Supporting Children with Medical Conditions Policy

(Including Asthma)

Author/Reviewing member of staff	Mr P Barber & Mrs C Hoult
Date updated	Autumn 2026
Reviewing Committee	FSP
Date Policy Approved	
Date of next review	Autumn 2027

1. Purpose and scope

Westacre Middle School aims to ensure that pupils with medical conditions receive appropriate care and support at school. Every pupil should have access to a full-time curriculum as far as their medical condition allows, including physical education, educational visits and extra-curricular activities.

Medical needs may be short-term, affecting participation while a pupil is taking medication, or long-term, potentially limiting access to education and requiring additional care and support. This policy sets out the school's arrangements for identifying needs, planning support, handling and administering medicines, responding to emergencies and supporting pupils with asthma.

This policy should be read alongside the school's First Aid Policy, SEND Policy, Accessibility Plan, Health and Safety Policy, Allergy Safety Policy and Complaints Procedure, as applicable.

2. Ethos and aims

The school recognises its responsibility for pupil health and safety and will make appropriate arrangements so that pupils with medical conditions can access education safely and equitably. The school will work in partnership with pupils, parents/carers, staff, governors and relevant healthcare professionals to:

- Support pupils with medical conditions so they can access education, including PE and educational visits.
- Ensure staff involved in supporting pupils are informed and appropriately trained for their responsibilities.
- Develop Individual Healthcare Plans (IHPs) where required, involving the pupil and parent/carer and taking account of relevant healthcare advice.
- Respond sensitively, discreetly and promptly when a pupil needs support.
- Keep, monitor and review appropriate records and share relevant information with staff who need it to support a pupil safely.
- Support inclusion and comply with the school's responsibilities under the Equality Act 2010 for pupils who may have disabilities or special educational needs.

Pupils with medical conditions have the same right of admission as other pupils and will not be refused admission or excluded from school on medical grounds alone. Where an infectious disease may pose a risk to the pupil or others, the school will consider the circumstances and applicable procedures.

3. Roles and responsibilities

3.1 Governing Body

- Ensure suitable arrangements, policies, procedures and resources are in place to support pupils with medical conditions.
- Ensure the school's arrangements take account of applicable statutory guidance and support equal access to school opportunities.
- Ensure staff receive suitable information, instruction and training.
- Monitor the effectiveness of this policy and review it regularly.
- Ensure arrangements exist for safe storage, accessibility and administration of emergency medication where appropriate, and that appropriate insurance arrangements are in place for staff acting in accordance with school policy.

3.2 Headteacher

- The Headteacher has overall responsibility for implementation of this policy and will ensure that staff know and understand it.
- Ensure pupils receive appropriate support to access the curriculum, educational visits, PE and extra-curricular activities.

- Ensure enough staff are appropriately trained for identified needs and emergencies. Staff may be asked to support pupils with medical conditions or administer medicines, but cannot be required to do so. The Headteacher must ensure that sufficient appropriately trained staff are available to meet pupils' identified needs.
- Ensure IHPs are in place where required and reviewed, and that appropriate records are maintained.
- Promote inclusion and ensure pupils are not disadvantaged or treated less favourably because of a medical condition.

3.3 School Medical Lead / Lead First Aider

- Coordinate arrangements for pupils with medical conditions, including maintaining relevant registers and securely storing IHPs, consent forms and medication records.
- Monitor the availability, condition and expiry dates of medicines and asthma inhalers/spacers, including emergency salbutamol inhalers and spacers.
- Ensure emergency kits are appropriately stocked and accessible.
- Keep records of medical incidents, medication administration and emergency-services involvement.
- Liaise with parents/carers, school nursing services and other healthcare professionals as needed.
- Identify training needs, arrange appropriate training and ensure relevant information is shared with staff who need to know, while maintaining confidentiality.

3.4 Staff

- Follow this policy and the pupil's IHP and act promptly in an emergency.
- Only undertake healthcare procedures or administer medicines where the relevant arrangements, consent and training requirements have been met, except as permitted by emergency procedures.
- Respect the pupil's dignity, views and confidentiality.
- Record and report medication administration and incidents as required.
- Raise concerns about the support of a pupil with the appropriate senior leader.

Staff may volunteer to support pupils with medical conditions or administer medicines, but cannot be required to do so. Staff who undertake these responsibilities must receive appropriate training, follow clear written arrangements and raise concerns with the appropriate senior leader. The Headteacher will ensure that sufficient appropriately trained staff are available to meet pupils' needs.

3.5 Parents/carers and pupils

- Parents/carers should tell the school about a pupil's medical condition, provide accurate and up-to-date information, supply required medicines and equipment, and notify the school of changes to the condition or medication.
- Parents/carers should complete and return relevant healthcare plans and written consent/agreement forms and ensure medicines supplied are correctly labelled and in date.
- Where appropriate, pupils should be involved in decisions about managing their condition and encouraged to take responsibility for their medicines under agreed supervision.
- Parents/carers should arrange collection of unused or out-of-date medicines and return them to a pharmacy for safe disposal.

4. Individual Healthcare Plans and records

An Individual Healthcare Plan (IHP) will be developed where a pupil's needs require individual arrangements. Plans will be written, monitored and reviewed, taking account of the views and wishes of the pupil and parent/carer and advice from relevant medical professionals.

For asthma, an IHP will normally be considered where asthma is severe, requires regular monitoring, has resulted in hospital admission or emergency treatment, or where additional support is needed for safe access to education.

An IHP should set out, as applicable:

- The pupil's condition, symptoms and known triggers.
- Prescribed medicines, dosage, method and circumstances for administration.
- The support the pupil needs to manage the condition and the pupil's level of independence.
- Signs of deterioration and the action required, including emergency procedures and when to call emergency services.
- Arrangements for PE, educational visits and extra-curricular activities.
- Roles and responsibilities of staff and contact details for parents/carers and relevant healthcare professionals.

Every IHP will be reviewed at least annually, and sooner if the pupil's needs change, following a hospital admission or emergency treatment, or at the request of parents/carers or healthcare professionals.

On school entry, parents/carers should provide information about medical conditions through the school's healthcare request process. Completed forms will be recorded on the relevant register and stored securely in the School Office or another designated secure location. The school will work with parents/carers and relevant healthcare professionals to put support arrangements in place as soon as possible, aiming to establish them within two weeks where relevant. This includes new diagnoses, changes in needs, reintegration after absence and transitions between schools. Relevant medical information will be transferred to a receiving school in good time to allow appropriate preparation.

Information about serious or emergency-prone conditions will be made available to staff who need it to support the pupil safely. Any photograph or brief medical information displayed for staff use will be limited to what is necessary, kept secure from public view and handled confidentially.

5. Medicines: general arrangements

- Medicines will be administered at school where it would be detrimental to the pupil's health or school attendance not to do so.
- Written parental agreement must be received before school staff administer medicine, using the relevant school form. Non-prescription medicines may only be administered where the school has agreed to do so, written parent/carer consent has been obtained, and the medicine is supplied in its original labelled packaging with clear dosage instructions. Staff must check the maximum dose and any doses already given. Aspirin must not be given to a child under 16 unless prescribed by a doctor.
- Medicines supplied by parents/carers must be in the original container, clearly labelled with the pupil's name, dosage and timing; prescribed medicines must not have their labelling altered. Any required measuring spoon or dropper should be supplied.
- Before administration, the named staff member must check that the medicine belongs to the pupil, the dose is correct, the medicine is in date and in its original container, and written permission has been given.
- Named staff members will administer medicines in accordance with the agreed arrangements and their training. A pupil who refuses medicine will not be forced to take it; parents/carers will be informed of the missed dose.
- Administration records will include the medicine, dose, date, time and supervising staff signatures. Where practicable, administration will be checked and signed by two members of staff, in accordance with the school's established arrangements and any pupil-specific plan.
- Medicines will be stored securely in the coded Medicines Cupboard or another designated location in accordance with the pupil's plan and the school's procedures. Emergency medicines and devices, including reliever inhalers, adrenaline auto-injectors and other devices needed for immediate treatment are stored in the school office and easily accessible in the event of an emergency.
- Controlled drugs may be administered subject to the same policy conditions and the school's applicable arrangements.
- Parents/carers should, where practical, provide separate supplies for home and school.

Pupils should be encouraged, where appropriate and practical, to self-administer under agreed supervision. The school will not assume that all pupils with the same condition need the same treatment.

6. Emergency response and educational visits

In a medical emergency, staff must act promptly, summon the school's First Aiders where appropriate and call 999 where necessary. Parents/carers must be contacted in a medical emergency, but their presence is not a precondition for a child to be taken to hospital.

If an ambulance is called, staff should explain the pupil's condition and how the emergency occurred and provide relevant details, including date of birth, address, parent/carer details and known medical conditions where available. A member of staff must remain with the pupil until a parent/carer arrives or accompany the pupil in the ambulance if required. Staff cars must not be used to transport the pupil to hospital.

Essential medicines should be available on educational visits. The visit leader and supervising staff are responsible for ensuring medication is safely stored and accessible and that agreed administration arrangements are followed. A risk assessment may be required. Pupils must not be excluded from a visit simply because they have a medical condition; any safety concerns should be addressed through planning and the pupil's IHP.

Inhalers must accompany pupils on all educational visits, however short, and be available to the pupil at all times.

7. Asthma-specific arrangements

7.1 Principles

- The school welcomes pupils with asthma and supports their full participation in school life, including PE.
- Immediate access to a reliever inhaler is vital. Pupils should be able to access their inhaler without delay.
- The school maintains records of pupils with asthma and the medication they use, including IHPs where required.
- Staff who come into contact with pupils with asthma should know what to do in an asthma attack.
- Parents/carers will be informed of asthma attacks and treatment given.
- The school works with pupils, families, governors, staff and healthcare professionals to implement and maintain these arrangements.
- Routine preventative asthma treatment should be managed by the pupil and family in conjunction with their GP and relevant healthcare professionals, in line with the pupil's current treatment plan.

7.2 Inhalers, spacers and emergency salbutamol

- Each pupil with asthma must have a working, in-date, clearly labelled prescribed reliever inhaler at school at all times. The pupil should be able to access it without delay, in line with their age, understanding and individual plan.
- Parents/carers should provide two labelled, in-date prescribed reliever inhalers and spacers if needed where possible: one to remain with the pupil and one to be held by the School Office. The pupil's inhaler must be readily accessible and must not be locked away.
- At the end of each academic year, parents/carers will be asked to collect medication held by the school and check that inhalers and spacers remain in date, function correctly and remain appropriate before returning them at the start of the autumn term.
- The School Medical Lead / Lead First Aider will check inhalers and emergency inhalers regularly for expiry dates and availability.
- The school holds emergency salbutamol inhaler kits in the school office. These are in safe, central locations known to staff and accessible to staff at all times. Emergency inhalers are not locked away.
- The emergency inhaler may be used only where written parental consent has been given and the pupil has been diagnosed with asthma and prescribed an inhaler, or has been prescribed an inhaler as reliever medication, and their own inhaler is unavailable or unusable.
- Staff may administer the school's emergency salbutamol inhaler only in accordance with consent, relevant training and the school's emergency procedures. Instructions should be kept with the emergency kit.
- Parents/carers will be informed if the emergency inhaler is used, using the form in Appendix 2.

7.3 Asthma triggers and the school environment

Staff should acquaint themselves with known triggers for pupils in their care, as recorded in the pupil's medical information or IHP. Possible triggers include allergies, colds, coughs and cold weather. The school aims to maintain an environment favourable to pupils with asthma, operates a non-smoking policy, and will avoid chemicals in science and art where possible if they may trigger asthma. A pupil affected by fumes should be supported in accordance with their plan.

7.4 PE, attendance and participation

Pupils with asthma are encouraged to participate fully in PE. Staff should know which pupils have asthma and follow the relevant IHP. Where exercise is a known trigger, staff should remind the pupil to use their reliever inhaler before the lesson in accordance with their plan. Inhalers should be available at the lesson location, and use should be recorded.

If asthma-related absence, disturbed sleep or tiredness affects learning, the class teacher should initially speak with parents/carers and, where appropriate, liaise with the school nursing team.

7.5 Asthma staff training

- The School Medical Lead / Lead First Aider will identify training needs and ensure sufficient staff receive asthma awareness and emergency asthma training.
- Training should be provided by suitably qualified healthcare professionals, the School Nursing Service or another recognised provider with relevant expertise.
- All staff should receive information about asthma symptoms, emergency procedures and the location of emergency medication. Staff with specific asthma-support responsibilities receive additional role-appropriate training.

- Asthma training should be refreshed at least every two years, or sooner if guidance or a pupil's needs change, or a training need is identified.
- New staff should be informed during induction. Supply staff, volunteers and staff leading educational visits should receive relevant information where appropriate.
- Training records should include the date, provider, content and staff attendance. Staff must not undertake healthcare procedures for which they have not received appropriate training.

8. Recognising and responding to an asthma attack

8.1 Signs of an asthma attack

- Persistent coughing
- Wheezing
- Shortness of breath or difficulty breathing
- Tightness in the chest
- Being unusually quiet or withdrawn
- Difficulty speaking in full sentences
- Appearing distressed, anxious or exhausted

8.2 Immediate action

1. Keep calm and reassure the pupil.
2. Encourage the pupil to sit upright and slightly forward.
3. Do not leave the pupil unattended.
4. Help the pupil to use their own prescribed reliever inhaler immediately. If it is not available or is unusable, and written parental consent has been obtained, use the school's emergency salbutamol inhaler where the pupil is eligible under this policy.
5. Follow the pupil's individual asthma action plan where available. Where the pupil uses a blue/salbutamol reliever inhaler, give one puff every 30–60 seconds, using a spacer where available, up to a maximum of 10 puffs. Where a pupil has been prescribed a different reliever regime, including an AIR/MART inhaler, follow their individual asthma action plan and the instructions for that medication. If the school's emergency salbutamol inhaler is being used, follow the emergency salbutamol procedure.
6. Monitor the pupil closely for improvement.

8.3 Call 999 immediately if

- The pupil appears exhausted.
- The pupil is too breathless to talk.
- The pupil's condition is deteriorating.
- You are concerned at any point about the pupil's condition.
- Call 999 if the pupil does not improve after receiving the maximum emergency dose specified in their individual asthma action plan or, for salbutamol, after up to 10 puffs.

8.4 While waiting for the ambulance

- Continue to reassure the pupil and keep them under observation.
- Continue to give the reliever inhaler through a spacer if required.
- If the ambulance has not arrived within 10 minutes and symptoms are not improving, repeat the emergency dose in accordance with the pupil's individual asthma action plan. For a blue/salbutamol reliever, give up to a further 10 puffs, one puff every 30–60 seconds. Where the pupil uses an AIR/MART or other reliever regime, follow their individual asthma action plan and the instructions for that medication.
- A member of staff must remain with the pupil.

8.5 After the incident

- Inform parents/carers as soon as possible.
- Complete a record of the incident and any medication administered.
- If an ambulance is called, a member of staff must remain with the pupil until a parent/carer arrives or accompany the pupil in the ambulance if required.
- The School Medical Lead should review the incident and decide whether the pupil's IHP needs updating.

9. Allergy and anaphylaxis medication

Allergy and anaphylaxis arrangements, including the provision and use of adrenaline auto-injectors, staff training and emergency response, are set out in the school's separate Allergy Safety Policy and the pupil's individual healthcare plan. Staff must follow the current plan, the instructions supplied with the device and their training. Emergency services must be called immediately where anaphylaxis is suspected.

10. Unacceptable practice

It is generally unacceptable to:

- Prevent a pupil from accessing medication when needed or delay responding to a request for help.
- Assume every pupil with the same condition needs the same treatment, or that every pupil can manage their condition independently.
- Ignore the views of the pupil or parent/carer, or relevant medical advice.
- Prevent access to the curriculum, PE, school visits or extra-curricular activities because of a medical condition, unless an individual plan or medical advice requires a restriction.
- Penalise a pupil's attendance, lateness or reduced participation where it is directly related to a medical condition.
- Prevent a pupil from eating, drinking, taking toilet breaks or taking other measures needed to manage their condition.
- Require a pupil to wait for parental supervision before receiving appropriate emergency support, send a pupil experiencing symptoms unaccompanied to obtain medication or help, or leave a pupil unattended during an emergency.
- Fail to follow the pupil's IHP or require parents/carers to accompany a pupil on a trip as a condition of participation, unless an individual risk assessment establishes that this is necessary for the safety and wellbeing of the pupil or others.
- Require parents/carers to administer medicine at school where this unnecessarily interrupts their working day, except where a medicine that should have been taken before school has not been administered and the pupil's wellbeing or that of others is affected.

11. Confidentiality, information sharing and concerns

Information relating to a pupil's medical condition will be shared only with those staff members who need the information to ensure the pupil's safety and wellbeing. All such information will be treated with sensitivity and handled in confidence. Staff providing support in line with this policy, their training, and the school's agreed procedures are covered by the school's insurance arrangements. The school is a member of the Department for Education's Risk Protection Arrangement (RPA), which provides the relevant insurance cover.

Concerns about medical support should be raised with the class teacher or relevant member of staff in the first instance. If unresolved, concerns should be referred to a member of the senior leadership team and, where necessary, the Headteacher. Formal complaints may be made under the school's Complaints Procedure. Concerns relating specifically to asthma provision may be raised with the Headteacher in the first instance.

12. Review

The policy will be monitored for effectiveness and reviewed at least annually, and sooner if there are changes in relevant guidance, school arrangements or pupils' needs. The next review is due in Autumn 2027.

Appendix 1 – Consent for use of the emergency salbutamol inhaler

Child's name: _____

Class: _____ Date: _____

Please complete and return this form to the School Office.

1. I confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).

2. I confirm that my child has a working, in-date inhaler, clearly labelled with their name, which is kept at school.

3. If my child displays symptoms of asthma and their own inhaler is not available or is unusable, I:

☐ DO consent ☐ DO NOT consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Parent/carer name (print): _____

Signature: _____ Date: _____

Contact number: _____

Please notify the school promptly of any change to your child's condition, medication or consent.

Appendix 2 – Parent/carer notification of emergency salbutamol inhaler use

Child's name: _____

Class: _____ Date of incident: _____

Dear Parent/Carer,

This letter is to inform you that your child experienced breathing difficulties at school today.

Please tick the relevant statement:

☐ Your child did not have their own asthma inhaler available, so a member of staff helped them to use the school's emergency salbutamol inhaler.

☐ Your child's own asthma inhaler was not working, so a member of staff helped them to use the school's emergency salbutamol inhaler.

Number of puffs given: _____ Time given: _____

Action taken / outcome: _____

_____

We recommend that you seek medical advice about your child's asthma as soon as possible. If symptoms were severe or an ambulance was called, please ensure that any advice given by healthcare professionals is followed.

Yours sincerely,

Mr P Barber / Mrs C Hoult

Westacre Middle School