 358 6186.

The record will identify the person affected and describe the incident, its apparent cause, the response, and the outcome. The school will notify the parent or other appropriate contact as soon as possible, respecting the student's competence, capacity, and confidentiality under section 13.

The school will share the report with the affected student or person and, where notification is lawful, the relevant parent. It will protect unrelated third-party information where necessary. It will allow them to discuss what happened and contribute to the review. It will confirm the lessons and resulting safety action that can lawfully be shared. If delivery of a care or action plan was involved, the school will notify its issuing healthcare professional or team and give them the report.

The allergy safety lead will review the incident with those involved, considering whether plans and controls were followed, changes needed, and support for those affected. The school will make any required external reports. The lead will arrange prompt action, share learning with those who need it, and consider an early policy review. The Local Governing Body will receive proportionate information about significant incidents, near misses, and themes without unnecessary personal data.

12. Training, cover, and staff support

All staff will be made aware of this policy during induction and receive periodic refresher information. This will cover how to summon help, where to find relevant information, and their role when a student with a medical condition needs support.

The deputy headteacher for welfare and wellbeing will assess training and cover needs through each IHP and policy review. The relevant healthcare professional will normally advise on the type and level of student-specific training. Parents and students may provide useful information, but a parent will not be the sole trainer.

Training will be refreshed when the plan, procedure, device, or student's needs change. The school will keep a record of completed training. Staff providing support will be included in relevant planning and review discussions.

The school will arrange enough trained staff to cover foreseeable absence, turnover, visits, and emergencies. Supply staff, cover supervisors, and other relevant adults will receive the minimum necessary information before taking responsibility for a student.

13. Records, data protection, and safeguarding

The school will keep a written record of every medicine administered. It will record the medicine, dose, method, time, any side effect, and who administered it. Records are held on EVOLVEaccidentbook. Controlled-drug records will also show the amount held.

The school will record IHP decisions, consent, staff training, emergency-device checks, incidents, and relevant communication. Records will be accurate, secure, retained under the applicable retention schedule, and accessible to authorised staff.

Health information is special category personal data. The school will use and share only the information reasonably needed for support, safety, safeguarding, legal obligations, or another lawful purpose. It will balance confidentiality with the need for relevant staff, emergency services, healthcare professionals, and off-site providers to act safely. Further arrangements are in the 'Data Protection Policy'.

Information will not be withheld where sharing is necessary to protect life, address a safeguarding concern, or comply with the law. Concerns about neglect, abuse, or exploitation, including through unmet medical needs, will be addressed under the school's 'Safeguarding and Child Protection Policy'. Urgent medical help comes first.

14. Unacceptable practice, concerns, and complaints

Staff will consider each case individually and follow the student's IHP. It is generally unacceptable to:

- prevent a student from accessing or using their inhaler, medicine, or device when needed
- assume that students with the same condition need the same support
- ignore the student's or parent's views, or medical evidence, without a reasoned basis
- send a student home repeatedly, or exclude them from lunch or normal activities, because of their condition unless the IHP or individual evidence supports this
- send an unwell student to Reception or the Medical Room alone or with an unsuitable person
- penalise a student for absence related to their medical condition, including an unavoidable hospital appointment
- prevent access to food, drink, toilets, rest, or other breaks needed to manage the condition
- require or pressure a parent to attend to administer medicine, provide medical support, or manage toileting
- require a parent to accompany a student as a condition of taking part in a visit or activity
- create unnecessary barriers to lessons, visits, sport, clubs, or any other aspect of school life
- administer medicine, or ask a student to administer it, in a toilet

Any restriction on participation will follow section 10.

Concerns and complaints

A student or parent should raise a concern first with the student's personal tutor. The personal tutor may involve the head of year, deputy headteacher for welfare and wellbeing, or another senior leader. An urgent medical or safeguarding concern should be raised immediately and should not wait for the complaints process.

If the concern is not resolved, a formal complaint may be made under the 'Complaints, Compliments and Comments Policy and Procedure'.

This policy, including its dedicated allergy safety section, will be reviewed at least annually. It may be reviewed sooner following a serious incident, near miss, material change in school arrangements, or change in law or guidance.