



# Supporting Pupils with Medical Conditions

Jan 2026

Policy Type:	School
Review schedule:	Annual
Target audience:	Staff, Governors
Summary:	The aim of this policy is to set out our approach to supporting pupils with medical conditions.

## Mission

To provide an exciting, ambitious and unique early education for all

## Values

- **Respect:** Accepting yourself and others for who they are
  - **Ambition:** A desire to achieve your best
- **Perseverance:** To keep going in spite of obstacles

We respect our pupils as individuals and along with our school community share high ambitions for them. Developing their perseverance so that in spite of future obstacles they can continue to be their best self and develop their love of learning.

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

***The policy framework describes the essential criteria for how a school can meet the needs of children and young people with long-term conditions. It is in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (Autumn 2017) for governing bodies of maintained schools and proprietors of academies in England***

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history>

## **1. Overview**

Fawbert and Barnard Infants is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

We understand that all children with the same medical condition will not have the same needs, and our school will focus on the needs of each individual child.

Fawbert and Barnard Infant's recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (and other relevant legislation, see DfE guidance p27). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

## **2. Stakeholders**

- The whole school & local health community understand and support the medical conditions policy.
- This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings. Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.
- The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation (Appendix 8).
- Pupils, parent/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

### **3. Responsibilities**

- Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.
- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

#### **Key roles and responsibilities are as follows:**

##### **Governing Bodies** –

- The Governing Body must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

##### **Headteacher**

- The Headteacher should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- The Headteacher should ensure that all staff who need to know are aware of the child's condition.
- They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- The Headteacher has overall responsibility for the development of individual healthcare plans.
- They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- The Headteacher should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

##### **School staff**

- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- All school staff, including temporary or supply staff, are aware of the medical conditions at Fawbert and Barnard and understand their duty of care to pupils in an emergency.
- This school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained (see appendix 2 for further information).

- This school has chosen to hold a 'spare' emergency adrenaline auto-injector (AAI) for use on children who are at risk of anaphylaxis but whose own device is not available or not working and for whom parental consent for its use has been obtained (see appendix 2 for further information).
- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They can, if their insurance allows, take pupils to hospital in their own car but will need to be accompanied by another member of staff who has a current paediatric first aid certificate and access to the appropriate child car seat.

### **School Nurse**

- Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

### **Other healthcare professionals**

- This includes GPs, paediatricians, nurse specialists/community paediatric nurses – they should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school.
- They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

### **Pupils**

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them.
- They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

### **Parents/carers**

- Parents / Carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
- Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. Parents should attend a yearly review meeting in the Summer Term.
- They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

## **4. Providing Care and Support**

- This school has clear guidance on providing care and support and administering medication at school and understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- Fawbert and Barnard Infants' School will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary.
- This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.<sup>1</sup>
- The school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
  - When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.
  - The school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
  - Parents/carers/carers at this school understand that they should let the school know immediately if their child's needs change.
  - If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

## **5. Managing Medicines**

- Medicines should only be administered when it would be detrimental to a child's health or school attendance not to do so.
- No child should be given prescription or non-prescription medicines without their parents / carers written consent (Appendix 6).
- Fawbert and Barnard Infants' School will administer non-prescription medicines, only when measured out from the bottle by a parent and when a specific time is given (See Appendix 6).
- Fawbert and Barnard Infants' School will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist if shown to a member of staff when the first request is received to administer. Parents' consent must then be obtained, and the dosage measured with instructions on storage.
- All medicines will be stored safely within proximity to the child who they are required for.
- Children will know where the medicines are at all times and be aware of how they can be given access to them immediately.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children with a child knowing how to access them.
- During school trips, the member of staff responsible for the child will carry all medical devices and medicines required, with the medicine remaining within the proximity of the child.

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<sup>1</sup> For school's covered by HCC's insurance where an IHP is in place; parents have consented for the school to administer medication / meet other support needs as part of that plan; trained staff undertake these support needs and record keeping in relation to administration is robust then liability cover would be in place for common treatments administered by staff. (e.g. in relation to oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.)

The insurance section have a detailed list of treatments which are covered, if you have pupils with significant medical needs contact [insurance@hertfordshire.gov.uk](mailto:insurance@hertfordshire.gov.uk) or by phone on 01992 555480 for further advice and to ensure coverage.

- Fawbert and Barnard Infants' School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. (Appendix 7). Any side effects of the medication to be administered at the school should be noted.
- When no longer required, medicines should be returned to the parent / carer to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

## **6. Training for Staff**

- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.
- School nurses will provide annual training for common conditions e.g., asthma, allergies, epilepsy, and diabetes.<sup>2</sup>

## **7. Individual Healthcare Plans**

- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- Individual Healthcare Plans will be written and reviewed between the school and parents (and pupil where appropriate).
- Individual Health Care Plans will be easily accessible to all who need to refer to them, while reserving confidentiality.
- Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and degree of support needed. Fawbert and Barnard Infants' School are aware that different children with the same health condition may require very different support.
- This school will ensure that IHP are reviewed at least annually or earlier if a pupil's needs change.
- Appendix 4 provides a template for the IHP.
- To ensure key information is accessible, for children with complex needs, a 'Management within school' (Appendix 5) overview is also created.

## **8. Storage of Medication**

- Fawbert and Barnard Infants' School has clear guidance on the storage of medication and equipment at school.
- We make sure that all staff understand what constitutes an emergency for an individual child and make sure that emergency medication/equipment, e.g., asthma inhalers, epi-pens etc. are readily available wherever the child is in the school and on off-site activities and are not locked away.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.

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<sup>2</sup> For pupils requiring insulin injections / insulin via pumps or blood glucose monitoring in schools, where appropriate the Paediatric Diabetes Team will provide this level of training and education.

- Pupils can carry controlled drugs if they are deemed competent to do so, otherwise this school will store controlled drugs securely in a non-portable container, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- We will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.
- We will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- Fawbert and Barnard Infants' School disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

## **9. Record Keeping**

- Fawbert and Barnard Infants' School has clear guidance about record keeping.
- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services (where appropriate). Where a child has SEN but does not have an EHC plan, their special educational needs are mentioned in their IHP. Appendix 1 is used to identify and agree the support a child needs and the development of an IHP.
- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services (where appropriate) hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- Fawbert and Barnard Infants' School makes sure that the pupil's confidentiality is protected.
- We seek permission from parents/carers before sharing any medical information with any other party.
- We keep an accurate record of all medication administered, including the dose, time, date and supervising staff (Appendix 7).

## **10. School Environment**

- Fawbert and Barnard Infants' School ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
- We are committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. We are also committed to an accessible physical environment for out-of-school activities.
- Fawbert and Barnard Infants' School makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent

and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

- We understand the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- Fawbert and Barnard Infants' School ensures that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.
- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- Fawbert and Barnard Infants' School will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the INCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at Fawbert and Barnard Infants' School learn what to do in an emergency. For those pupils who require it, Personal Emergency Evacuation Plans are in place and all staff are aware of the information contained within these.
- We make sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

### **11. Triggers**

- Fawbert and Barnard Infants' School is aware of the triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks.
- We are committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- We review all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

### **12. General Management of Specific Conditions**

Individual Health Plans for individual children should always be referred to, however the general management for specific conditions is as follows:

#### **Allergies**

Allergic disease is the most common chronic condition in childhood. An allergic reaction occurs when a person's immune system is triggered by a substance that is usually considered harmless. Whilst most allergic reactions are mild, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

Our principles of good practice:

*Take every allergy seriously* - allergic reactions are unpredictable and every child with a diagnosed allergy should be included in the measures outlined.

*Every child matters* - allergies are as unique as the children who have them. It is crucial that an individualised approach is adopted, working with families and children to understand their experiences.

*Prioritise safety and inclusion over the 'status quo'* – responding to the needs of children with allergy can require finding new ways of doing things, with schools prioritising safety and inclusion every time.

Our whole school approach:

Every member of the F&B understands allergy and their responsibility for reducing risk, from pupils and parents to staff members. Allergy management is not just the responsibility of the catering and medical team. We build the knowledge and skills of all staff through targeted training and education. This will include understanding risk reduction and the importance of inclusion, as well as first aid response to allergic reaction. We weave allergy awareness into classroom activities, for example lessons on nutrition and PSHE.

▪ **Asthma**

Asthma is an overactive condition of the airways causing shortness of breath and wheezing. Preventative inhalers should be kept at home unless needed more than twice a day. Relievers must be readily available.

If a child is having an asthma attack:

1. Help them sit up straight and keep calm.
2. Help them take on puff of their reliever inhaler every 30 -60 seconds, up to a maximum of 10 puffs (or as per their Individual Health Care Plan)
3. Call 999 for an ambulance if:
  - Their symptoms get worse while they're using their inhaler (a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a tummy ache)
  - If they don't feel better after 10 puffs;
  - If you're worried at any time.
4. Do not wait for the parents to be contacted, though obviously they must be informed.
5. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers will be sent home at the end of the school term.

The school will retain an inhaler for emergency use in line with the amendments to the Human Medicines Regulations 2012 to allow the supply of salbutamol inhalers to schools and guidance on the use of emergency salbutamol inhalers in schools dated August 2014.

See Appendix 2.

▪ **Diabetes**

Please see Individual Healthcare Plans for management of particular children.

Diabetes occurs when the body's production of insulin is inadequate to deal with sugar in the blood. If the balance between insulin, food and activity is not maintained the blood sugar will rise and fall.

- **Anaphylaxis**

Please see Individual Healthcare Plans for management of particular children.

This is a severe allergic reaction. The administration of medication is safe and should not be withheld and if there is any doubt about the stages and symptoms.

All school staff will undertake annual EpiPen training and any member of staff is authorised to administer this medicine. If necessary, make a very quick decision and call 999.

See Appendix 2 and Appendix 3.

- **Epilepsy**

Epilepsy results from abnormal electrical activity in the brain causing physical effects (fits, seizures). Each individual differs in the length of time of a fit and recovery time. Parents need to inform the school about their child. A major seizure is alarming to witness and other children may need a lot of reassurance afterwards.

- Note the time the seizure starts and finishes;
- Only move someone if they are in danger;
- Cushion their head if they're on the ground;
- Clearing the area of obstructions
- Loosen any tight clothing around their neck (such as a tie), to aid breathing;
- Turn them on to their side **after** the convulsions stop (the recovery position as soon as possible);
- 
- Stay with them and talk to them calmly until they recover;

Call an ambulance if:

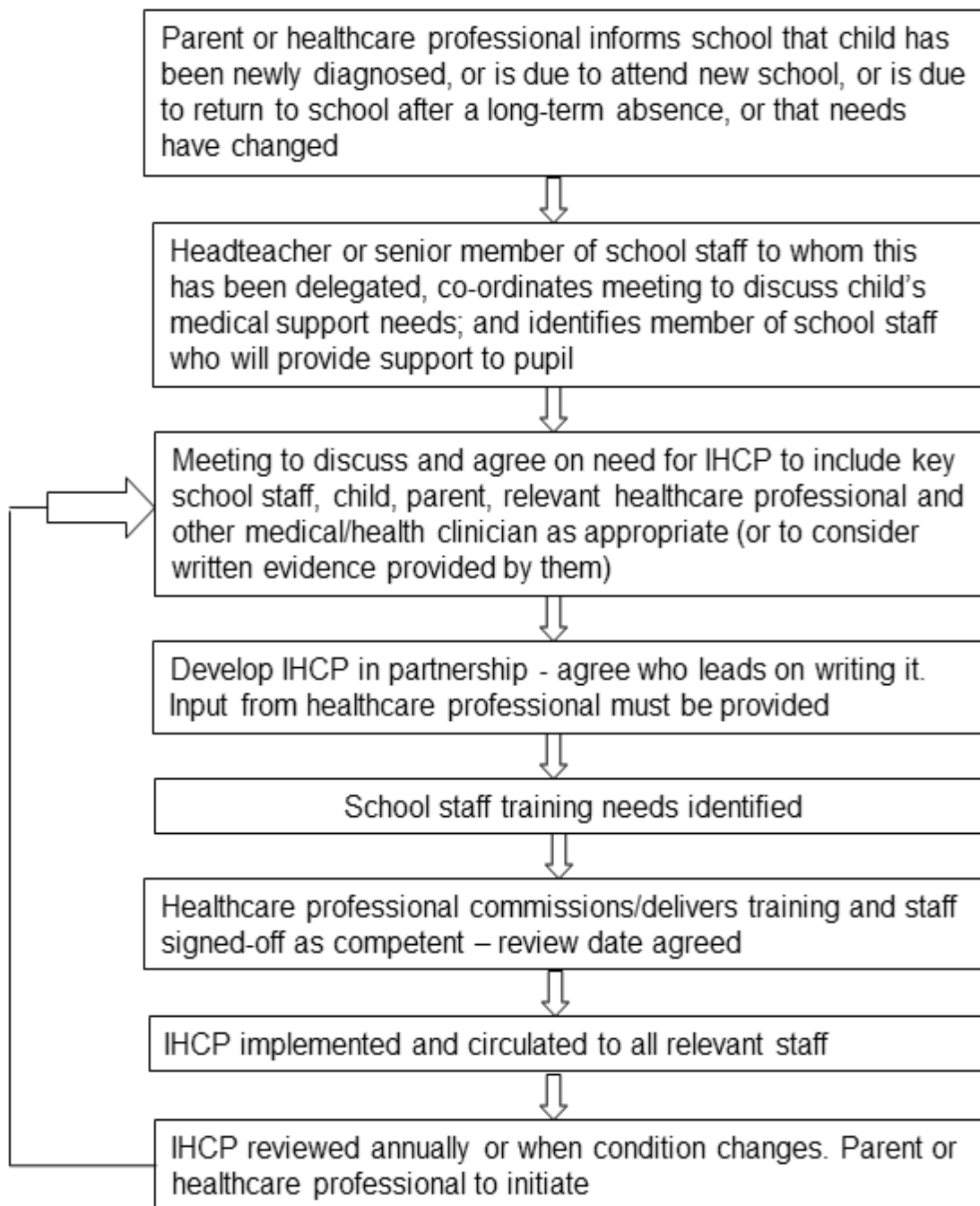
- It's the first time someone has had a seizure;
- The seizure lasts longer than is usual for them;
- The seizure lasts more than 5 minutes (if you do not know how long their seizures usually last);
- The person does not regain full consciousness, or has several seizures without regaining consciousness;
- The person is seriously injured during the seizure.

### **Reviewing and Evaluating the Policy**

- The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.
- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.
- Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Headteacher.

## Appendix 1

### Model process for developing individual healthcare plans



## Appendix 2

### Emergency Salbutamol Inhaler

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015). <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools. The school holds a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupil's IHP.

A record of use for the emergency inhaler will be kept and Parents/carers will be informed if their child has used the emergency inhaler.

Appropriate support and training has been provided to staff in line with the school's policy on supporting pupils with medical conditions.

The school's two volunteers for ensuring this protocol is followed are **(Sarah Burton and Esther Potma )** they are to check on a monthly basis that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available; that replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use;

The Emergency Inhaler is stored in **(Main Office, tall cupboard with Medical Cross on the door, Red Bag, end pocket)** and is clearly labelled to avoid confusion with a child's inhaler.

### Emergency Adrenaline Auto-injector (AAI)

The school has chosen to hold a "spare" AAI device for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

These AAI(s) held by the school are not a replacement for a pupil's own AAI(s).

The protocol for the use of this is detailed below, following the Department of Health and Social Care AAI's in schools (September 2017). <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

The use, storage, care and disposal of spare AAI(s) will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12/13 of the Department of Health and Social Care Guidance on the use of AAI's in schools.

The school hold a register of children prescribed an AAI or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis). Written parental consent is sought for the use of the spare AAI as part of the pupil's IHP. The spare AAI will only be used in pupils where both parental consent and medical authorisation has been provided. A record of use of any AAI(s) will be kept and Parents/carers will be informed if their child has been administered an AAI and whether this was the school's spare or the pupil's own device.

Appropriate support and training has been provided to staff in the use of AAI(s) in line with the school's policy on supporting pupils with medical conditions.

All AAI devices including the spare AAI(s) are kept in a suitable location **(Main Office, tall cupboard with Medical Cross on the door, Red Bag, end pocket/ Canteen)**. AAI's are not locked away and remain accessible and available for use and not more than 5 minutes from where they may be needed.

The spare AAI is clearly labelled to avoid confusion with that prescribed to a named pupil.

The school's two volunteers for ensuring this protocol is followed are **(Sarah Burton and Esther Potma)** they are to check on a monthly basis the AAI(s) are present and in date and that replacement AAI(s) are obtained when expiry dates approach.

# Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

## Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

## ACTION:




- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



## Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- AIRWAY:** Persistent cough  
Hoarse voice  
Difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing  
Wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness  
Becoming pale or floppy  
Suddenly sleepy, collapse, unconscious

### IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)   
2. **Use Adrenaline autoinjector\* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS


**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.


Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

## Appendix 4 – Individual Health Care Plan Template

F&B Individual Healthcare Plan					
Name:		DOB:		Address:	
Medical Diagnosis / Need:					
Emergency Contact Information					
	Contact 1	Contact 2	Contact 3		
Name:					
Relationship to Child:					
Contact No:					
Medical Need:					
Symptoms:					
Triggers:					
Signs:					
Treatment:					
Medication:					
Name of medication:		Expiry Date:		Dosage:	
How to administer:					
Additional Information:					
Emergency					
What constitutes an emergency?			What action should be taken in an emergency?		
Professional Involvement					
	Name	Address	Phone Number		
GP					
Consultant					
Other Professionals involved in care:					

Arrangements for Educational Visits	Specific Support for Pupil's Educational, Social and Emotional Wellbeing	
<b>Follow Up</b>		
Staff training needed / undertaken to support the care plan:	Review Date of Care Plan:	
<b>Agreements:</b>		
<ul style="list-style-type: none"> <li>• The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy.</li> <li>• I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.</li> <li>• I agree that my child's medical information will be shared with school staff responsible for their care.</li> <li>• I give permission for designated and trained school staff to administer the school's epipen to my child in an emergency, in line with the agreed HealthCare Plan, should my child's own epipen not be available.</li> <li>• I give permission for designated and trained school staff to administer the school's piriton to my child in an emergency, in line with the agreed HealthCare Plan, should my child's own piriton not be available.</li> <li>• I give permission for designated and trained school staff to administer the school's inhaler to my child in an emergency, in line with the agreed HealthCare Plan, should my child's own inhaler not be available.</li> </ul>		
Parent Name:	Date:	Signature:
School Name:	Date:	Signature:

## Appendix 5 - Example Management within School Plan

Photograph of child	
<b>Example Child</b>	
This child has <b>Condition</b>	
<b>Management within School</b>	
Overview of Condition	
Day to Day Management	Signs and Symptoms
Moderate Concern:	Severe Concern:
	Emergency Contact Numbers:

## Appendix 6 - Record of Medicine Administered to an Individual Child

### Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

<b>Contact Details</b>	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

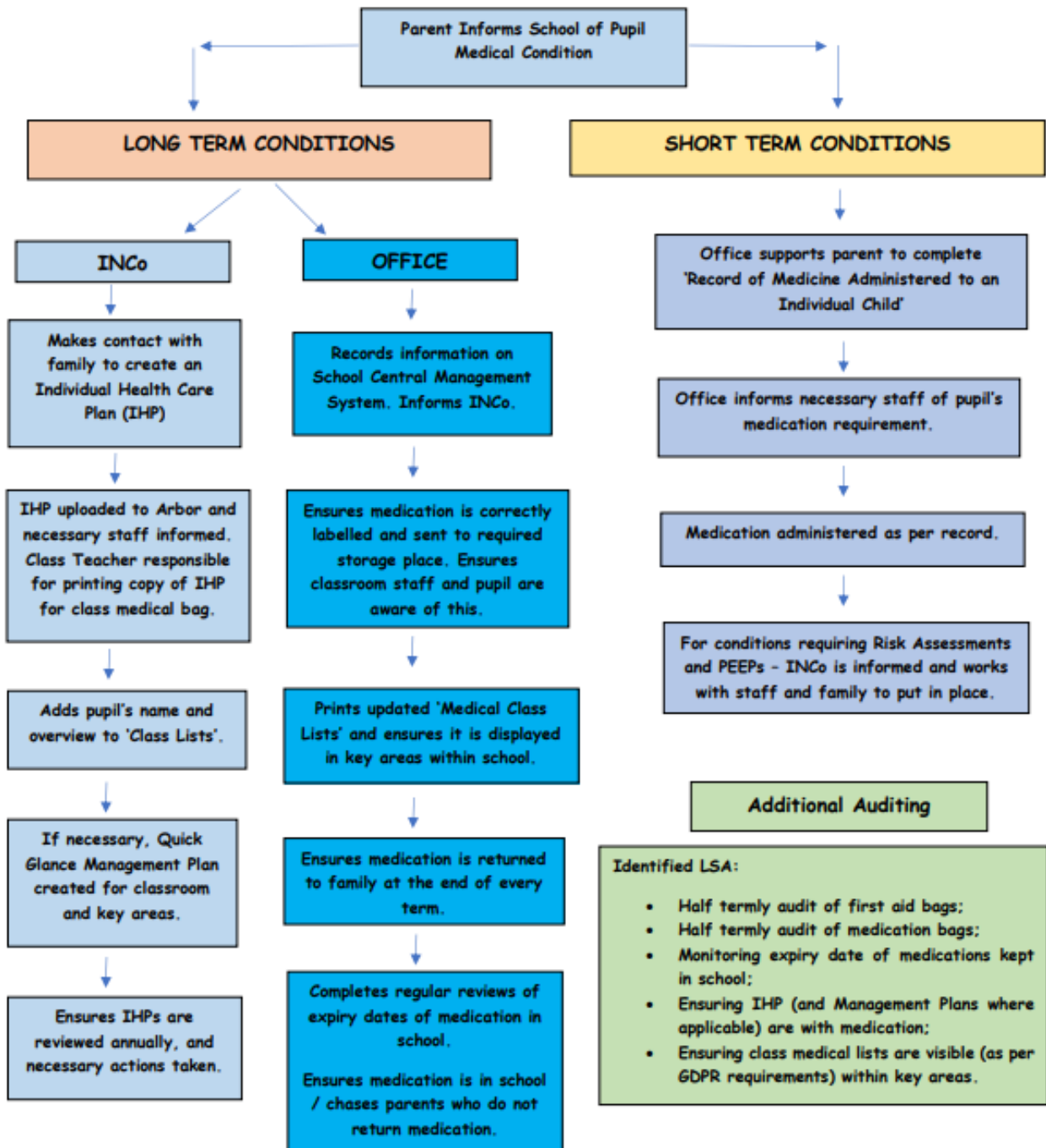
Signature(s) \_\_\_\_\_ Date \_\_\_\_\_



Appendix 8 – Roles and Responsibilities Flow Chart for Supporting Pupils with Medical Conditions

## Supporting Pupils With Medical Conditions

### Process & Responsibilities





Legislation and guidance linked to this policy:
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Children and Families Act (2014)
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Equality Act (2010)
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Data Protection Act (2010)
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School Policies linked to this policy:
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Child Protection
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