SUPPORTING PUPILS WITH MEDICAL CONDITIONS AND ASTHMA

St George's CE Primary School

September 2026

Policy lead	SENDCo / Medical Conditions and Asthma Lead
Overall responsibility	Head of School
Approved by	Governing Body
Date approved	September 2026
Next review due	September 2027
Linked policies	Allergy Safety; First Aid; Health and Safety; Safeguarding/Child Protection; SEND; Educational Visits; Intimate Care; Attendance

1. Purpose and Aims

St George's CE Primary School is committed to ensuring that pupils with medical conditions are properly supported so that they have full access to education, including physical education, school trips, residential visits and wider school life.

This policy brings together the school's arrangements for supporting pupils with medical conditions and its specific procedures for pupils with asthma. Allergy safety is addressed in the school's separate Allergy Safety Policy.

- Provide clear, safe and inclusive arrangements for pupils with short-term and long-term medical conditions.
- Ensure pupils are supported to manage their health and participate fully in school life.
- Clarify responsibilities for governors, school leaders, staff, parents/carers, pupils and healthcare professionals.
- Set out arrangements for Individual Healthcare Plans (IHPs), medicines, emergency procedures and staff training.
- Ensure pupils with asthma have prompt access to reliever inhalers and appropriate support in an asthma emergency.

2. Statutory Framework and Guidance

This policy has regard to section 100 of the Children and Families Act 2014 and the Department for Education statutory guidance Supporting pupils at school with medical conditions. The school also has regard to the Equality Act 2010, the SEND Code of Practice and relevant health and safety requirements.

As at September 2026, the existing DfE statutory guidance on supporting pupils with medical conditions remains in force pending publication of revised guidance. The school will review this policy when updated statutory guidance is issued.

For asthma, the school also has regard to Department of Health and Social Care guidance on emergency salbutamol inhalers in schools.

3. Roles and Responsibilities

3.1 Governing Body

- Ensure arrangements are in place to support pupils with medical conditions.
- Ensure this policy is developed, implemented, reviewed regularly and readily accessible.
- Ensure sufficient staff receive suitable training and are competent before taking responsibility for medical support.
- Ensure appropriate insurance arrangements are in place.

3.2 Executive Headteacher/Head of School

- Ensure this policy is implemented effectively and all relevant staff understand their responsibilities.
- Ensure sufficient trained staff are available, including contingency arrangements for absence and emergencies.
- Ensure staff who need to know are informed of pupils' medical conditions and agreed support.
- Ensure appropriate healthcare professionals are contacted where a pupil may require support that has not yet been brought to the school's attention.
- Ensure arrangements are in place for emergency situations, trips, residentials and other off-site activities.

3.3 SENDCo

- Coordinate the day-to-day arrangements for pupils with medical conditions.
- Maintain appropriate medical needs and asthma information and ensure it is updated.

- Coordinate IHPs and personal asthma action plans where required.
- Ensure relevant staff know which pupils have medical conditions or asthma and understand agreed procedures.
- Monitor asthma arrangements, including emergency inhaler provision, consent, records and expiry dates.
- Coordinate appropriate staff training and policy review.

3.4 Teachers and other staff

- Understand the needs of pupils in their care where information has been shared with them.
- Know what action to take in an emergency and how to obtain trained assistance.
- Follow IHPs, asthma plans and agreed medicine procedures.
- Make reasonable adjustments so pupils can participate safely and fully.
- Record and report the administration of medicines or emergency treatment as required.

3.5 Parents and carers

- Provide the school with sufficient, accurate and up-to-date information about their child's medical condition.
- Provide prescribed medicines, inhalers, spacers and other required equipment in accordance with school procedures.
- Inform the school promptly of changes to diagnosis, treatment, medication or emergency arrangements.
- Contribute to IHPs and asthma plans and provide required written consent.
- Ensure medicines supplied to school are in date and replaced when necessary.

3.6 Pupils

Pupils will be involved in discussions about their medical support in a way that reflects their age, understanding and competence. Where appropriate, they will be encouraged to take increasing responsibility for managing their own medicines and procedures.

4. Individual Healthcare Plans (IHPs)

An IHP will be developed where a pupil's medical condition is long term, complex, fluctuating, potentially life-threatening, or requires a level of support that needs to be clearly coordinated. Not every pupil with a medical condition will require an IHP.

Plans will be developed collaboratively with parents/carers, the pupil where appropriate, relevant school staff and healthcare professionals where needed. Where a pupil has an Education, Health and Care Plan, the IHP should be linked to it where appropriate.

An IHP may include:

- The medical condition, triggers, signs, symptoms and treatment.
- Medication, dose, timing, side effects, storage and other treatment or equipment.
- Dietary, environmental, testing or accessibility requirements.
- Educational, social and emotional support needs.
- The level of support required, including emergency and contingency arrangements.
- Whether and how the pupil will self-manage medication.
- Named staff responsible for support and any training required.
- Who needs to be aware of the condition and agreed support.
- Arrangements for PE, trips, residentials and other activities.
- Emergency procedures, including who should be contacted.

IHPs will be reviewed at least annually and sooner where needs, treatment or circumstances change.

5. Managing Medicines in School

5.1 General principles

Medicines will be managed in a way that supports pupils' health, safety, dignity and access to education. Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside school hours. However, the school will not create an unnecessary barrier to attendance or participation where medicine is required during the school day.

- Prescription medicines will normally only be accepted in the original container as dispensed by a pharmacist, with the pupil's name, instructions, dose and expiry information clearly shown.
- Parents/carers must provide written consent for school staff to administer medicines, except where emergency arrangements lawfully provide otherwise.
- Administration will be recorded.
- Staff will not alter prescribed doses or instructions without appropriate medical authorisation.
- Staff supporting pupils with medicines will receive appropriate information and, where necessary, training.

5.2 Self-management

After discussion with parents/carers and, where appropriate, healthcare professionals, pupils who are competent will be encouraged to manage their own medicines and procedures. Arrangements will be set out in the pupil's IHP where required. Emergency medicines must remain readily accessible.

5.3 Refusal

If a pupil refuses medicine, staff will not force them to take it. The refusal will be recorded and parents/carers informed. If refusal creates an immediate or significant health risk, staff will follow the pupil's emergency plan and seek appropriate medical advice or emergency assistance.

5.4 Storage and disposal

Medicines will be stored securely but remain readily accessible when required. Emergency medicines such as reliever inhalers and adrenaline devices must not be stored in a way that delays access.

Medicines will be clearly labelled. Parents/carers are responsible for replacing expired medicines and, unless alternative arrangements are agreed, for collecting medicines that are no longer required. Disposal will be undertaken safely in accordance with appropriate pharmacy or local arrangements.

6. Asthma

6.1 Our approach

St George's recognises asthma as a common but potentially serious long-term condition. Pupils with asthma will be encouraged and supported to participate fully in school life.

The school will maintain an asthma register and will seek an up-to-date personal asthma action plan for pupils with diagnosed asthma or prescribed reliever medication.

6.2 Recognising asthma symptoms

Common symptoms can include coughing, wheezing, shortness of breath, chest tightness, difficulty speaking in full sentences, becoming unusually quiet, or a noticeable change in breathing or behaviour.

Triggers vary between individuals and may include viral infections, pollen, dust, smoke or air pollution, animals, exercise, strong emotions or stress. Individual triggers and management should be recorded in the pupil's asthma plan where known.

6.3 Reliever inhalers and spacers

Pupils must be able to access their prescribed reliever inhaler promptly. Depending on age, competence and the agreed plan, a pupil may carry their own inhaler or it may be kept in an accessible, clearly identified location. A spacer will be available where prescribed or recommended.

The school will not rely on colour alone to identify a pupil's reliever medicine. Staff will follow the pupil's current asthma plan and the label/instructions on the prescribed inhaler.

6.4 Emergency salbutamol inhaler

St George's chooses to keep an emergency salbutamol inhaler for use in accordance with current government guidance. It is intended for a pupil who has been diagnosed with asthma or prescribed a reliever inhaler, where the pupil's own inhaler is unavailable, unusable or empty, and where the required written parental consent is in place.

- The emergency inhaler and spacers will be stored safely and be readily accessible.
- A register of pupils for whom consent has been provided will be maintained.
- The inhaler will be checked regularly to ensure it is in date and operational.
- Use of the emergency inhaler will be recorded and parents/carers informed.
- Staff expected to support its use will receive appropriate instruction or training.

6.5 What to do if a pupil has an asthma attack

Staff will follow the pupil's personal asthma action plan wherever available. In an asthma attack, staff will keep the pupil calm, sit them upright, stay with them, obtain their reliever inhaler and spacer, and help them to use it in accordance with their plan and current emergency guidance.

Call 999 urgently if the pupil is getting worse, is exhausted, has difficulty speaking or walking because of breathlessness, has blue/grey lips or skin, collapses, or does not improve with reliever treatment. Staff should continue reliever treatment in accordance with the pupil's plan or emergency guidance while waiting for the ambulance.

Parents/carers will be informed following an asthma attack or where there is a significant increase in reliever use. Repeated or increasing need for a reliever should prompt parents/carers to seek appropriate clinical review.

6.6 Asthma records and monitoring

The school will keep an appropriate record whenever a pupil is supported to use an inhaler during the school day. Staff will raise concerns with parents/carers if a pupil's use becomes more frequent or their symptoms appear less well controlled.

Classroom systems must protect pupils' dignity and confidentiality. Any monitoring method used will be proportionate, secure and accessible only to those who need the information.

7. Emergency Procedures

All staff will know how to summon emergency assistance. Individual emergency arrangements will be recorded in the pupil's IHP, asthma plan or other clinical plan where appropriate.

- Call 999 immediately where the pupil's condition is life-threatening or emergency criteria in their plan are met.
- Give emergency medication promptly where authorised and staff are trained/competent to do so.
- Contact parents/carers as soon as practicable.
- A pupil taken to hospital by ambulance will normally be accompanied by a member of staff until a parent/carer arrives, where staffing and circumstances permit.
- Record the incident and review relevant plans and risk assessments following a significant event or near miss.

Procedures requiring specialist training will only be undertaken by staff who have received appropriate training and have been assessed as competent where this is required.

8. Physical Education, Exercise and School Activities

Pupils with medical conditions, including asthma, will be encouraged to participate fully in PE, sport and other physical activities. Any restrictions or precautions will be recorded in the IHP or asthma plan.

Where a pupil may need emergency medication before, during or after exercise, it must be immediately accessible. Staff leading the activity, including relevant external coaches, will be made aware of necessary medical information and emergency procedures.

9. Educational Visits and Residentials

Pupils with medical conditions will be included in trips and residentials wherever reasonably possible. Medical needs will be considered as part of the visit risk assessment and planning process.

- Supervising staff will be made aware of relevant medical needs and emergency procedures.
- Required medication, including inhalers and spacers, will be checked and taken on the visit.
- Additional staffing or other reasonable adjustments will be arranged where necessary.
- Healthcare advice will be sought where there is uncertainty about safe participation.
- Emergency contact arrangements and access to medical assistance will be considered in advance.

10. Information Sharing, Confidentiality and Records

Medical information will be shared on a need-to-know basis so that staff can keep pupils safe and provide agreed support. The school will handle health information in accordance with data-protection requirements.

Relevant plans and information will be accessible to staff who need them, including supply/cover staff and staff leading trips, while avoiding unnecessary disclosure. Parents/carers and pupils will be involved in decisions about information sharing where appropriate, subject to the school's safeguarding and legal duties.

11. Training and Competence

Staff will receive training appropriate to the medical needs of pupils they support. No member of staff will be expected to undertake a specialist medical procedure without appropriate training and support.

Training will be refreshed as required and records maintained. The school will ensure contingency arrangements so that trained staff are available when a pupil's plan requires specific support.

12. Inclusion, Equality and Attendance

The school will make reasonable adjustments for pupils whose medical condition amounts to a disability and will take steps to prevent medical needs becoming an unnecessary barrier to attendance, learning, participation or school trips.

Pupils will not be penalised for absence or reduced participation that is directly related to their medical condition where this would be inappropriate or discriminatory. Support will be planned around the individual pupil's needs.

13. Unacceptable Practice

The school will avoid practices that could place pupils at risk or unnecessarily restrict their access to education. In particular, it is unacceptable to:

- Prevent pupils from easily accessing inhalers or other emergency medication.
- Assume every pupil with the same condition requires the same support.
- Ignore the views of the pupil, parent/carer or relevant healthcare professional.
- Send an acutely unwell pupil to the school office or medical area alone.
- Prevent a pupil from drinking, eating, taking toilet breaks or managing their condition where this is necessary.
- Require parents/carers to attend school routinely to administer medication or provide medical support where appropriately trained school staff can provide agreed support.
- Create unnecessary barriers to participation in PE, trips, residentials or other school activities.

14. Insurance

The Governing Body will ensure that appropriate insurance arrangements are in place. Where a pupil requires a complex or specialist healthcare procedure, the school will confirm that relevant staff and activities are appropriately covered.

15. Complaints

Parents/carers who are dissatisfied with the support provided should initially discuss their concerns with the school. If the matter is not resolved, they may use the school's formal complaints procedure.

16. Monitoring and Review

The SENDCo will monitor the day-to-day implementation of this policy. The Executive Headteacher/Head of School will retain overall operational responsibility.

The policy will be reviewed at least annually and sooner following significant changes to statutory guidance, a serious medical incident or near miss, or where monitoring identifies that arrangements need strengthening.

Appendix 1 – Individual Healthcare Plan: Minimum Content

- Pupil details and emergency contacts.
- Condition, triggers, signs and symptoms.
- Medication/treatment, dose, timing, storage and side effects.
- Daily support and reasonable adjustments.
- Self-management arrangements.
- Named staff and training/competency requirements.
- PE, trip and residential arrangements.
- Emergency actions and when to call 999.

- Review date and contributors to the plan.

Appendix 2 – Asthma Arrangements Checklist

- Asthma register current.
- Personal asthma action plan obtained for each relevant pupil.
- Pupil's own reliever inhaler in school and in date.
- Spacer available where required.
- Parent/carer consent for emergency salbutamol inhaler recorded where applicable.
- Emergency inhaler kit accessible, checked and in date.
- Relevant staff know where inhalers are kept and how to respond to an asthma attack.
- Inhaler use is recorded and significant/repeated use communicated to parents/carers.
- Asthma arrangements included in PE, trip and residential planning.

Appendix 3 – Emergency Asthma Quick Action

ASTHMA ATTACK – ACT PROMPTLY

- Stay with the pupil and keep them calm.
- Sit them upright; do not make them lie down.
- Get their reliever inhaler and spacer.
- Help them use the inhaler in line with their personal asthma action plan/current emergency instructions.
- Call 999 if they are getting worse, are exhausted, cannot speak or walk because of breathlessness, have blue/grey lips or skin, collapse, or do not improve.
- Continue reliever treatment as directed while waiting for emergency help.
- Contact parents/carers and record the incident.