Policy No: 19.(a).7

The Cornwall Independent School

CHILDREN WITH MEDICAL CONDITIONS POLICY

Supporting Pupils with Medical Conditions

Early Years Foundation Stage (Reception) and Key Stages 1 to 4 inclusive

This document which applies to the whole school, including the Early Years Foundation Stage (EYFS), is available on request, from the School Office, and can be made available in large print or other accessible format if required, from the School Office.

We have a whole school approach to safeguarding, which is the golden thread that runs throughout every aspect of the school. All our school policies support our approach to safeguarding (child protection). Our fundamental priority is our children and their wellbeing; this is first and foremost.

Scope: This policy is a live document that is sensitive to our working practices and is subject to change according to the needs of The Cornwall Independent School (TCIS). All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours, including activities away from school. All employees and volunteers are required to state that they have read, understood and will abide by this policy and its procedural documents and confirm this by signing the *Policies Register*.

Legal Status: This policy, which complies with The Education (Independent School Standards) (England) Regulations currently in force and other statutory and best practice documentation cited in this document, *was produced with reference to Department for Education statutory guidance current as at the date of adoption shown on this page*. We also have an allergy safety policy required by section 34 of the Children's Wellbeing and Schools Act 2026. Legislation and statutory guidance in this area, particularly the Regulations anticipated under "Benedict's Law," are expected to develop further; this policy has been checked against the latest version of gov.uk guidance at each annual review.

Monitoring, Review and Adaptation: The text of this policy **is necessary** and proportionate to meet the needs of The Cornwall Independent School, supporting those who work with our pupils, **making clearer** the responsibilities of school staff, volunteers, proprietor and the Governing Advisory Body. These arrangements are subject to continuous monitoring, refinement, and audit by the Headteacher. The Governance Advisory Body is committed to regularly reviewing and updating our policies to ensure they remain relevant and effective in supporting our school's mission and values, inclusive of its implementation and the efficiency with which the related duties have been implemented. This review will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the updated/reviewed arrangements, and it will be made available to them in writing or electronically.

This is a statutory policy required under section 100 of the Children and Families Act 2014.

The Policy Owner **Miss Jayne Chapman** is the senior leader with overall responsibility for medical conditions, supported by the Education and Compliance Officer.

Reviewed: September 2026
Next Review: September 2027 (or sooner, to reflect any material change in statutory or best practice requirements:

Miss Louise Adams
Headteacher

Contents

1. **Policy Statement and Purpose:** The Cornwall Independent School is committed to ensuring that pupils with medical conditions, including long-term, life-threatening and short-term conditions, receive full support to access and enjoy every aspect of school life, including lessons, school trips, sporting activities and extra-curricular clubs, on the same basis as their peers. This policy also sets out the arrangements we have put in place to meet our legal duty under section 100 of the Children and Families Act 2014 to support pupils with medical conditions, and reflects the strengthened statutory framework introduced by section 34 of the Children's Wellbeing and Schools Act 2026 – popularly known as "Benedict's Law" – which places new duties on schools in relation to allergy safety. This requires The Cornwall Independent School to have a published, standalone allergy safety policy, a named senior leader responsible for allergy safety, annual allergy-awareness training for all staff and, "spare" adrenaline auto-injectors on site. The school also ensures that there are Individual Healthcare Plans for pupils at risk. We have cross-checked this Medical Conditions Policy with the school's companion Allergy Safety Policy.

The Cornwall Independent school recognises that:

- pupils at our school with medical conditions are properly supported so that they have full access to education, including school trips and physical education;
- some children with medical conditions may be considered disabled under the Equality Act 2010, and we will make reasonable adjustments to prevent them being put at a substantial disadvantage;
- some children may also have Special Educational Needs (SEN) and their medical condition may need to be considered in relation to the SEND Code of Practice: 0 to 25 years;
- all children with medical conditions should be fully involved in discussions about their medical support needs, and where possible should be able to manage their own medical needs and medication, taking into account their age, maturity and understanding;
- no child with a medical condition should be denied admission or prevented from attending school simply because arrangements for their medical condition have not been made, nor should they be sent home frequently or excluded from activities they wish to take part in.

Our policy applies to all pupils on roll, from the EYFS Reception class through to the end of Key Stage 4, and to all permanent, temporary, supply and agency staff, volunteers and the Governance Advisory Board.

2. **Legal and Policy Framework:** This policy has been drawn up to comply with, and has regard to, the following legislation and statutory and non-statutory guidance. Where guidance is described The Cornwall Independent School "must have regard to," and this means we must take it into account and carefully consider it; with any decision to depart from it being a clear, justifiable reason.

2.1 Primary legislation

- **Children and Families Act 2014, section 100** – places a statutory duty on the Cornwall Independent School Governance Advisory Board to make arrangements for supporting pupils with medical conditions.
- **Children's Wellbeing and Schools Act 2026, section 34 ("Benedict's Law")** – amends section 100 of the Children and Families Act 2014 to place a further statutory duty on our school to have a dedicated Allergy Safety Policy, to publish it, and to keep it under review. It also empowers the Secretary of State to make further Regulations, including requirements to stock "spare" adrenaline devices and to provide mandatory allergy safety training.
- **Equality Act 2010** – prohibits discrimination against, and requires reasonable adjustments for, pupils whose medical condition amounts to a disability (a substantial and long-term adverse effect on normal day-to-day activities). Case law (Wheeldon v Marston's plc, ET/1313364/2012) confirms that severe allergy can fall within this definition.

- **Health and Safety at Work etc. Act 1974, section 2** – requires employers to take reasonable steps to protect the health, safety and welfare of employees, pupils and visitors.
- **Children Act 1989, section 3** – the duty of care on any person with care of a child to do all that is reasonable to safeguard and promote the child's welfare.
- **Education Act 2002, sections 20 and 175** – duties to safeguard and promote the welfare of pupils.
- **Human Medicines Regulations 2012 (as amended, including the Human Medicines (Amendment) Regulations 2014 and 2017)** – permit schools to hold and use "spare" salbutamol asthma inhalers (from 2014) and "spare" adrenaline auto-injectors (AAIs) (from 2017), without individual prescriptions, for use in a genuine emergency.
- **Food Information Regulations 2014, including the 2021 amendment ("Natasha's Law")** – requires full ingredient and allergen labelling of food that is prepacked for direct sale, and allergen information for non-prepacked food served by the school.
- **Requirements for School Food Regulations 2014 ("the School Food Standards")** – sets mandatory nutritional and food standards for school food, alongside the duty to cater safely for pupils with medical conditions and food allergies.
- **UK General Data Protection Regulation and Data Protection Act 2018** – governs the lawful, secure and proportionate handling of pupils' health information, which is "special category data."
- **Regulation (EC) 178/2002, Article 19** – duty to notify the relevant competent authority where unsafe food (for example, food containing an undeclared allergen) may pose an ongoing risk to consumers beyond a single, contained incident.

2.2 Statutory and best practice guidance

- **Supporting pupils at school with medical conditions** (Department for Education, statutory guidance, most recently updated) – the core statutory guidance for this policy, issued under section 100 of the Children and Families Act 2014.
- **Allergy safety in schools** (Department for Education, statutory guidance, published July 2026, in force from 1 September 2026) – issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026. This guidance sits alongside, which we have read together with, the medical conditions guidance above. A detailed cross-check of this policy against the requirements of "Benedict's Law" and this guidance is set out in the companion document, *Benedict's Law: Policy Cross-Check and Compliance Report*, available alongside this policy.
- **Statutory framework for the Early Years Foundation Stage (EYFS)** (Department for Education, effective from 1 September 2026) – sets out the safeguarding and welfare requirements that apply to the Reception class, including the requirement to have a written policy and procedure for administering medicines, to obtain and keep up to date information about a child's medical needs, and to ensure a member of staff with a valid paediatric first aid certificate is present when children are eating.
- **Special educational needs and disability (SEND) code of practice: 0 to 25 years** – statutory guidance which our school has regard to where a pupil's medical condition also gives rise to special educational needs.
- **Keeping Children Safe in Education** (Department for Education, statutory guidance) – recognises that a medical condition may, in some circumstances, be a safeguarding concern (for example where a parent fails to administer or collect essential medication, or where a condition is being deliberately induced or fabricated), and cross-refers to this policy.
- **Emergency asthma inhalers for use in schools** (Department of Health and Social Care) and **Using emergency adrenaline auto-injectors in schools** (DHSC) – operational guidance on the use of "spare" emergency medication.
- **Managing medicines in schools and early years settings** (This is historic non-statutory guidance, superseded by the documents above but reflected in the school's record-keeping practice).

3. Scope and Definitions: This policy applies to all pupils on the school roll, across every phase of the school:

Phase	Typical age range	Key additional framework
EYFS – Reception class	4–5 years	Statutory framework for the EYFS (safeguarding and welfare requirements), alongside section 100 of the Children and Families Act 2014
Key Stage 1	5–7 years	Children and Families Act 2014, s.100; SEND Code of Practice where relevant
Key Stage 2	7–11 years	As above; increasing pupil self-management with appropriate supervision
Key Stage 3	11–14 years	As above; transition planning from primary to secondary provision

Key Stage 4	14–16 years	As above; preparation for increasing independence, examinations, work experience and transition to post-16 education

Where a pupil moves between phases within The Cornwall Independent School, or transfers in from, or out to, another setting, the arrangements at section 12 (Transition) apply.

3.1 Definitions used in this policy

Term	Meaning
Medical condition	Any acute, chronic or long-term physical or mental health condition that requires ongoing management, monitoring or intervention at The Cornwall Independent school, including (but not limited to) asthma, allergy and anaphylaxis, diabetes, epilepsy, cystic fibrosis, cardiac conditions, coeliac disease and mental health conditions with a medical dimension.
Allergy	A medical condition in which the body's immune system reacts abnormally to a normally harmless substance (an "allergen"), which may include food, insect stings, contact allergens or airborne allergens.
Anaphylaxis	A severe, potentially fatal allergic reaction affecting the Airway, Breathing and/or Circulation ("ABC"), requiring immediate emergency treatment with adrenaline.
Individual Healthcare Plan (IHP)	A plan, held by the school, that sets out the arrangements which are additional to or different from those made generally, to support a specific pupil with their medical condition, including in an emergency. It is not a clinical document.
Allergy / Asthma Action Plan	A clinical document issued by a healthcare professional which sets out how to recognise and respond to an allergic reaction, anaphylaxis, or an asthma attack for a named individual. It is attached to, and referenced by, the pupil's IHP.
"Spare" medication	Emergency medication (an adrenaline auto-injector or a salbutamol reliever inhaler) held by the school under the Human Medicines Regulations 2012 (as amended) for use in a genuine emergency, which is not prescribed to a named individual.

4. Roles and Responsibilities

4.1 The Governance Advisory Board

- ensures that the school has arrangements in place to support pupils with medical conditions, and that this policy and the linked Allergy Safety Policy are reviewed at least annually and published on the school website;
- ensures that the school's arrangements are adequately funded and resourced, including the purchase and renewal of "spare" emergency medication;
- ensures that risks relating to pupils with medical conditions and allergy are included on the school's risk register and actively monitored;
- nominates a link member of the Governance Advisory Board for medical conditions and allergy safety (good practice, though not itself a statutory requirement).

4.2 Headteacher

- has overall responsibility for the implementation of this policy;
- appoints a named senior leader with day-to-day responsibility for medical conditions, and a named senior leader with day-to-day responsibility for allergy safety (this responsibility must not sit with a catering manager alone);
- ensures that all staff who may come into contact with the pupils covered by this policy understand the school's procedures, including through induction and annual refresher training;
- ensures sufficient staff are trained to administer medication, including emergency medication, so that a trained member of staff is available at all times the school is open, including during before- and after-school clubs, on trips and during transport to and from school where organised by the school.

4.3 Named Senior Leader for Medical Conditions

- maintains an overview of all pupils with medical conditions and their Individual Healthcare Plans;

- coordinates the development, review and storage of IHPs in partnership with parents, pupils and, where relevant, healthcare professionals;
- arranges training for staff supporting pupils with specific medical needs;
- ensures records of medicine administration, incidents and near misses are properly maintained;
- liaises with the SENDCo where a medical condition intersects with special educational needs, and with the Designated Safeguarding Lead (DSL) where a medical condition raises a safeguarding concern.

4.4 Named Senior Leader for Allergy Safety: In line with the statutory guidance issued under "Benedict's Law," The Cornwall Independent School has appointed a named senior leader with specific responsibility for allergy safety, who:

- leads the implementation and annual review of the school's standalone Allergy Safety Policy;
- oversees the identification of pupils, staff and regular visitors with allergy, and ensures allergy information is accessible to relevant staff, including catering staff;
- oversees the procurement, in-date storage and safe disposal of "spare" adrenaline auto-injectors and emergency salbutamol inhalers;
- ensures allergy awareness and anaphylaxis emergency-response training is delivered annually to all staff on site, including catering, administrative, supply and lunchtime staff;
- leads the recording, reporting and review of allergy-related serious incidents and near misses, and ensures lessons are learned and shared with the Governance Advisory Board.

4.5 SENDCo

- advises on the interaction between a pupil's medical condition and any special educational needs, in line with the SEND Code of Practice: 0 to 25 years;
- ensures that, where appropriate, medical needs are reflected in Education, Health and Care (EHC) Plans or Special Educational Needs (SEN) support arrangements.

4.6 Class Teachers and Subject Teachers

- are aware of the medical conditions and Individual Health Plan (IHP) of pupils in their classes;
- make reasonable adjustments in lessons, PE, science, food technology, art, Learning Outside the Classroom (LOtC) and off-site visits to manage known risks (for example allergen exposure);
- know how to respond to a medical emergency and how to summon help without delay.

4.7 Early Tears Foundation Stage (EYFS) Reception Staff

- obtain information from parents about any special dietary requirements, food allergies, intolerances and health requirements before a child is admitted to the EYFS Reception Class, and share this with all staff involved in preparing and handling food;
- ensure that a member of staff holding a full, valid paediatric first aid certificate (meeting the criteria in Annex A of the EYFS statutory framework) is present at all times when children are eating, including snack time and lunch;
- keep information about a child's medical needs up to date through ongoing dialogue with parents and, where appropriate, health professionals.

4.8 All School Staff

- complete annual allergy awareness and emergency response training;
- know how to recognise the signs of an allergic reaction, anaphylaxis and an asthma attack, and how to respond, including how to locate and use "spare" emergency medication;
- never prevent a pupil from accessing their prescribed medication, and always bring help and medication to a pupil who is unwell rather than sending them, unaccompanied, to find help;
- report any medical incident, near miss, or concern promptly in line with section 11 of this policy.

4.9 GPs and Other Healthcare Professionals

- provide advice, and, where relevant, care plans, Allergy Action Plans and Asthma Action Plans, to inform the pupil's IHP;
- the school will take the advice of healthcare professionals at face value and will not require a specialist letter where a plan has been issued by a GP or community.

4.10 Parents and Carers

- inform the school, at admission and whenever circumstances change, of any medical condition affecting their child;

- provide the school with sufficient, in-date medication, clearly labelled with their child's name, and keep it in date;
- co-produce and review their child's IHP, and provide relevant clinical letters, care plans or Action Plans;
- keep the school informed of changes to their child's condition, triggers, medication or contact details;
- are not expected, and should not be made to feel obliged, to attend school to administer medication or provide medical support to their child during the school day.

4.11 Pupils

- are supported and encouraged, in a manner appropriate to their age and understanding, to take increasing responsibility for managing their own medical condition;
- where appropriate, may carry and self-administer their own medication (including inhalers and adrenaline auto-injectors), following discussion with parents, the pupil and, where relevant, healthcare professionals;
- are involved in decisions about their own care and in the development and review of their IHP.

5. **Relationship to The Cornwall Independent School's Allergy Safety Policy:** Statutory guidance issued under "Benedict's Law" requires every school to maintain a standalone Allergy Safety Policy, separate from this Medical Conditions Policy, covering allergy, anaphylaxis and asthma-related allergy risk. The Cornwall Independent School's Allergy Safety Policy is adopted alongside this policy, is reviewed on the same annual cycle, and is published on the school website.

This Medical Conditions Policy provides the overarching framework for supporting all pupils with medical conditions (for example diabetes, epilepsy, cardiac conditions and coeliac disease, as well as allergy and asthma). Wherever this policy refers to allergy, anaphylaxis or asthma, the detailed operational arrangements – including the school's approach to minimising exposure to known allergens, food provision, "nut-aware" practice, allergy-awareness training content, and the storage, use and disposal of "spare" adrenaline devices – are set out in full in the Allergy Safety Policy, and the two documents should be read together.

Where there is any apparent inconsistency between this policy and the Allergy Safety Policy on an allergy-specific matter, the Allergy Safety Policy takes precedence, as the document issued specifically to meet the requirements of section 34 of the Children's Wellbeing and Schools Act 2026.

6. **Identifying Pupils with Medical Conditions and Gathering Information:** The Cornwall Independent School proactively gathers information about medical conditions:

- on admission and at transition into Reception, and at each phase transfer, through registration forms, admissions information and a discussion with parents;
- on an ongoing basis, through parents notifying the school office, form tutor, class teacher or the named senior leader for medical conditions of any new diagnosis or change in condition;
- from the pupil's previous school or setting, including copies of any existing IHP, Allergy Action Plan or Asthma Action Plan, which should be requested as part of the transfer of pupil information;
- from healthcare professionals, including school nursing teams, GPs, paediatricians, dietitians and allergy specialists, with the consent of the pupil's parents.

Where a pupil joins The Cornwall Independent School with a known medical condition, arrangements (including an IHP where required) should be in place by the start of the relevant term. Where a pupil joins mid-term, or is newly diagnosed while on roll, the school will aim to have arrangements in place within two weeks.

The Cornwall Independent School keeps an accessible, confidential record of pupils with medical conditions, including current photographs where relevant (for example for allergy identification at mealtimes), restricted to staff who need to know. Health information is "special category data" under UK GDPR: it is shared only where necessary, and always in a proportionate and respectful way (see section 13).

7. Individual Healthcare Plans (IHPs)

7.1 Who needs an IHP

A pupil should have an IHP where:

- they have a medical condition which has a functional impact on them at school;
- they are at risk of harm as a result of their medical condition; and

- they require arrangements which are additional to, or different from, those made generally for all pupils.

Not every pupil with a diagnosed medical condition will need an IHP: where the necessary support (for example, carrying and self-administering an over-the-counter antihistamine for mild hay fever) is already available to any pupil under the school's general arrangements, a plan may not be required. The Headteacher, in discussion with parents and any relevant healthcare professional, decides whether an IHP is required. A pupil should have a single IHP encompassing all of their medical needs, rather than multiple plans for different conditions.

7.2 Content of an Individual Healthcare Plan (IHP)

Each IHP should be personalised and proportionate to the individual pupil, and will typically include:

Section	Content
Key information	Name, date of birth, class/form, photo (where appropriate), emergency contacts, and who the plan should be shared with
The medical condition	Diagnosis or suspected condition, known triggers, and whether the pupil can recognise and communicate their own symptoms
Managing the condition	Any care plan, Action Plan or prescribed medication; the extent to which the pupil self-manages, and any monitoring or support required
Impact on education	Potential impact on health, learning and wellbeing, including any interaction with SEN
Arrangements for support	Day-to-day adjustments, including at mealtimes; arrangements for maintaining educational progress during any absence
Visits and trips	Adjustments and risk assessment requirements to enable full participation off-site
Emergency response	Signs and symptoms of an emergency; step-by-step response; who to contact; location of any emergency/"spare" medication; reference to and attachment of any Action Plan
Medication annex	What is prescribed, by whom, storage location, consent details and dates, and (if relevant) consent for "spare" adrenaline or salbutamol to be used
Review	Date issued, date last discussed with pupil/parents, and date of next review

7.3 Developing and reviewing IHPs

- IHPs are developed collaboratively with the pupil (age-appropriately) and their parents, drawing on advice from healthcare professionals where available;
- where no clinical advice is yet available (for example, while investigations are ongoing), The Cornwall Independent School will not dismiss the pupil's or parent's account, and will put proportionate interim arrangements in place based on the best available assessment of risk;
- IHPs are reviewed at least annually, whenever the pupil's needs change, following any incident or near miss, and at each phase transition;
- IHPs are stored securely but are readily accessible to all staff who need them, including supply and cover staff, and a copy travels with the pupil on trips and to PE, sports fixtures and other off-site activities.

8. Administering Medicines: General Arrangements

8.1 EYFS Reception class

In line with the statutory framework for the EYFS, The Cornwall Independent School has a written policy and procedure for administering medicines to children in Reception, which includes systems for obtaining and keeping up to date information about a child's need for medicines. Staff administering medicines that require medical or technical knowledge receive appropriate training. Prescription medicines are only administered where they have been prescribed by a doctor, dentist, nurse or pharmacist prescriber (and medicines containing aspirin are only given where prescribed by a doctor).

8.2 Key Stages 1 to 4

- Medicines are only administered at The Cornwall Independent School where this is essential (that is, where it would be detrimental to a pupil's health if the medicine were not administered during the school day) and where written parental consent has been given.
- No pupil under 16 is given prescription or non-prescription medicine without prior written parental consent, except in an emergency, where the safety of the child takes precedence.

- Wherever possible, only prescribed medicines that are in date, labelled with the pupil's name, dosage and administration instructions, and provided in their original container, are administered.
- The Cornwall Independent School keeps a record of every dose of medicine administered, including the date, time, dose and the name of the member of staff who administered it, or who supervised the pupil doing so.
- Medicines are stored securely, in accordance with product instructions (noting temperature requirements), and in a location that balances security with the need for rapid access in an emergency.
- Two members of staff are, wherever practicable, present when medication is administered.
- Controlled drugs are stored in a locked, non-portable container, with access restricted to identified staff, and a record is kept of any doses administered, countersigned by a second member of staff.
- Sharps (for example used needles, lancets and adrenaline auto-injectors) are disposed of in an appropriate sharp's container, in line with the manufacturer's guidance and local clinical waste arrangements and never placed in general waste.

8.3 Self-management

Pupils who are able to do so are encouraged and supported to take increasing responsibility for managing their own medical condition and medication, including carrying and self-administering items such as asthma inhalers and adrenaline auto-injectors, from primary school age where appropriate. Where a pupil cannot keep their medication with them (for example, due to their age or the school's risk assessment), it is stored in a location that is unlocked, clearly labelled and accessible to the pupil and staff at all times, including during break and lunchtimes.

8.4 "Spare" emergency medication

Under the Human Medicines Regulations 2012 (as amended), The Cornwall Independent School holds "spare" salbutamol reliever inhalers and "spare" adrenaline auto-injectors for use in a genuine emergency, in addition to (and never as a substitute for) a pupil's own prescribed devices. Full detail on the procurement, dosage, storage, labelling and use of "spare" devices is set out in the Allergy Safety Policy. In summary:

- "Spare" adrenaline auto-injectors are stocked in pairs, of the correct dosage for the school's pupils, and are stored at room temperature, unlocked and accessible within five minutes from anywhere on site they might be needed.
- "Spare" salbutamol inhalers may only be used for a pupil who has been prescribed a reliever inhaler where their own inhaler is not available, and only where written parental consent has previously been given.
- The Human Medicines (Amendment) Regulations 2017 do not require prior consent for "spare" adrenaline to be used to save a life in an emergency; nevertheless, The Cornwall Independent School seeks advance parental consent as good practice.
- Used devices are replaced immediately and disposed of safely; all "spare" devices are checked regularly to confirm they remain in date.

9. Emergency Procedures

9.1 General principles

- In any medical emergency, staff call 999 immediately and provide first aid within the limits of their training. The pupil's parents/carers are informed as soon as possible.
- Help and any necessary medication are always brought to the pupil; a pupil experiencing a medical emergency is never sent unaccompanied to an office or medical room.
- The law recognises that emergency rescuers act under pressure: staff who act reasonably and in good faith to save a life, including by administering emergency adrenaline, are protected, even where a mistake, hesitation or imperfect technique occurs; this does not amount to misconduct.
- The pupil's IHP and any attached Action Plan are followed, where available.

9.2 Anaphylaxis

Anaphylaxis is a medical emergency. If in doubt whether a reaction is anaphylaxis, staff are trained to treat it as anaphylaxis. The following steps are followed, consistent with The Cornwall Independent School's Allergy Safety Policy:

1. Lie the pupil flat with their legs raised (unless breathing difficulty makes this uncomfortable).
2. Administer adrenaline without delay, using the pupil's own prescribed device if available, or the school's "spare" device if not, or if their own device is unavailable or misfires.
3. Call 999 immediately and request an ambulance, stating "anaphylaxis."
4. Give a second dose of adrenaline after five minutes if there is no improvement.

5. Stay with the pupil at all times; monitor for at least 60 minutes after any reaction, even a mild one, as symptoms can worsen.
6. Contact the pupil's parents/carers and record the incident (see section 11).

9.3 Asthma

- Pupils with asthma keep their reliever inhaler readily accessible at all times, in line with their IHP.
- In the event of an asthma attack, the pupil is supported to use their reliever inhaler (using a spacer where prescribed); if their own inhaler is unavailable and they have written parental consent, the school's "spare" emergency inhaler may be used.
- 999 is called if there is no improvement within a few minutes, if the pupil is getting worse, if they are too breathless to talk, eat or drink, or if there is any doubt.

9.4 Diabetes

- Each pupil with diabetes has an individualised IHP, developed with the diabetes specialist nursing team and parents, covering blood glucose monitoring, insulin administration (where relevant), recognition of hypoglycaemia and hyperglycaemia, and emergency response.
- Staff supporting a pupil with diabetes receive specific training from a healthcare professional, refreshed regularly.
- Fast-acting glucose and the pupil's testing/monitoring equipment are readily accessible at all times, including during PE, trips and examinations.

9.5 Epilepsy

- IHPs for pupils with epilepsy record seizure type, typical duration, known triggers, and the point at which emergency medication (for example buccal midazolam or rectal diazepam) should be administered and by whom, following training from a healthcare professional.
- 999 is called if a seizure lasts longer than five minutes (or the period specified in the pupil's plan), if the pupil has repeated seizures without regaining consciousness, or if this is the pupil's first seizure.

9.6 Other conditions

Arrangements for pupils with other medical conditions (for example cardiac conditions, cystic fibrosis, coeliac disease or mental health conditions with a medical dimension) are set out individually in each pupil's IHP, drawing on relevant clinical advice. Coeliac disease and food intolerances cannot cause anaphylaxis and are managed primarily through dietary avoidance and cross-contamination controls, in the same way as a food allergy to the relevant ingredient but are addressed through this Medical Conditions Policy rather than the Allergy Safety Policy.

10. Staff Training

Training	Who	Frequency
Allergy awareness and emergency response (including anaphylaxis and acute asthma)	All staff present when pupils are on site, including teaching, support, catering, administrative, lunchtime, breakfast/after-school club and supply/agency staff	Annually (statutory, from September 2026), plus induction for new starters
Paediatric first aid (full course, meeting EYFS Annex A criteria)	At least one member of staff always present with children in the Reception class, including at mealtimes	Certificate renewed as required (typically every 3 years, with annual update training)
Use of "spare" adrenaline auto-injectors	All staff, as part of allergy awareness training, with practical device training for designated first aiders	Annually
Condition-specific training (e.g. diabetes, epilepsy, use of emergency anti-seizure medication)	Staff directly responsible for supporting a named pupil, delivered by a healthcare professional	Before the pupil starts, and refreshed at least annually or when the plan changes
General first aid at work / emergency first aid	Designated first aiders, in line with the Health and Safety (First-Aid) Regulations 1981 and DfE guidance on first aid in schools	Renewed every 3 years

Training records are maintained centrally by the named senior leader for allergy safety, showing which staff have completed which training and when it is due for renewal, so that evidence of compliance is available for Governance Advisory Board and inspectors.

11. Unacceptable Practice

In line with statutory guidance, the following practices are not acceptable at The Cornwall Independent School:

- preventing a pupil from easily accessing their inhaler, adrenaline auto-injector or other essential medication;
- assuming that every pupil with the same condition requires the same treatment or support;
- ignoring the views of a pupil or their parents, or ignoring medical evidence or advice from healthcare professionals;
- sending a pupil who becomes unwell to an office or medical room unaccompanied – in an emergency, help must always come to the pupil;
- sending pupils home frequently, or preventing them from attending lessons, sport, trips or extra-curricular activities, for reasons relating to their medical condition;
- penalising a pupil's attendance record, including excluding them from attendance rewards, where absence relates to their medical condition (for example hospital appointments);
- requiring parents to attend school to administer medication or provide medical support, or otherwise making them feel obliged to do so;
- assuming a pupil does not have a medical condition because they do not yet have a formal diagnosis;
- creating unnecessary barriers to a pupil's participation in any aspect of school life, including by requiring a parent to accompany them on a trip that other pupils attend independently.

12. School Trips, Sporting Activities, Off-Site Visits and Transition

12.1 Trips, visits and sporting activities

- A specific risk assessment is completed for any pupil with a medical condition taking part in an off-site visit, residential trip, sporting fixture or activity involving increased physical exertion, and considers access to medication, staff training, distance from emergency services and communication arrangements.
- Pupils with medical conditions are not excluded from trips or sport; reasonable adjustments are made so they can participate as fully and safely as possible.
- A copy of the pupil's IHP, and any prescribed and "spare" emergency medication relevant to the trip, travels with the group, alongside a means of contacting emergency services and the pupil's parents.

12.2 Transition between phases and settings

- EYFS Reception to Key Stage 1: information and the IHP (where held) transfer with the pupil within the school; Reception staff brief the Year 1 team before the pupil moves up.
- Key Stage 2 to Key Stage 3 (primary to secondary transfer): the primary school shares the pupil's IHP, Allergy/Asthma Action Plan and relevant medical information with the receiving secondary school, with parental consent, in good time for arrangements to be in place for the start of term.
- Within Key Stage 3 and 4: IHPs are reviewed at the start of each academic year and whenever a pupil changes tutor group, option choices or begins work experience.
- Transfer to a new school or setting, or to post-16 provision: The Cornwall Independent School provides the receiving setting with a copy of the pupil's most recent IHP and any Action Plans, to inform (not replace) the new setting's own plan.

13. Record Keeping and Data Protection

- Health information is "special category data" under UK GDPR and the Data Protection Act 2018. The Cornwall Independent School has a lawful basis to hold, use and share this information where necessary to safeguard pupils, and does so in a controlled, proportionate and respectful way.
- Records of medicine administration, IHPs, training records and incident/near miss logs are retained in line with the school's Data Protection and Records Retention Policy.
- Access to medical records is restricted to staff who need to know, on a "need to know" basis; wider sharing (for example with a pupil's peers, to support a friend's emergency response) is only undertaken with the agreement of the pupil and their parents.
- Where a pupil moves to a new school, relevant health records are transferred securely and in line with data-sharing agreements and Care Quality Commission requirements around the sharing of care plans between providers.

14. Serious Incidents, Near Misses and Learning Lessons

- Any serious incident involving a pupil's medical condition (including anaphylaxis, a severe asthma attack, a prolonged seizure, or an error in medicine administration), and any "near miss," is recorded using the school's incident log, and reported to the pupil's parents and to the Governance Advisory Board.
- Where required, incidents are reported in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and, where the school is acting as a food business, in line with Article 19 of Regulation (EC) 178/2002.
- Incident reporting is not limited to staff: The Cornwall Independent School also welcomes reports from pupils, parents and healthcare professionals, including where the effect of an incident (for example delayed-onset symptoms) only becomes apparent after the pupil has left the premises.
- Every serious incident and near miss prompts a review of whether the pupil's IHP, this policy, or the Allergy Safety Policy needs to change, and lessons are actively shared with relevant staff.
- Where a medical condition also raises a safeguarding concern (for example a pattern of missed or refused medication, or a fabricated or induced illness concern) staff follow The Cornwall Independent School's Child Protection and Safeguarding Policy and inform the Designated Safeguarding Lead, in line with Keeping Children Safe in Education.
- In the rare event of a child's death, The Cornwall Independent School follows local Child Death Review procedures and cooperates fully with any statutory investigation, including that of the Health and Safety Executive where relevant.

15. Complaints, Liability and Insurance

Any concern or complaint about the support provided to a pupil with a medical condition should, in the first instance, be raised with the named senior leader for medical conditions (or allergy safety, as relevant), and if unresolved, follows The Cornwall Independent School's standard Complaints Policy.

The Cornwall Independent School maintains appropriate insurance and indemnity arrangements covering staff who administer medication, including emergency medication, in accordance with this policy and their training. Staff who act reasonably, in good faith and within the scope of their training are supported and indemnified by the school; disciplinary action is not taken over a genuine error made while acting in good faith in an emergency.

16. Monitoring, Review and Governance

- This policy is reviewed at least annually by the named senior leader for medical conditions and the Governance Advisory Board, and sooner following any serious incident, near miss, change in legislation, or significant change in The Cornwall Independent School's pupil population.
- This policy, and the linked Allergy Safety Policy, are published on the school website and made available in hard copy to any parent or member of staff on request.
- Governance Advisory Board receive an annual report summarising the number of pupils with IHPs, training compliance, and any serious incidents or near misses and the resulting actions.
- Inspectors (including Ofsted and, where relevant, the Independent Schools Inspectorate) may consider this policy, its implementation, and the school's Allergy Safety Policy as part of their assessment of how well leaders safeguard and promote pupil welfare.

17. Linked Policies

This policy should be read alongside:

- Allergy Safety Policy
- First Aid Policy
- Child Protection and Safeguarding Policy
- Special Educational Needs and Disability (SEND) Policy
- Equality, Diversity and Inclusion Policy
- Health and Safety Policy
- Data Protection and Records Retention Policy
- Educational Visits (Off-Site) Policy
- Attendance Policy
- Behaviour Policy (in relation to any behaviour with an underlying medical or health cause)
- Food and Nutrition / School Meals Policy
- Anti-Bullying Policy

A. Appendix A: Model Process for Developing an Individual Healthcare Plan

1. Parent, pupil or healthcare professional notifies The Cornwall Independent School of the medical condition.
2. Named senior leader for medical conditions collates any information already available from parents, the pupil and their previous setting (including any existing IHP or Action Plan).
3. Meeting arranged with parents and, where age-appropriate, the pupil, to discuss support needed; healthcare professionals invited to contribute or provide written advice where necessary.
4. IHP drafted, referencing any attached Action Plan or care plan, and specifying arrangements for daily management and emergencies.
5. IHP shared with parents and pupil for review and agreement.
6. IHP circulated to all staff who need to know, including cover, supply and catering staff, and training arranged where required.
7. IHP implemented, monitored, and formally reviewed at least annually, following any incident or near miss, and at each phase transition, or sooner if the pupil's needs change.

B. Appendix B: Quick-Reference Roles Summary

Role	Key medical conditions responsibility
Governance Advisory Board	Overall assurance; policy approval, publication and annual review; resourcing
Headteacher	Overall implementation; appointment of named leaders; adequate staff training coverage
Named Senior Leader – Medical Conditions	Day-to-day oversight of IHPs, records and training for non-allergy conditions
Named Senior Leader – Allergy Safety	Day-to-day oversight of the Allergy Safety Policy, "spare" AAIs/inhalers, allergy-awareness training
SENDCo	Interaction between medical needs and SEN support / EHC plans
Designated Safeguarding Lead	Any safeguarding dimension to a medical condition
Class teachers	Day-to-day awareness and reasonable adjustments in lessons and form time
EYFS Reception staff	EYFS-specific medicine administration and paediatric first aid cover at mealtimes
All staff	Annual training; emergency recognition and response; never restricting access to medication
Parents/carers	Providing information, in-date medication, and co-producing IHPs
Pupils	Age-appropriate self-management and involvement in their own care planning

C. Appendix C: Legislative and Regulatory Framework at a Glance

Instrument	Relevance
Children and Families Act 2014, s.100	Core statutory duty to support pupils with medical conditions
Children's Wellbeing and Schools Act 2026, s.34 ("Benedict's Law")	Statutory duty to have a published, reviewed Allergy Safety Policy; basis for further Regulations on "spare" AAIs and training
Allergy safety in schools (DfE statutory guidance, July 2026)	Detailed statutory expectations for allergy safety policies, training, IHPs and "spare" devices
Supporting pupils at school with medical conditions (DfE statutory guidance)	Core statutory guidance for this policy
EYFS statutory framework (effective 1 September 2026)	Safeguarding and welfare requirements for the Reception class, including medicines administration and paediatric first aid
SEND code of practice: 0 to 25 years	Interaction between medical conditions and special educational needs
Equality Act 2010	Anti-discrimination and reasonable adjustments for disabled pupils, including some allergy and other conditions
Health and Safety at Work etc. Act 1974	Employer duty to protect health, safety and welfare
Human Medicines Regulations 2012 (as amended 2014, 2017)	Legal basis for "spare" salbutamol inhalers and "spare" adrenaline auto-injectors

Food Information Regulations 2014 (incl. "Natasha's Law" 2021)	Allergen labelling for food prepared and served by the school
Requirements for School Food Regulations 2014	School Food Standards, including catering for pupils with medical conditions
UK GDPR / Data Protection Act 2018	Lawful handling of special category health data
Children Act 1989, s.3 / Education Act 2002, ss.20 & 175	General duty of care and duty to safeguard and promote welfare
Keeping Children Safe in Education	Safeguarding dimension of medical conditions
RIDDOR 2013	Reporting of certain serious incidents/injuries