



Supporting children with medical conditions

Document Control

Document Name	Online Safety, Mobile Phones & Personal Devices Policy
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Policy Number	N
Written/Last issued	September 2026
Next Review Date	September 2027
Ratified By	The Governing Board:
Dissemination /Target Audience	All Staff & Governors

Version Control

Date	Version	Updates/Changes
September 2026	1	New Policy written and adopted. Compliance cross-check against Salford's December 2025 policy and current national guidance; clarified the distinct Section 100 and Section 19 roles; added the Salford 15-day pathway, EYFS application, 2026 allergy legislation and operational requirements, and Medical Tracker cross-reference.

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1. Purpose and principles

- 1.1. James Brindley Primary School is committed to ensuring that pupils with physical or mental health conditions receive appropriate support so that they can access education, participate fully in school life, remain healthy and achieve their academic potential. Support will be child-centred, proportionate, timely, inclusive and based on partnership with the child, parents/carers and relevant health professionals.
- 1.2. Non-negotiable principle A child will not be denied admission, excluded from normal activities, sent home unnecessarily or otherwise disadvantaged simply because they have a medical condition, where reasonable and safe arrangements can be made.
- 1.3. This policy applies during the school day, wraparound provision operated by the school, educational visits, residentials, sporting activity and other school-organised activities. It covers temporary, recurring, long-term and complex conditions, including conditions affecting mental health. It does not replace clinical advice or emergency first aid. For children who are 'young children' for legal purposes (from birth until 1 September following their fifth birthday), the school will also meet the safeguarding and welfare requirements of the Early Years Foundation Stage, including requirements relating to medicines, information from parents, food and allergy safety, paediatric first aid and notification of significant events.
- 1.4. Aims:
 - identify medical needs early and put arrangements in place without avoidable delay;
 - make reasonable adjustments and remove barriers to attendance, learning and participation;
 - ensure medicines, equipment and emergency plans are safe, accessible and understood;
 - develop children's independence and self-management where appropriate;
 - maintain competent staffing, reliable cover and clear accountability;
 - record, report and learn from incidents and near misses; and
 - work consistently with the school's safeguarding, SEND, attendance, first-aid, allergy/anaphylaxis, educational visits and data-protection arrangements.

2. Legal and guidance framework

This policy has been prepared with regard to current England legislation and statutory guidance, including:

- section 100 of the Children and Families Act 2014, which places the core duty on maintained schools, academies and PRUs to make arrangements for pupils with medical conditions; Young children remain subject to the EYFS requirements described above;
- section 34 of the Children's Wellbeing and Schools Act 2026, which introduced the requirement for relevant schools to have, publish and keep under review a separate allergy safety policy and to have regard to statutory allergy guidance;
- the DfE statutory guidance Supporting pupils at school with medical conditions (December 2015, current publication page last updated August 2017);
- the DfE statutory guidance Allergy safety in schools (July 2026);
- the Equality Act 2010, including the duty to make reasonable adjustments and avoid disability discrimination;
- section 19 of the Education Act 1996 and DfE statutory guidance Arranging education for children who cannot attend school because of health needs (December 2023);
- the SEND Code of Practice: 0 to 25 years;
- Keeping Children Safe in Education 2026 (from 1 September 2026);
- the Human Medicines Regulations 2012, as amended, including school-held emergency salbutamol inhalers and adrenaline auto-injectors;
- the Health and Safety at Work etc. Act 1974 and associated regulations
- the UK General Data Protection Regulation and Data Protection Act 2018; and
- relevant DfE/DHSC guidance on emergency inhalers and adrenaline auto-injectors.

2.1. Definitions of medical conditions

Pupils' physical and/or mental health medical needs may be broadly summarised as being:

- Short-term - affecting their participation in school activities because they are on a course of medication or recovering from an illness. E.g. infections, broken limb, post-operative support.
- Long-term - potentially limiting their access to education and requiring extra care and support (deemed special medical needs). E.g. Asthma, cancer treatments, pending transplant, mental health/neuro developmental conditions.

3. Roles and responsibilities

3.1. The Local Governing Board:

- **must** ensure suitable arrangements are in place and effectively implemented;
- should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported
- ensures the policy is published, reviewed and understood;
- ensures sufficient trained and competent staff, including contingency cover;
- holds leaders to account for inclusion, recordkeeping, training, incident learning and equality duties;
- ensures appropriate insurance and indemnity arrangements; and
- monitors anonymised information on plans, training, incidents, near misses and complaints.

3.2. The Headteacher

- has overall responsibility for policy implementation and the development of IHCPs;
- ensures all relevant staff know a child's condition, plan and emergency response on a need-to-know basis;
- ensures staff are not asked to undertake clinical support without suitable training and confirmation of competence where required;
- ensures staffing and cover are sufficient during normal and contingency arrangements;
- liaises with the school nurse/health professionals when a condition may require support but has not been notified through health services
- ensures medicines and records are stored and managed safely; and
- ensures incidents and near misses are reviewed, reported and acted upon.

3.3. Medical needs co-ordinator

Mrs Elizabeth Simmons will coordinate notifications, meetings, IHCPs, medicine arrangements, training records, reviews, communication, audits and liaison with families and professionals.

Delegation does not remove the headteacher's overall responsibility.

3.4. All Staff

- must know how to obtain help and respond when a pupil with a medical condition needs assistance;
- must read and follow the information and plans relevant to their role;

- must complete required training and work within the limits of that training;
- must record medicine or treatment given and report errors, incidents, concerns and near misses immediately; and
- may be asked to support a pupil or administer medicine, but will not be required to undertake healthcare procedures without appropriate agreement, training and support.

3.5. Parents/Carers

- provide timely, accurate and up-to-date information and consent;
- participate in developing and reviewing the IHCP;
- provide in-date, correctly labelled medicines and equipment as agreed;
- inform school promptly of changes, including treatment, dose, symptoms and contact details
- remain contactable or nominate another appropriate adult.

3.6. Health and local-authority partners

School nurses, GPs, paediatricians and specialist teams may notify the school, provide clinical information, advise on IHCPs, train staff and confirm competence. The local authority is responsible for arranging suitable education under section 19 where the statutory threshold is met. School will cooperate, share necessary information lawfully and support reintegration.

4. Notification and transition

Parents/carers should notify the school at admission and whenever a new diagnosis or material change occurs. Information may also be received from a health professional, previous setting or local authority. The school will not wait for a formal diagnosis before providing reasonable, proportionate support where there is clear evidence of need, while avoiding assumptions or acting beyond available advice.

Process

1. The office or receiving member of staff passes the notification to the medical needs co-ordinator without delay.
2. The co-ordinator gathers information and considers immediate risk controls.
3. A meeting is arranged with the child and parents/carers; relevant health professionals are invited where appropriate.
4. The need for an IHCP, reasonable adjustments, emergency plan, training and risk assessment is decided.
5. Arrangements, permissions and staff briefings are completed before support begins, wherever practicable.

6. Implementation is checked and the review date recorded.

For a child starting school, arrangements should be ready for the start of the relevant term. For a new diagnosis or mid-term admission, arrangements will normally be completed within two weeks, with interim controls put in place immediately where necessary. Transition information will be shared securely and in good time with the receiving class, setting or secondary school.

5. Individual Healthcare Plans

An IHCP provides clarity about what must be done, when and by whom. It is expected for long-term, complex, fluctuating or higher-risk conditions, for pupils requiring emergency medication or trained intervention, and where coordinated adjustments are needed. Not every short-term or straightforward condition requires an IHCP; that decision will be made with the family and relevant professional advice, based on risk and need rather than diagnosis alone.

5.1. Development and ownership

The headteacher is accountable for IHCP development. The medical needs co-ordinator will facilitate it with the child, parents/carers, relevant school staff and healthcare professional. A plan must be understandable, practical, accessible to those who need it and consistent with clinical advice. Where a pupil has an EHC plan, SEN support plan, allergy plan, intimate-care plan or risk assessment, documents will be aligned and cross-referenced to avoid contradiction.

Minimum content

- condition, triggers, signs, symptoms and treatment;
- the child's baseline presentation and how they communicate need;
- medicines, dose, timing, side effects, storage, access and disposal;
- equipment, testing, dietary and environmental requirements;
- daily support and reasonable adjustments for education, social and emotional needs;
- level of support, self-management arrangements and supervision;
- named roles, training, competence, cover and contingency arrangements;
- who must know and how confidentiality will be managed;
- emergency actions, thresholds for 999, contacts and hospital arrangements;
- arrangements for visits, sport, transport, wraparound and unexpected changes;

- absence, remote education where appropriate, reintegration and catch-up; and
- consent, plan date, implementation date, review date and signatures/record of agreement.

5.2. Review

IHCPs will be reviewed at least annually and sooner when needs, treatment or circumstances change; after an incident or near miss; before a significant visit or transition; or at the request of the child, parent/carer, school or clinician. The school's local practice may review higher-risk plans termly. Reviews will check whether arrangements work in practice, not merely whether paperwork is complete.

6. Medicines and medical devices

6.1. General principles

- Medicines will only be administered when it would be detrimental to the child's health or attendance not to do so.
- Where clinically possible, parents should ask prescribers whether doses can be arranged outside school hours.
- Prescription medicines must be in the original dispensed container, in date, labelled with the child's name, instructions, dose and storage requirements.
- Non-prescription medicine will only be given under the school's agreed procedure, with written parental consent, for a defined period and never when it contains aspirin unless prescribed by a doctor.
- The school will never alter a prescribed dose or instructions without written confirmation from an appropriate prescriber or pharmacist.
- Medicines and devices must be readily accessible in an emergency while stored securely. Emergency medicine must not be locked away in a way that delays access.
- A written record will be made each time medicine or treatment is given or refused, including date, time, dose, staff and relevant observations. Parents will be informed in line with the plan.
- Controlled drugs will be securely stored and access limited to named staff, while remaining promptly accessible when required. Administration will be recorded and stock balance checked.
- Sharps and waste will be disposed of safely using appropriate containers and arrangements. Unused or expired medicines will normally be returned to parents/carers for safe disposal.

6.2. Consent and errors

Written parental consent is required unless emergency treatment is necessary to save life or prevent serious deterioration and it is lawful and reasonable to act. If a medicine is refused, omitted, given late, spilled, vomited, administered incorrectly or cannot be accounted for, staff will follow clinical/emergency

advice, inform the headteacher and parent/carer promptly, record the event and consider safeguarding, reporting and learning actions. Staff must not repeat a dose unless authorised by the plan or a qualified clinician.

6.3. Self-management

Competent pupils will be encouraged to carry or access their medicine and devices quickly. The IHCP will record the assessment, storage, supervision, monitoring and contingency arrangements. A child who misuses medicine or a device will be managed safely and proportionately; access to essential treatment will not simply be removed.

6.4. Emergency stocks

The school will maintain the emergency stocks set out in its separate Allergy and Anaphylaxis Policy and asthma arrangements. In line with the July 2026 statutory allergy guidance, James Brindley Primary School will stock pairs of spare AAIs in age-appropriate doses, keep them in date, readily accessible and capable of being brought to a person experiencing anaphylaxis within five minutes. These are additional to, not replacements for, the two prescribed adrenaline devices that a child at risk of anaphylaxis should have available. Any school-held emergency salbutamol inhaler will be procured, stored, checked, used, recorded and replenished in accordance with the Human Medicines Regulations, national guidance and the school's asthma arrangements; it may only be used for an eligible child with the required written consent. Detailed AAI locations, checks, use, replacement and training are governed by the separate Allergy and Anaphylaxis Policy.

7. Emergency response

In a life-threatening emergency: Call 999 immediately, state the suspected condition (for example "anaphylaxis"), give the school address and exact access point, administer emergency treatment within training and the child's plan, and send someone to meet the ambulance. Do not delay emergency action while trying to contact a parent.

School address	Emergency information
James Brindley Primary School Parr Fold Avenue Walkden, Worsley M28 7HE	Main office will direct emergency services to the child. A member of staff will bring the child's plan, medicine/device and relevant records.

1. Stay with and reassure the child; protect dignity and monitor continuously.
2. Follow the IHCP, emergency plan, first-aid procedures and dispatcher instructions.
3. Send for the child's emergency medicine/device and a trained responder; do not move the child unnecessarily.
4. Contact parents/carers as soon as emergency action is underway.
5. If transported to hospital, a suitable member of staff will accompany the child or remain until a parent/carer arrives, taking relevant information, subject to emergency-service direction and safe staffing.
6. Record the response, preserve relevant evidence/packaging and complete incident and near-miss procedures.

All pupils will be taught in an age-appropriate way to summon an adult immediately if someone appears unwell and never to interfere with another pupil's medicine or equipment.

8. Inclusion, attendance and education

8.1. Reasonable Adjustments & Participation

The school will consider how the condition affects learning, behaviour, communication, mobility, fatigue, concentration, continence, anxiety, social participation and safety. Adjustments may include rest breaks, hydration/toilet access, movement, seating, reduced travel around school, adapted PE, extra time, catch-up, pastoral support, access to a quiet/private space or changes to routines. Decisions will be individual and reviewed.

8.2. Absence & Reduced attendance

Medical absence will be managed supportively and in line with attendance guidance. The school will maintain appropriate contact, provide work or short-term remote education where suitable, avoid overburdening the child and plan reintegration. Part-time timetables will only be used exceptionally, for the shortest necessary period, with agreement, clear review dates and a plan to increase attendance; they will not be used to manage behaviour or avoid making support arrangements.

Where a child is likely to miss 15 school days or more, consecutively or cumulatively across the school year, because of physical or mental health needs, the medical needs co-ordinator will notify Salford Local Authority promptly through the current local health-needs route (at the date of this review: cme@salford.gov.uk). The school will provide the information reasonably required by the local pathway, normally including the current IHCP and available medical confirmation, while avoiding unnecessary delay where evidence is still being gathered.

The pupil will remain on roll. The school will continue to provide appropriate work and contact, cooperate with the local authority, health and alternative-provision services, review the IHCP and support continuity and reintegration. The local authority determines whether Section 19 provision is required and must arrange suitable full-time education, or as much as the child's health allows, when the statutory threshold is met. Mental-health-related absence will be approached consistently with DfE guidance, safeguarding, SEND and equality duties.

8.3. SEND & Safeguarding

A medical condition does not automatically mean a child has SEND or a disability, but may do so. The SENCO will be involved where appropriate. Staff must remain professionally curious: changes in health, attendance, medication, presentation or family circumstances may indicate safeguarding concerns. Concerns will be referred to the DSL under the Child Protection and Safeguarding Policy; medical explanations will not be accepted without appropriate consideration of the child's welfare.

9. Educational visits and off-site activity

Pupils with medical conditions will be enabled to participate unless evidence shows that an activity cannot be made safe through reasonable adjustments. The visit leader will consult the child, family and relevant staff, review the IHCP and complete an individual risk assessment where required.

- named trained staff and contingency cover;
- immediate access to medicines, devices and a copy of relevant emergency information;
- storage temperatures, expiry dates and transport arrangements;
- travel time, toilets, food/allergen controls, physical demands and local healthcare access;
- communication and mobile coverage;
- overnight administration, privacy and secure storage on residential; and
- handover to third-party providers without transferring the school's oversight responsibility.

Medicines must never be placed in inaccessible luggage or left behind. Emergency plans must remain workable during transport, evacuation and unplanned changes.

10. Training and competence

All staff will receive policy awareness and know how to summon help. Staff with specific responsibilities will receive role- and child-specific training before providing support. Training will be delivered or endorsed by an appropriate healthcare professional where clinical competence is required and refreshed at the frequency advised, when the plan or device changes, or when competence is in doubt.

Training tier	Minimum expectation
All staff	Policy awareness; how to summon help; common emergency signs; allergy awareness under the separate statutory arrangements; confidentiality and reporting.
Relevant staff	Child's IHCP, triggers, signs, daily adjustments, medicines/devices, emergency steps and recordkeeping.
Designated responders	Practical procedure training, competency confirmation where required, refresher schedule and supervised practice.
Leaders/office staff	Governance, consent, storage, audits, incident learning, information sharing and cover planning.

Training records will show the topic, trainer, date, attendees, competence/assessment where relevant and renewal date. Staff must say if they do not feel competent. Temporary, supply, wraparound, lunchtime and visiting staff will receive the information necessary for their role. Emergency arrangements must not depend on one individual.

11. Records, confidentiality and data protection

Health information is special category personal data. The school will process it lawfully, fairly, securely and only to the extent necessary to protect the child and provide education. Information will be shared on a need-to-know basis, while ensuring that staff who must respond have sufficient information. The child and parents will be involved in deciding routine sharing, but confidentiality cannot prevent necessary safeguarding or emergency disclosure.

- notifications and meetings;
- IHCPs, consents and reviews;
- medicines received, returned, disposed of and stock checks;
- each administration, refusal, omission or error;

- training and competence;
- communications with families and professionals; and
- incidents, near misses, actions and lessons learned.

Records will be factual, signed and retained under the school's retention schedule. First-aid treatment and minor injuries will be recorded through Medical Tracker in accordance with the First Aid Policy, with direct parent notification through the system where appropriate. Medicine administration and condition-specific treatment will also be recorded on the Medical Tracker; where it captures the required information and access controls.

Serious incidents and near misses will also be recorded and reviewed under section 12 and the relevant First Aid or Allergy and Anaphylaxis procedure. Electronic records will be held in approved secure systems with appropriate access controls. Relevant information will be available during outages or emergencies through proportionate business-continuity arrangements. Staff will not use personal devices or unapproved messaging or storage for medical information.

12. Incidents, near misses, complaints and liability

12.1. Reporting and learning

A medical incident is an event causing or risking harm; a near miss is an event that could have caused harm but did not, whether through chance or timely intervention. Staff must make the child safe first, then report promptly. Leaders will undertake a proportionate review that considers the child's and family's views, chronology, plan, staffing, training, equipment, communication, environmental factors and whether external reporting or safeguarding action is required.

- record facts without blame or speculation;
- notify parents/carers promptly and sensitively;
- preserve relevant medicine/device details and records;
- make immediate controls where risk persists;
- identify learning, owners and deadlines;
- share relevant anonymised learning with staff and governors; and
- update the IHCP, policy, training or risk assessment where needed.

Serious incidents will be reported to the governing board and relevant bodies in accordance with legal, insurance, health and safety, safeguarding and local requirements. Allergy incidents and near misses will also follow the separate Allergy and Anaphylaxis Policy and July 2026 statutory guidance.

12.2. Complaints

Concerns should be raised promptly with the class teacher, medical needs co-ordinator or headteacher. Formal complaints will be handled under the school's Complaints Policy. A complaint does not remove the school's duty to keep the child safe and supported. Parents may also seek advice from the local authority, health service or relevant statutory body.

12.3. Liability and indemnity

The governing board will ensure appropriate insurance is in place and staff are informed of its scope. Staff acting within their employment, training, this policy and the child's agreed plan will be supported by the school. Deliberate, reckless or unauthorised action may fall outside normal arrangements and will be addressed appropriately.

13. Unacceptable practice

Although decisions must reflect individual circumstances, it is unacceptable to:

- prevent a child from easily accessing inhalers, AAls or other essential medicines/devices, or delay emergency treatment;
- assume every child with the same condition needs identical support;
- ignore the views of the child, parents/carers or clinical evidence, or make frequent attendance at school a condition of support;
- send a child home or leave them unsupervised merely because they need medicine, treatment, toileting, rest or reassurance;
- send a child who becomes ill to the office or medical room alone or with an unsuitable escort;
- penalise absence related to a medical condition, including by withholding opportunities, where this would be discriminatory or unreasonable;
- prevent participation in visits, sport or normal school life without an individual risk assessment and consideration of reasonable adjustments;
- require parents to attend school routinely to administer medicine or provide medical support as a condition of attendance;
- require parents to accompany a child on a visit solely because of the condition;
- ask untrained or unwilling staff to undertake clinical procedures, or rely on a single trained person without contingency;
- share health information more widely than necessary or fail to share it with staff who need it for safety; or
- alter, withhold or repeat medication contrary to instructions or without appropriate advice.

Appendix A: notification-to-support checklist

Stage	Required action	Owner/evidence
1. Notify	Record information; alert co-ordinator; consider immediate risk.	Notification record
2. Gather	Meet child/family; obtain clinical information and consent.	Meeting notes
3. Decide	Determine IHCP, adjustments, risk assessment, training and emergency needs.	Decision recorded
4. Prepare	Draft/agree plan; secure medicines/equipment; train staff; arrange cover.	Signed/recorded agreement
5. Implement	Brief need-to-know staff; test access and emergency arrangements.	Implementation check
6. Review	Annual minimum; earlier after change, incident, near miss, transition or concern.	Review record/action log

Appendix B: IHCP quality checklist

- ☐ The child's voice and usual presentation are clear.
- ☐ Triggers, early signs and emergency signs are differentiated.
- ☐ Exact actions, thresholds, roles and times are unambiguous.
- ☐ Medicine/device access can be achieved promptly in every relevant location.
- ☐ Daily adjustments address learning, inclusion and emotional wellbeing.
- ☐ Training and competence are named, dated and covered during absence.
- ☐ Visits, wraparound, evacuation and service disruption are considered.
- ☐ Emergency contacts and 999 wording are current.
- ☐ The plan aligns with allergy, first-aid, SEND and safeguarding records.
- ☐ Implementation and review dates are recorded; the plan has been tested in practice.

Appendix C: medicine administration minimum record

Field	Record
Pupil	Name and date of birth
Medicine	Name, form, strength and expiry
Instruction	Dose, route, time and reason
Administration	Date/time; dose given; staff name/signature; witness where required
Outcome	Taken/refused/omitted/spilled/vomited; observations and action
Communication	Parent/carer informed: when, how and by whom

Use the school's approved medication record system. This appendix states the minimum information and is not a substitute for condition-specific records or controlled-drug requirements.

Appendix D:: DFE template - individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information	
Name	
Relationship to child	
Phone no.	
Name	
Relationship to child	
Phone no.	

Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	

Who is responsible for providing support in school	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips etc	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency (state if different for off-site activities)	
Staff training needed/undertaken – who, what, when	

