Approval date: September 2026
Review date: September 2027
Committee: Curriculum & Standards

Supporting Pupils with Medical Conditions Policy

Review Cycle	Date of Current Policy	Author(s) of Current Policy	Review Date
1 Year	September 2026	H Pallôt	September 2027

Review s Ratification Required by Governor's Sub Committee Only	Name of Governor's Sub-Committee	Ratification required by Full Governing Board
No	Curriculum and Standards Committee	Yes

Reviewed by Governor's sub-committee

Role	Name	Signature	Date

Ratified by the Full Governing Board

Role	Name	Signature	Date

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1. Statement of intent

The governing board of Mylor Bridge CP School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

Mylor Bridge CP School believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their child's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

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1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.1. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2023) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.2. This policy has due regard to the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Equal Opportunities Policy
- Attendance Policy

1. Roles and responsibilities

2.1. The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.

- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

2.2. The headteacher holds overall responsibility for implementation of this policy.

2.3. The headteacher is responsible for:

- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Make an early help referral for school nurse support where a pupil with a medical condition requires support that has not yet been identified.

2.4. Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

2.5. Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

2.6. School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.

- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

2.7. The SENDCo is responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

2.8. Clinical commissioning groups (CCGs) NHS are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

2.9. Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

2.10. Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

2.11. The LA is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

2.12. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

2.13. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

2.14. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural (SMSC) development.

3. Admissions

3.1. No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

4. Notification procedure

4.1. When the school is notified that a pupil has a medical condition that requires support in school, the headteacher will make a referral to the school nurse team. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in section 8).

4.2. The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence (including medical evidence and consultation with parents).

4.3. For a pupil starting at the school in a September intake, arrangements will be put in place prior to their introduction and informed by their previous institution.

4.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Staff training and support

5.1. Any staff member providing support to a pupil with medical conditions will receive suitable training.

5.2. Staff will not undertake healthcare procedures or administer medication without appropriate training.

5.3. Training needs will be assessed by the headteacher through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives.

5.4. Through training, staff will have the requisite competency and confidence to support

pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will

understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

5.5. A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

5.6. Whole-school awareness training will be carried out on a regular basis for all staff and included in the induction of new staff members.

5.7. The headteacher will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

5.8. Parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

6. Self-management

6.1. Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

6.2. Where possible, pupils will be allowed to carry their own medicines and relevant devices.

6.3. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily.

6.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

7. Supply teachers

7.1. Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

8. IHPs

8.1. The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

8.2. The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

8.3. IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and
- contingency arrangements.

8.4. IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.

8.5. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

8.6. Where a pupil has an EHC plan, the IHP will be linked to it or become part of it.

8.7. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

8.8. Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

G. Managing medicines

9.1. In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

9.2. Pupils will not be given prescription or non-prescription medicines without their parents' written consent.

9.3. Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

9.4. No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.

9.5. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

9.6. Parents will be informed any time medication is administered that is not agreed in an IHP.

9.7. The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage.

9.8. All medicines will be stored safely in the school office unless they need refrigeration.

9.9. When medicines are no longer required, they will be returned to parents for safe disposal.

9.10. Sharps boxes will be used for the disposal of needles and other sharps.

9.11. Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered.

9.12. The school will hold asthma inhalers for emergency use. The inhalers will be stored in the school office and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

9.13. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

9.14. Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

10. Adrenaline auto-injectors (AAIs)

10.1. A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis.

10.2. Where a pupil has been prescribed an AAI, this will be written into their IHP.

10.3. For pupils who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the school office.

10.4. All staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

10.8. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought.

10.9. Where a pupil is or appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

10.10. In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered.

10.11. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

10.14. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

10.15. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them.

11. Record keeping

11.1. In accordance with paragraphs 9.11, 9.12, 9.14 and 10.18, written records will be kept of all medicines administered to pupils.

11.2. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.

11.3. Appropriate forms for record keeping can be found in appendix d and appendix e of this policy.

12. Emergency procedures

12.1. Medical emergencies will be dealt with under the school's emergency procedures.

12.2. Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

12.3. Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

12.4. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive.

12.5. When transporting pupils with medical conditions to medical facilities, staff members

will be informed of the correct postcode and address for use in navigation systems.

13. Day trips, residential visits and sporting activities

13.1. Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

13.2. Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals.

13.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

14. Unacceptable practice

14.1. The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunchtime, unless this is specified in their IHP.
- Send an unwell pupil to the school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

14. Liability and indemnity

15.1. The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

15.2. The school holds an insurance policy with Cornwall Council (Zurich) covering liability relating to the administration of medication.

15.3. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

16. Complaints

16.1. Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

16.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy.

16.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

16.4. Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

17. Home-to-school transport

17.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.

17.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

18. Defibrillators

18.1. The school has an automated external defibrillator (AED) but it is only available for use between the hours of 08:30 and 18:00.

18.2. An AED for the village is stored outside Mylor Stores

18.3. No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members have had training as well as training in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

18.4. The emergency services will always be called where an AED is used or requires using.

18.5. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

1G. Monitoring and review

19.1. This policy is reviewed on an annual basis by the governing board and headteacher.

19.2. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

2. Individual Healthcare Plan Implementation Procedure

1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. The headteacher coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil.
3. A meeting is held to discuss and agree on the need for an IHP.
4. An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5. School staff training needs are identified.
6. Training is delivered to staff and review dates are agreed.
7. The IHP is implemented and circulated to relevant staff.

The IHP is reviewed annually or when the condition

8 changes (revert back to step 3

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