Kirkby la Thorpe

Church of England Primary Academy
And Pre-school

Building a Hopeful Future through Kindness, Learning and Trust

Policy Title	Supporting Pupils with Medical Conditions
Governance Function Area	Premises and Health and Safety
Date reviewed/amended	October 2026

Date for next review and frequency	Biennially, or in light of changes to legislation October 2027

Vision and values

Building a Hopeful Future through Kindness, Learning and Trust

At Kirkby la Thorpe, we strive to ensure that each person is empowered to flourish and contribute positively to society. We seek to equip our pupils with the knowledge, skills and qualities necessary to navigate the complexities of our world, rooting this in Christian love.

We are inspired by the life of St Thomas in all that we do so that we can:

Be Positive and Active Citizens: We strive for our pupils to communicate clearly, embracing tolerance and respect for the diverse beliefs and aspirations of others.

Be Curious and Independent Members of Society: We encourage curiosity and a thirst for knowledge, instilling a longing for justice and an empathy for those in need.

Have Confidence and Perseverance: Through trusting each other, we empower everyone to embrace challenges with confidence and perseverance, striving to achieve their full potential in all aspects of life so that they can be the best that they can be.

Have the Courage to Respectfully Challenge: We foster an environment where respectful dialogue and critical thinking are encouraged, empowering pupils to voice their opinions with courage and integrity so they can **build** a better future.

Know their heritage: We cultivate an appreciation for both local and national heritage, helping pupils understand their roots and identity within the broader context of history so that they have a sense of where they are from.

Values

We are on this journey together and our Christian values of **Kindness**, **Learning** and **Trust** support us as we travel.

St Thomas was one of Jesus' disciples. He encouraged others to follow Jesus on his journey (John 11.16), showing **confidence** and **trust**. He also has the **courage** to challenge his friends when they tell him that Jesus has resurrected from the dead; he does not take their words on face value, but asks questions with **curiosity** (John 20.24-29). Thomas was an important member of the early church, taking Jesus' good news for a **hopeful future** to people around the world. According to traditional accounts he travelled to India, **building** Christian communities across the region. This is a journey that would have required great **perseverance**. This matters to us because we consider the ancient global **heritage** of the Christian faith to be an important part of our own identity as a church school. St Thomas inspires us to **learn** from past and current events to build a more hopeful future.

Vision and Vales Alignment

The Medical Needs Policy strongly aligns with our school's vision by ensuring inclusivity, safety, and respect for every pupil's unique needs. It echoes our aspiration for students to "Be Positive and Active Citizens" by ensuring that all pupils, regardless of medical conditions, can participate in school trips, visits, and activities. This promotes tolerance and respect for diversity, as students engage in inclusive learning experiences. The focus on "Curiosity and Independence" is supported by fostering environments where students can manage their

medical needs with dignity and confidence, empowering them to be active and curious members of society. The policy's emphasis on perseverance and support aligns with the vision to build confidence and resilience, ensuring that pupils face their challenges with the support needed to succeed. Additionally, our commitment to regular risk assessments and individualised plans highlights the importance of respectful collaboration with healthcare professionals and parents, ensuring the courage to meet individual needs while maintaining the safety and well-being of every child, allowing them to contribute to their heritage and future.

Kirkby la Thorpe Primary Academy and Pre-school

Supporting Pupils with Medical Conditions Policy

1. Purpose

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

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

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

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

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

Legal Framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE 'Special educational needs and disability code of practice: 0-25 years'

- DfE ‘School Admissions Code’
- DfE ‘Supporting pupils at school with medical conditions and allergy’
- DfE ‘First aid in schools, early years and further education’
- Department of Health (2017) ‘Guidance on the use of adrenaline auto-injectors in schools’

2. Scope

This policy should be read in conjunction with the following polices:

- First aid;
- Safeguarding;
- Allergen and Anaphylaxis
- Asthma Policy
- SEND; and
- Equality Statement.

3. Roles and responsibilities

The governing board will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities at school as any other child
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school’s ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils’ health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school’s policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.
- Ensuring that all staff are aware of this policy and that each member of staff understands their responsibilities in implementing it.
- Ensuring that appropriate consideration is given to the training and awareness required where pupils have specific medical conditions.
- Recognising that any member of staff may be required to provide support in an emergency situation.
- Ensuring that members of staff who are likely to be involved in supporting pupils are aware that an IHP is in place and understand the responsibilities and procedures outlined within it.

The headteacher will be responsible for:

- Ensuring that a named governor and senior leader have been appointed to maintain responsibility for this policy Ensuring that this policy is effectively implemented with stakeholders.
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- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified

School staff will be responsible for:

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

Parents/carers will be responsible for:

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

Pupils will be responsible for:

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

School nurses and other healthcare professionals will be responsible for:

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools' nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs as well as providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Admissions

Admissions will be managed in line with the school's Admissions Policy.

The school recognises that all children with medical conditions are entitled to a full education and have the same rights of admission to school as others.

The school will not ask for prohibited information such as that which relates to a child's disabilities or medical conditions during the application process or before admission. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

Identifying all children with medical conditions

Our school asks parents/carers if their child has any physical or mental health condition on the medical questionnaire as part of the enrolment process (Appendix 1), and annually thereafter. We ask for explicit consent to share this information with relevant school staff and healthcare professionals.

The procedure detailed in Appendix 2 is then followed to ensure that every child with a medical condition has an Individual Healthcare Plan in place before they start school, or as soon as is viably possible (see section 'Individual Healthcare Plans').

Parents/carers are responsible for informing the school of any new diagnosis, or changes to their child's medical condition, as soon as possible. It is the school's responsibility to act on this information.

Register of all children with medical conditions

Our school keeps a register of pupils with medical conditions to identify and safeguard these children. This register, along with children's Individual Healthcare Plans, are held in a secure location, in the office within the child's file, with access by staff as appropriate, and includes the child's individual healthcare plan. These are also held in files within classroom cupboards so relevant adults can be informed.

Our school ensures that the pupil's confidentiality is protected in line with the General Data Protection Regulation (GDPR), and will only share this information with relevant members of staff and healthcare professionals as appropriate.

Training for staff supporting pupils with IHPs

The school will ensure that any pupil with a medical condition requiring support has an IHP which sets out the arrangements that will be put in place to meet their needs. The governing board will ensure that members of staff who are likely to be involved in supporting the pupil are aware that an IHP is in place and understand the responsibilities and procedures outlined within it.

Where a pupil has an IHP, the plan may identify specific training needs for staff who are involved in providing support. In some cases, relevant healthcare professionals may advise on the type and level of training required, how this training can be obtained, and whether an assessment of competency is necessary. The school will seek to ensure that staff who provide support to pupils with medical conditions are included, where appropriate, in discussions or meetings where the pupil's needs and IHP are developed or reviewed.

The school will maintain arrangements for the training of staff whose role includes supporting pupils with specific medical needs. Training will normally be provided on an annual basis unless healthcare professionals involved in the pupil's care advise that a different frequency is required.

The school will ensure that staff receive appropriate training so that they can:

- Provide the required support safely and effectively, which may include administering prescribed medication or carrying out healthcare procedures in accordance with an IHP.
- Understand the potential risks associated with providing such support.
- Recognise the signs and symptoms associated with the relevant medical condition, understand possible triggers, and appreciate the potential impact on the pupil.
- Understand and implement appropriate preventative measures and emergency procedures, including recognising when a pupil may be at risk and taking the action set out in the IHP.

Training will be sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions and to fulfil the requirements set out in IHPs. Staff will be provided with information about the specific medical conditions they may be required to support, the implications of those conditions, and the preventative and emergency actions they may need to take.

The school recognises that holding a first aid certificate alone does not constitute adequate training for supporting pupils with medical conditions.

Individual Healthcare Plans

The school will seek to identify all pupils with medical conditions so that the need for an IHP can be considered. The circumstances of this will be discussed with the pupil and their parents. If it is clear that the medical condition will require the school to put supportive arrangements in place, an IHP will be drawn up which specifies these arrangements.(appendix 3)

It will not be necessary for a pupil to have a formal diagnosis for them to have an IHP. If it is clear that a pupil has medical needs, arrangements will be put in place to support them, ensure they can engage fully with education, and be included in the life of the school. Such arrangements will be recorded in an IHP.

The school will ensure that pupils with medical conditions receive appropriate support through the use of IHPs where required. An IHP will set out the arrangements that will be put in place to support the pupil while they are in school and will provide clear guidance for staff on how the pupil's medical needs should be managed.

IHPs will be particularly important in certain circumstances, including where a pupil:

- Requires prescribed medication while at school.
- Has a medical condition requiring a personalised care or action plan from a healthcare professional.
- Has a known allergy requiring active management – allergy safety will be handled in accordance with the Allergen and Anaphylaxis Policy.
- Has a medical condition that constitutes a disability requiring reasonable adjustments.

Where a pupil requires prescribed medication in school, the IHP will set out arrangements for administering the medication, relevant healthcare professional contact details, procedures in the event of complications or side effects, and parental consent for administration. Where specific members of staff have been trained to administer medication or provide personalised medical support, they will be identified within the plan along with appropriate cover arrangements.

Where healthcare professionals provide personalised care or action plans, e.g. allergy, asthma, diabetes or seizure management plans, the school will incorporate these into the IHP. Where relevant, the plan will also identify known allergens, risk reduction measures and any prescribed emergency medication, including arrangements for the use of adrenaline auto-injectors.

Where a pupil's medical condition requires reasonable adjustments under equality legislation, the IHP will set out the adjustments required and how they will be implemented.

Examples of situations where an IHP may not be necessary may include:

- **Hay fever (allergic rhinitis)** where the condition can be managed through access to appropriate non-prescription medication in accordance with the school's medical conditions policy.
- **Eczema** where the condition can be managed through the use of appropriate medication. The school will remain mindful that certain activities, such as sand play or swimming, may trigger flare-ups and will take reasonable steps to minimise risks where appropriate.
- **Food intolerances** that can be effectively managed by avoiding specific foods.

- **Mild asthma**, which may be managed through the pupil's Asthma Action Plan and access to their inhaler medication. Pupils with more complex or severe asthma will normally require an IHP.

The headteacher will ultimately decide, in discussion with parents and, where appropriate, relevant healthcare professionals, whether a pupil's medical condition can be managed through the school's general medical conditions arrangements or whether an IHP is required to ensure that appropriate and individualised support is in place.

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

IHPs will include the following information:

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

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

The IHP will be developed with the child's best interests in mind. In preparing the IHP the school will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

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

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

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

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

Guidance on administering medication at school

Medication (prescribed and non-prescribed) will only be administered at school when it would be detrimental to a child's health and where parents' have given written consent. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day.

If medication is required at school, this will only be given as detailed in the pupil's Individual Healthcare Plan, and when parents/carers fill out a medication consent form. If there is a short term need, parents/carers should contact the school to discuss and the medication consent form must be completed by parents/carers (Appendix 7). Such medication should be brought to the school office by the adult accompanying the child to school.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Non- prescription medication will only be accepted and administered when a young person has regular allergies, headaches, menstrual pain or toothache or on residential visits where it may not be practicable to have medication prescribed.

Anyone giving a pupil non-prescribed medication i.e pain relief, will first check maximum dosages and when the previous dosage was taken. The school will always get parents verbal permission via a phone call conversation in addition to checking admissions form for written permission.

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

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

The school will only accept prescribed medicines that are:

- Prescribed to the Pupil (include pupil's name)
- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- Expiry date (if available)

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely in the office/ fridge in the office (inhalers in classrooms). Pupils will be informed about where their medicines are at all times and be able to access them immediately whether in school or attending a school trip or residential visit. Medicines and devices such as asthma inhalers, blood

glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away. These will be stored in accessible areas within classrooms and identified by a green cross.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

An accurate record of all the medication administered is kept near the medicine store area in the office, including the dose, time, date and supervising staff (Appendix 8). The dosage and witness of the medicine taken, should be countersigned. Such records offer protection to staff and children and provide evidence that agreed procedures have been followed.

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

Non-prescription medicines

Non-prescription medicines are licensed by the Medicines and Healthcare products Regulatory Agency (MHRA) for use without a GP prescription. The school will not require parents to obtain a prescription for medicines that are available over the counter.

Non-prescription medicines may be administered by authorised members of staff or self-administered by pupils, where appropriate, provided that written parental consent has been obtained. Any administration of non-prescription medication will be carried out in accordance with the school's Administering Medication Policy.

While staff may volunteer to administer medication, they cannot be required to do so. Staff who administer medicines will receive appropriate guidance and support to ensure medicines are administered safely and in accordance with the manufacturer's instructions.

Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

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

Staff who administer medication

Our school ensures that there are members of staff trained to administer routine and emergency medication and undertake procedures to meet the care needs of an individual child.

All staff are aware of the specific members of staff trained to administer medication or medical procedures in an emergency situation. These are:

- Adult 1 (paediatric trained; diabetic training)
- Adult 2 (paediatric trained; diabetic training)

Where appropriate, additional staff maybe be identified to administer medication, for example, 1:1 Teaching Assistants.

Storing medication and equipment at school

Our school ensures that all medication is stored safely in the medicine area in the office, and that pupils with medical conditions and staff know where they are at all times, and who holds the key to the storage facility.

Our school allows pupils to carry their own medication/equipment if this is appropriate for their age and individual healthcare plan and has been risk assessed. Parents/carers should check that this medication is in date.

Our school ensures that medication is in date and labelled in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and in accordance with its instructions including storage temperature.

Medication is stored securely, but accessibly, with only trained staff (to administer), or office staff (to store) having access.

Parents/carers must collect all medication/equipment annually, and provide new and in-date medication at the start of the academic year. The school should not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication.

Guidance on emergency inhalers

Inhalers are kept within the classroom of the asthmatic child. They are not locked away. Clearly labelled with Green Cross.

The school's emergency asthma inhalers are available for pupils whom written parental consent and medical authorisation for use has been given (see Appendix 9 and 10 for more details).

Emergency procedures

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

Where an IHP is in place, it should detail:

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

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

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

In a life-threatening emergency, any member of staff may take reasonable action to preserve life, including administering emergency medication where appropriate.

Day trips, residential visits and sporting activities

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

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

IHPs will be reviewed prior to trips and visits to ensure appropriate arrangements are in place.

Managing medicines

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

Where a pupil requires medication during the school day, arrangements for administering medication will be recorded in the pupil's IHP.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentially.

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

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

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

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

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

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

drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

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

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

Whole School Allergy Management

Please Allergy policy for Allergy management and the use of auto-injectors

Self-Medication

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

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

Non-prescription medicines

Non-prescription medicines are licensed by the Medicines and Healthcare products Regulatory Agency (MHRA) for use without a GP prescription. The school will not require parents to obtain a prescription for medicines that are available over the counter.

Non-prescription medicines may be administered by authorised members of staff or self-administered by pupils, where appropriate, provided that written parental consent has been obtained. Any administration of non-prescription medication will be carried out in accordance with the school's Administering Medication Policy.

While staff may volunteer to administer medication, they cannot be required to do so. Staff who administer medicines will receive appropriate guidance and support to ensure medicines are administered safely and in accordance with the manufacturer's instructions

Staff training in supporting pupils with medical conditions

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school nurse through the development and review of IHPs, on a yearly basis, more frequent if required, for all school staff, and when a new staff member arrives. The school nurse will confirm

the proficiency of staff in the provision of medical support. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The governing board will ensure that all staff are aware of this policy and that each member of staff understands their responsibilities in implementing it.

The school will ensure that appropriate arrangements are in place so that all staff, including teaching staff, support staff, supply staff and cover staff, are informed of this policy and understand the procedures to follow when supporting pupils with medical conditions.

Information about the policy and relevant procedures will form part of the school's staff induction process so that new staff are made aware of their responsibilities from the outset of their employment.

The school will also ensure that this policy applies to staff and volunteers involved in extended school provision, including before- and after-school provision. This will include provision delivered directly by the school as well as activities delivered by third-party providers. The school will take reasonable steps to ensure that such providers are made aware of this policy and understand the arrangements in place to support pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on a yearly basis, more often if required, for all staff and be included in the induction of new staff members.

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

The governing board will ensure that appropriate consideration is given to the training and awareness required where pupils have specific medical conditions. The school will assess what training may be necessary to ensure that staff who are likely to be involved in supporting these pupils have the knowledge, skills and confidence to do so safely and appropriately.

This will be particularly important where pupils have less common or more complex medical conditions. In such cases, the school will take reasonable steps to ensure that relevant staff receive suitable information, guidance or training so that they understand the pupil's needs and the procedures to follow.

The governing board will also recognise that any member of staff may be required to provide support in an emergency situation. The school will therefore seek to ensure that staff are aware of the procedures to follow in the event of a medical emergency and understand how to access appropriate assistance when required.

Training will be commissioned and provided by the following bodies:

- Commercial training provider
- The school nurse
- GP consultant

- The parents of pupils with medical conditions

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

The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Supply teachers will be:

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

Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Assume that older pupils do not require support related to their medical condition.
- Assume that a pupil does not have a medical condition because a formal diagnosis has not yet been made, for example where medical investigations are ongoing.
- Prevent pupils from easily accessing their inhalers and medication in line with what is agreed in their IHP.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Unreasonably request further medical evidence where sufficient information has already been provided by parents, carers or healthcare professionals.
- Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Set lower attendance expectations for pupils with medical conditions or place pupils on sustained part-time timetables for medical reasons without appropriate review and reintegration planning.

- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to rest, eat, drink or use the toilet when they need to in order to manage their condition.
- Delay responding to a medical emergency or fail to call for assistance.

Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in Appendix D and Appendix E.

Records will also be maintained for any serious incidents or near misses relating to medical conditions, including allergic reactions or medication errors.

Liability and indemnity

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

The school holds an insurance policy with **RPA** covering liability relating to the administration of medication.

All staff providing such support will be provided with access to the insurance policies.

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

Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

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

4. References

Supporting pupils at schools with medical conditions guidance:
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medicalconditions--3#history

Asthma schools' guidance: https://www.healthylondon.org/wp-content/uploads/2017/11/London-schools-guide-forchildren-and-young-people-with-asthma.pdf
https://www.healthylondon.org/resource/london-asthma-toolkit/schools/

Diabetes schools' guidance: https://www.healthylondon.org/resource/london-guide-teachers-parents-children-young-peoplediabetes/

Epilepsy schools' guidance:
https://www.healthylondon.org/resource/london-epilepsy-guide-schools/

Bladder and Bowel guidance:
https://www.eric.org.uk/healthy-bladders-and-bowels-at-school

Appendix 1 – Medical Questionnaire

Name of Pupil	
Date of Birth	
Year Group / Class	
Name of GP	
Address of GP	

1. Is your child currently under the care of the GP/clinic/hospital for a medical condition* (physical or mental health)? **Yes / No**
If yes, please give details:

2. Is there any other condition/health concern you need to make us aware of? **Yes / No**
If yes, please give details:

3. Does your child require medication to be taken during school hours? **Yes / No**
If yes, please give details:

If you have ticked 'yes' above, a member of staff will contact you to discuss your child's medical needs further. All pupils with medical conditions* will require an individual healthcare plan at the start of each school year. If the medical condition is serious, complex and/or life threatening we will organise a meeting to discuss an Individual Healthcare Plan. If medication needs to be taken at school, all parents/carers will need to complete the medication form (Appendix 6 of the 'Supporting Pupils with Medical Conditions' Policy).

4. I give **consent** to share this information with relevant school staff and health professionals. **Yes / No**

Name of Parent / Carer	
Signature of Parent / Carer	

Date	

** 'Medical condition' refers to any physical or mental health condition that requires ongoing input from a health professional.*

Appendix 2 - Procedure following notification that a pupil has a medical condition (flow chart)

1. School notified that a pupil has a medical condition or that medical needs have changed from the medical questionnaire or when the parent/carer informs the school.

↓

2. School liaises with parent/carer to discuss how the Individual Healthcare Plan is going to be completed and actioned.
This may be during an induction meeting or via a phone call.

↓

3.a. Parents/carers and school complete an Individual Healthcare Plan
Most medical conditions require the parent/carer and school to complete an Individual Healthcare Plan for use throughout the academic year. Parents/carers should use their routine healthcare appointments (with the GP or specialist) or the school will access the school nursing service for health professional input to the individual healthcare plan.

3.b. If the medical condition is severe and/or complex
A meeting will normally be required between the parent/carer and relevant member of staff, with health professional input (either by attending the meeting or sending information to support the meeting).
Pupils that require a higher level of medical intervention at school need an individual risk assessment (Appendix 6).

↓

4. School implements the Individual Healthcare Plan.
This may involve training for relevant members of staff or support measures in place for the pupil.

↓

5. Individual Healthcare Plan is reviewed annually or as appropriate.

Appendix 3 – Individual Healthcare Plan

1. Child's Information

1.1 Child's details

Child's name	
Date of birth	
Year group	
Address Post code	
Medical condition Please provide a description of the medical condition(s), including signs, symptoms, triggers and behaviours	
Allergies	
Date	
Date plan to be updated	

1.2 Family contact details

Name	
Relationship	
Home phone number	
Mobile phone number	
Work phone number	
Email	

Name	
Relationship	
Home phone number	
Mobile phone number	
Work phone number	
Email	

Name	
Relationship	
Home phone number	
Mobile phone number	
Work phone number	
Email	

1.3 Essential information relating to child's health needs

	Name	Contact details
Specialist nurse (if applicable)		
Consultant paediatrician (if applicable)		
GP		
Class teacher		
Health visitor/school nurse		
Other relevant teaching staff		
Other relevant non-teaching staff		
Headteacher		
Person with responsibility for implementing plan		
Provider of alternative provision (if applicable)		

Treatment required

Medical condition	Drug	Dose	When	How is it administered?	Where is it stored?	Known side effects

Does the treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	

Storage of medication in school	

2. Routine monitoring (if applicable)

Some medical conditions will require monitoring to help manage the child's condition.

Is the child responsible for administering/ carrying their own medication? (Not controlled substances)	
What monitoring is required?	
When does it need to be done?	
Does it need equipment? If yes, what?	
How is it done?	

Is there a target? If so, what is the target?	

3. Emergency Situation

An emergency situation occurs when a child needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
Who is trained to manage an emergency situation? (Names of Staff)	
What are the symptoms?	
What are the triggers? (if known)	
What action must be taken?	
Are there any follow up actions (eg. tests or rest) that are required?	

4. Impact on child's learning

How does the child's medical condition affect learning? Eg. memory, processing speed, coordination etc.	
Does the child require any further assessment of their learning?	

5. Impact on child's learning and care at meal times

	Time	Note
Arrival at school (Breakfast Club if applicable)		
Morning playtime		

Lunchtime		
Afternoon playtime (if applicable)		
End of day		
After school club (if applicable)		
Other		

6. Care at meal times

Is care needed at meal time? If yes, what does this look like?	
When should this care be provided?	
How is it given?	
If medication is required, how much is needed?	
Any other special care required	

7. Physical activity

Are there any physical restrictions caused by the medical condition?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

8. Trips and activities away from school

What care needs to take place?	
When does it need to take place?	
Who will look after medicine and equipment?	
Who outside of school needs to be informed?	
Who will take overall responsibility for the child on the trip?	

9. School environment

Can the school's environment affect the child's medical condition?	
How does the environment affect the child?	
What changes can the school make to address this?	

10. Educational, social and emotional needs

Pupils with medical conditions may have to attend appointments to review their condition. This will be taken into consideration when monitoring attendance records.

Is the child likely to need time off due to their condition?	
What will be the process for catching up with missed school work?	
Does the child require extra time to keep up with work?	
Does the child require additional support in class? If so, what is this?	
Are there any situations where the child will need to leave the classroom?	
Does the child need rest periods?	

Does the child require emotional support?	

11. Staff training

Governing bodies are responsible for making sure that staff have received appropriate training to look after a child. School staff will be released to attend any necessary training sessions required.

What training is required?	
Who needs to be trained?	
Has the training been completed? Please date.	

12. Further information

……

……

……

……

……

	Name	Signature	Date
Parent/carer			
Healthcare Professional			
School representative			
Young Person- if appropriate			

Appendix 4- Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. Call 999 for an ambulance if:
   - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am – 5pm; Mon – Fri)

www.asthma.org.uk

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Appendix 5- Individual Healthcare Plan Templates

Please note that these are some suggested documents to use. The pupil may have a different individual healthcare plan from their health professional which would be acceptable.

Asthma UK school asthma card
https://www.asthma.org.uk/globalassets/health-advice/resources/schools/school_asthma_card_september_2014_ver_b.pdf

BAS allergy action plans
http://www.bsaci.org/about/download-paediatric-allergy-action-plans

Diabetes UK sample individual healthcare plan
https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/ihp-a-childsindividual-healthcare-plan

Young Epilepsy sample individual healthcare plan
http://www.youngepilepsy.org.uk/dmdocuments/IHP-child-form.pdf

Health Conditions in School Alliance generic individual healthcare plan
http://medicalconditionsatschool.org.uk/documents/Individual%20Healthcare%20plan__Part%20 2.pdf

Bladder and Bowel conditions individual healthcare plan
http://medicalconditionsatschool.org.uk/documents/IHP-Bowel-Bladder-conditions.pdf

Appendix 6- Individual pupil risk assessment form

Child's name:

Hazard	Risk			Existing control measures	Recommendations/further actions required
	Likelihood of occurrence	Severity of harm	Overall risk		

Appendix 7 – Medicines permission form

In line with our 'Supporting Pupils at School with Medical Conditions' Policy, medicines will not be administered to pupils unless this form has been completed and signed by a parent/carer.

Pupil's name	
Date	
Class/Year	
Name and strength of medicine	
Reason for use	
Expiry date	
How much to give (i.e. dose to be given)?	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school	

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent/carer	
Name of GP, GP practice name and phone number	
Agreed review date to be initiated by	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.

Parent/carer signature: ……

Print name: ……..

Date: ……..

Member of staff's signature: ……

Print name: ……..

Date: ……..

Appendix 8 – Medication Records

Record of medicines administered to an individual child

Name of pupil	
Date medicine provided by parent/carer	
Class/Year	
Name and strength of medicine	
Dose and frequency of medicine	
Quantity received	
Quantity returned	
Expiry date	

Staff signature: …… Name: ……

Parent Signature: …… Name: ……

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff a administering			
Staff sign			
Counter sign			
Collection of medicine: parent sign			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff administering			
Staff sign			
Counter sign			
Collection of medicine: parent sign			

Appendix 9 – Emergency Inhalers

This section needs to be read in conjunction with the following Department of Health guidance: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Schools are not required to hold an inhaler; this is a discretionary power enabling schools to do this if they wish. However, keeping an inhaler for use in an emergency prevents unnecessary and traumatic trips to hospital for a child and potentially saves their life. Schools that choose to hold an emergency inhaler need protocols for their use to protect staff by ensuring they know what to do in the event of a child having an asthma attack.

The protocol should include:

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers, in line with this 'Supporting Pupils with Medical Conditions' policy.
- Having a register of children in the school who have been:
  o Diagnosed with asthma or prescribed a reliever inhaler. A copy of the register should be kept with the emergency inhaler
- Having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan. This should be signed in the school asthma card or the (Appendix 4).
- Ensuring that the emergency inhaler are only used by children with written parental consent for their use
- Appropriate support and training for staff is provided in the use of the emergency inhaler in line with this 'Supporting Pupils with Medical Conditions' policy
- Keeping a record of use of the emergency inhaler as required by this 'Supporting Pupils with Medical Conditions' policy (Appendix 8) and informing the parent/carer when their child has been administered an inhaler and whether this was the school's spare inhaler or the pupil's own device (Appendix 10). This should include where and when the attack took place, how much medication was given and by whom.
- Having at least two volunteers responsible for ensuring the protocol is followed.

Schools can purchase small quantities of inhalers and spacers from a community pharmacy. The pharmacy will need a request signed by the headteacher on headed paper stating:

- The name of the school for which the product is required; • The purpose for which that product is required; and
- The total quantity required.

ASTHMA

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

An Emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler;
- At least two plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- A record of administration (i.e. when the inhaler has been used). This should include where and when the attack took place how much medication was given and by whom.

It is recommended that at least 2 volunteers from school staff should have responsibility for ensuring that:

- On a monthly basis, the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- Replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned so that replacements are available if necessary.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's inhalers and the inhaler(s) labelled to avoid confusion with a child's inhaler.

The plastic spacer should not be reused and can be given to the child to use at home. The inhaler can be reused provided it is cleaned after use.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

See also: Healthy London Partnership pharmacy guidance: https://www.healthylondon.org/wp-content/uploads/2017/10/Pharmacy-guidance-for-supply-ofsalbutamol-to-schools.docx

Appendix 10 – Letter to inform parents/carers of their child's use of the school's emergency inhaler

Child's name:…….

Child's class:……

Date:……

Dear…….

This letter is to formally inform you that……..has had problems breathing today.

This happened when…….

They did not have their own inhaler with them so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ….puffs.

Although they soon felt better, we would strongly advise you that your child is seen by their own doctor as soon as possible.

Please provide a new unopened replacement spacer as soon as possible.

Please can you ensure that your child brings in a working in-date inhaler and spacer for use in school. Both should be clearly labelled with your child's name and date of birth.

Yours sincerely

Appendix 11 – Emergency protocol poster

Information about an incident may come from a staff member, pupil, parent, the emergency services or the Local Authority.

Whoever receives the alert should ask for, and record, as much information as possible:

Name of the person informing of the incident:	
Details of the incident: (including actual words used by informant)	
Who else has been informed?	
Exact location of the incident:	
Casualties:	
Any action taken so far:	
Name of contact at the scene:	

If required, call 999 for the police, fire or ambulance, giving the information above.
IF IN DOUBT - CALL 999

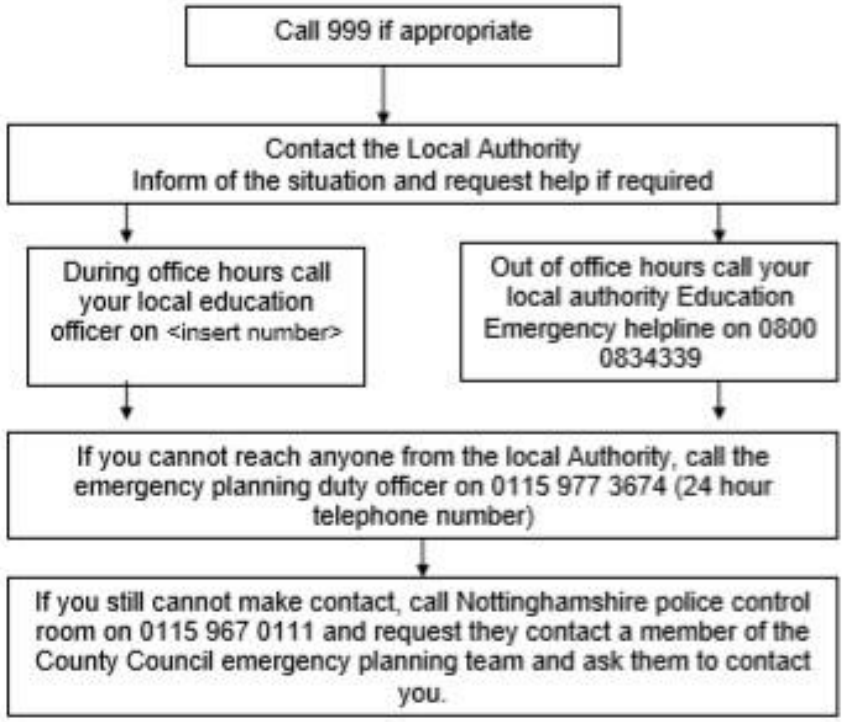
Then immediately inform Katie Gravil, or Rebecca Brown, in Katie's absence.

If neither is able to respond (they may be involved in the incident), the senior person present must follow the instructions 1-4 on the checklist of initial action by headteacher or nominee.

Please see the next page for a checklist of initial action by headteacher or nominee.

Checklist of initial action by Headteacher or nominee

1.	Assess situation	
2.	Take immediate action to safeguard pupils and staff where necessary	
3.	Log all communications and actions	
4.	Call for support	



THESE NUMBERS SHOULD ONLY BE USED IN AN EMERGENCY
DO NOT GIVE THEM TO THE PRESS, PARENTS OR PUBLIC

5.	Assemble a school emergency management team from pre-identified staff (see Appendix 3) and relieve them of their normal duties.	
6.	Refer to the list of emergency contact numbers in Appendix 3 for additional support if required.	
7.	Where possible, avoid closing the school and try to maintain normal routines.	

Having activated this emergency plan, go on to the next stage – implementation.

Appendix 12 – First aid guidance

First-aid can prevent deaths and can also prevent minor medical problems and injuries from escalating into major ones. Guidance exists for schools on the subject of first aid and this section of the 'Supporting Pupils at Schools with Medical Conditions' policy draws and refers to these accordingly.

First aid in schools:

The Department for Education good practice guidance titled Guidance on First Aid for Schools explains that the numbers of first aid personnel required in schools is not an exact science. A suitable and sufficient risk assessment needs to be carried out taking into account the school's specific circumstances such as: the size and location of the school, any specific hazards on-site, any specific needs and any historic accident data. Schools should consider the risks to employees, pupils and visitors as part of this risk assessment.

The Department for Education Statutory framework for the early years foundation stage sets out mandatory standards for the learning, development and care for children from birth to 5 years old. In this, it is mandated that all Schools and Ofsted registered early years providers must have at least one person who has a current paediatric first aid (PFA) certificate available at all times when children are present, and must accompany children on outings. This framework also mandates the PFA Certificate course criteria.

In addition, HSE document L74 (Third edition-2013) details useful guidance on first aid matters in the workplace including: first aid courses content, suggested numbers of first aid personnel, first aid kits and training provider selection. This document is a valuable resource to help schools complete their first aid risk assessment.

Automatic External Defibrillators (AEDs) in schools:

The Department for Education guide for schools on automated external defibrillators (AEDs) provides guidance on the purchase, use, installation, training, maintenance and additional considerations (such as the development of a resuscitation plan and safety considerations) of AEDs. This guidance explains that AEDs are designed for use by people who can simply follow the step-by-step instructions provided on the AED at the time of use, without any specific training. This guidance also explains that it should be sufficient for schools to circulate the manufacturer's instructions to all staff and then to provide a short general awareness briefing session in order to meet their statutory obligations. Any awareness briefing could be incorporated into any wider training on CPR and the chain of survival.

Appendix 13 – Checklist: responsibilities of parents/carers

Informing school if your child has a 'medical condition' (as defined in the 'Supporting Pupils with Medical Conditions' policy) and providing consent to share this information with relevant healthcare professionals including the school nursing service.

Liaising with school to complete an Individual Healthcare Plan, ideally before the start of the school year. The Individual Healthcare Plan requires health professional input, either by the school nursing service (arranged by the school), or by appointment with your health professional (GP, practice nurse or specialist).

Completing a medicines permission letter if your child requires medication during school hours.

Completing an individual pupil risk assessment form during a meeting with school staff if your child's needs are severe, complex or potentially life threatening.

Informing school of any medicines the child requires during visits, field trips and other out-of-school activities.

Ensuring your child's medicines and medical devices are labelled with their full name and date of birth, in the original pharmacy packaging.

Ensuring that your child's medicines are within their expiry dates.

Ensuring that new and in date medicines come into school on the first day of the new academic year, to collect all medication back at the end of the school year, and to dispose of any out-of-date medication.

Ensuring that your child catches up with any school work they have missed if they are off school due to their medical condition or healthcare appointments.

Providing school with supporting information from your healthcare professional if your child has frequent or prolonged absence(s) from school.

Informing school of any changes to your child's condition

Liaising with the school annually to ensure that the individual healthcare plan is up to date (even if just to say 'no changes').

Appendix 14 - 'Supporting Pupils at School with Medical Conditions' checklist

Area	In place	Needs some work	Not in place	Named person responsible for
Policy and implementation:				
Agreed policy in place				
Policy revised annually in consultation with governors and staff				
Policy on the school website				
Governor(s) who visits the school termly to monitor implementation				
Annual report from the headteacher to the governing board on this policy				
Annual report to parents/communication via newsletters				
Identification, registers and individual healthcare plans:				
Process in place for notifying the school of pupils with medical conditions (e.g. questionnaire)				
Process in place for ensuring all pupils with medical conditions have an individual healthcare plan in place before they start school				
Process in place for reviewing the individual healthcare plans every year				
A register of pupils with medical conditions in a secure location, with individual healthcare plans, medication consent forms, medication records, and individual risk assessment forms				

Medication:				
Stores medication securely but accessibly				
Process for ensuring all medication and equipment are in date				
Accurate record of medication administered				
Protocol for use of emergency inhalers				
Staff/training:				
Policy is part of all staff induction, including temporary, supply staff and volunteers				
Staff/training:				
All staff are aware of the emergency procedures (Inc. information displays)				
Information on this policy in the staff handbook				
All staff know the pupils they work with who have an individual healthcare plan/medical conditions				
School has risk assessed and has a sufficient number of trained first aiders				
Medical conditions staff are clearly known by all staff, pupils, parents/carers				
Medical conditions staff attend regular training				
Whole school environment:				
Risk assessments for educational visits are in place				

IHP Implementation Procedure

