SUPPORTING CHILDREN WITH MEDICAL CONDITIONS and DISABILITIES POLICY 2025

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Approval level	Governing Body	
Author	Head Teacher	
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Ratified / adopted by	Title	
	Signature	
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Responsibility	Head Teacher	
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Associated guidance	Section 100 of the Children and Families Act 2014, DfE statutory guidance on supporting pupils with medical conditions at school. Keeping children safe in education 2025 DHSC guidance on https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools	
Related policies / documents	Accessibility plan Complaints Policy Equality information and objectives First aid Policy Health and safety Policy Safeguarding and CP Policy Special educational needs information report and policy	

Document Change History

Version	Date	Comments – reviewed/amended/approved
V1	July 2025	Policy written by Headteacher in line with DfE Guidance. Reviewed by Approved by

This policy meets the requirements under which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions and/or disabilities.

Contents

Appendices

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is:

Mrs Laura Mead [Headteacher and SENDCO].

2. Roles and responsibilities

2.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

2.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there are sufficient trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs/APs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

2.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility of supporting pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

2.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP/AP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP/AP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

2.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs/APs. They are also expected to comply with their IHPs/APs.

2.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff in implementing a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

3. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

4. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

'(While) *schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents [and health professionals]. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.'* ***DfE Statutory Guidance: Supporting Pupils at School with Medical Conditions.***

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

5. Individual healthcare plans (IHPs)

The headteacher [who is also the SENDCo] has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher / SENDCO will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, 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
- 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

- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school 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/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

6. Supporting Pupils with Asthma

Pupils with Asthma will be named on the school's asthma register and have an individual asthma plan (AP) which will be kept in the Asthma cupboard in the staff kitchen. The named persons responsible for monitoring the schools Supporting Pupils with Asthma Policy (Appendix 4) are **Mrs Eira Hancock** and **Mrs Samantha Wonnacott**

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents/carers' written consent in the Record of administration of medicines (Appendix 3). We will accept verbal consent in a telephone call or message but will ask parents to sign the record as soon as possible after the medicine has been administered
- **The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

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

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

All medicines administered in school will be recorded in the school's **Record of Administration of Medicines (Appendix 3)** which is kept in the first aid cupboard in the staff kitchen.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers, and it will be reflected in their IHPs.

Pupils with an IHP or on the Asthma register will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs/APs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher / SENDCO. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in the Pupils with Medical Conditions file in the first aid cupboard and all staff are made aware.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Comprehensive insurance cover arranged by Cornwall Council. For detailed information contact: Scott George

Senior Insurance Officer

Customer and Support Services Directorate

Assurance Service+

Cornwall Council

Dalvenie House

New County Hall, Truro, TR1 3AY

((01872) 322222 – please ask for me by name

*scott.george@cornwall.gov.uk

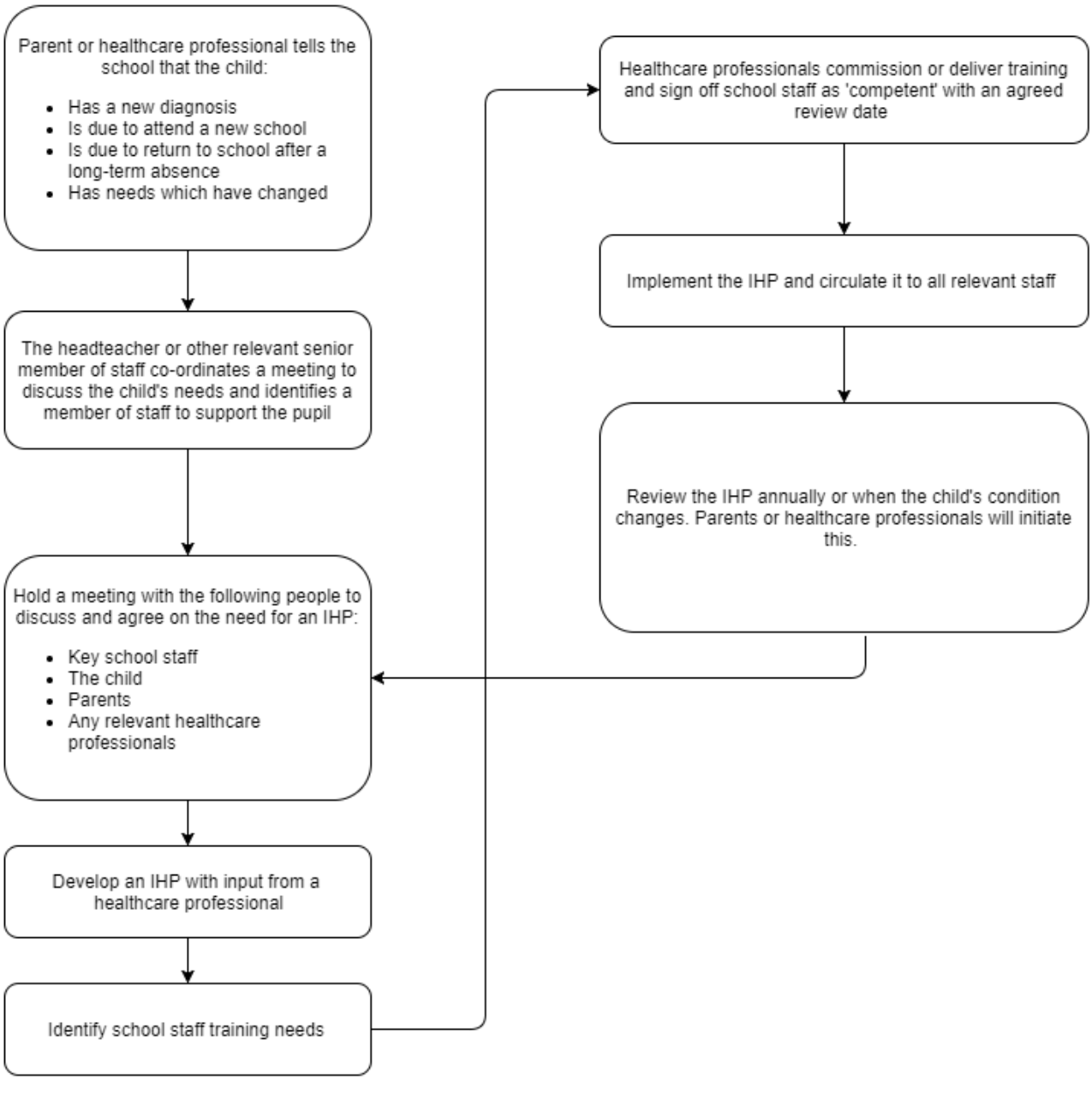
12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher/SENDCO in the first instance. If the headteacher/SENDCO cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years

Appendix 1: Being Notified a child has a medical condition flowchart



Appendix 2: IHP Template

Individual Healthcare Plan [IHP]

Child's Name:	DoB:	Year Group/Class

Date Plan Created	Review Dates

1. Medical Condition(s) and Diagnosis(es)

Condition(s)	Date of Diagnosis	Description and impact in school

2. Medication and Treatment

Medication (name, dose, timing)	Storage instructions	To be administered by:	Training required and date received

3. Emergency Procedures

Signs/symptoms of emergency	Action(s) to be taken	Responsible person (s)

1st Emergency Contact	2nd Emergency Contact

4. Impact on learning and school life		
Effect on Learning and/or Attendance	Support Strategies	Reasonable Adjustments

5. Daily Care Requirements (see also pupils intimate care plan if required)		
Routine Care Needed	Supervision/assistance required	Equipment or aids used

6. Parent/Carer Voice	
Concerns or Preferences	Communication Methods

7. Healthcare Professional Advice/Guidance		
Name and Role	Contact Details	Summary of Advice

8. Plan Agreement and signature				
	Name	Role	Signature	Date
School				
Home				

9. Termly Review			
Review Date:	School Update	Home Update	Agreed Actions

Appendix 3: Record of Administration of Medicines Template

RECORD OF ADMINISTRATION OF MEDICINES

Name	Medication/Dose	Parent/Carer signature	Week commencing	Staff initials on administration				
				M	Tu	W	Th	F

Appendix 4: Supporting Pupils with Asthma Policy

1. Introduction

This appendix outlines the procedures and responsibilities for supporting pupils with asthma, in line with:
- DfE statutory guidance: Supporting Pupils at School with Medical Conditions
- NHS guidance on managing asthma in children
- DHSC non-statutory guidance on the use of emergency salbutamol inhalers in schools

Asthma is the most common long-term medical condition in children in the UK, affecting approximately 1 in 11 children. Schools play a vital role in ensuring pupils with asthma are safe, supported, and able to participate fully in school life.

2. Asthma Plans

All pupils diagnosed with asthma should be recorded on the schools Asthma Register and have an up-to-date individual Asthma Plan [AP] , developed in collaboration with parents/carers and healthcare professionals.

The AP should include:

- Known triggers
- Usual symptoms
- Medication details (preventer and reliever)
- Emergency procedures
- Consent for use of the school's emergency inhaler (if applicable)

3. Asthma Register

The school will maintain a register of all pupils diagnosed with asthma.
This register will be reviewed termly and updated as needed.

4. Medication Management

- Pupils should carry their own inhalers where appropriate, or have them stored in a clearly labelled, accessible location.
- A spare reliever inhaler and spacer should be kept in school for emergency use, if consent is provided.
- Staff must record all instances of medication administration, including use of the emergency inhaler.

5. Emergency Salbutamol Inhaler Use

In accordance with DHSC guidance:

- Schools may hold a salbutamol inhaler for emergency use.
- Use is permitted only for pupils:
  - Diagnosed with asthma
  - Prescribed a reliever inhaler
  - With written parental consent
- The emergency inhaler must be:
  - Clearly labelled
  - Stored securely but accessibly
  - Checked monthly for expiry and cleanliness
  - Used with a spacer device

6. Staff Training

- At least 85% of staff should receive annual asthma awareness training, including:
  - Recognising asthma symptoms and attacks
  - Correct inhaler and spacer technique
  - Emergency procedures

This maybe part of wider first aid training

- Named staff will administer emergency inhalers in the first instance. Currently these are Mrs Hancock and Mrs Wonnacott. However, any member of staff with current first aid training may administer these if the named staff are unavailable.

7. School Environment

- The school will aim to be an asthma-friendly environment by:
- Minimising exposure to known triggers (e.g., dust, pollen, strong scents)
- Encouraging full participation in PE and school activities
- Monitoring pupils who frequently miss school or activities due to asthma

8. Responding to an Asthma Attack

1. Stay calm and reassure the pupil.
2. Encourage the pupil to sit upright and take slow breaths.
3. Administer their reliever inhaler (usually blue) via a spacer.
4. If no improvement after 5–10 minutes, or if symptoms worsen:
   - Call 999
   - Continue to administer reliever inhaler every few minutes until help arrives
5. Inform parents/carers and record the incident.

9. Communication and Review

- Parents/carers will be informed of any asthma-related incidents or medication use beyond that agreed in the asthma plan.
- APs and asthma registers will be reviewed annually or sooner if needed.
- The school will liaise with healthcare professionals as required.

ASTHMA REGISTER
2025 - 26

Name	DoB	Class	Consent to Use Emergency Inhaler	Spacer and/ or reliever inhaler provided	Expiry Date/s Checked			
					September	December	March	June

Appendix 4.1: Asthma Register Template

Appendix 4.2: IAP Template

Individual Asthma Plan

For

Name: _____

Dob: _____ Class: _____

photo

Prescribed Medication

1. _____
2. _____
3. _____

Dosage:

1. _____
2. _____
3. _____

Consent to administer emergency salbutamol inhaler

_____

Signed Date

Known Triggers

- _____
- _____
- _____
- _____
- _____

Peak Flow Instructions

_____

_____

_____

EMERGENCY CONTACT DETAILS

1st Contact:

_____

_____

_____

2nd Contact:

_____

_____

_____

Medication Expiry Dates Checked: 1, [September-_____ 2. [December] _____ 3. [February _____ 4. [June] _____

Appendix 4.3: Record of Administration of Asthma Medication Template

RECORD OF ADMINISTRATION OF ASTHMA MEDICATION [INCLUDING EMERGENCY SALBUTOMOL INHALERS]

Name	Medication	Dose	Any Other Action	Signature