



Supporting Pupils with Medical Conditions Policy 2024



To be read in conjunction with:

- *JCS Curriculum Policy*
- *Children with Health Needs Who Cannot Attend School Policy*
- *Educational Visits Policy*
- *Sick and Injured Pupils Procedure*

This policy takes account of the regulations within the Children and Families' Act 2014 and the DfE's Supporting Pupils at School with Medical Conditions statutory guidance 2015; and is compliant with the Ealing Document October 2021

- *General guidance, links to further advice and training found at:
<https://www.egfl.org.uk/facilities/health-and-safety/managing-medical-conditions-schools>*

Introduction

This school is an inclusive community that welcomes and supports pupils with medical conditions so that they can play a full and active role in all aspects of school life, remain as healthy as possible and achieve their academic potential.

The Department for Education statutory guidance 'Supporting pupils with medical conditions at school' (2014) states:

"Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases."

This policy takes into account the school's legal duties under the Children and Families Act 2014 to make arrangements to support pupils with medical conditions, as well as its duties under the Equality Act 2010. This policy details the school's arrangements to support pupils with long term medical conditions. In this document 'medical condition' refers to any physical or mental health condition that requires ongoing health professional input.

This policy will be reviewed within 3 years, or earlier if there is any change in the regulations. The effectiveness of these procedures will be monitored by the governing board.

See Appendix 15 for Context of John Chilton School and additional school-specific information

Identification, Registers and Individual Healthcare plans

1. The school identifies all children with medical conditions

- 1.1. The 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 2), and annually thereafter. The school asks for explicit consent to share this information with relevant school staff and healthcare professionals.
- 1.2. The school follows the procedure detailed in Appendix 3 to ensure that every child with a medical condition has an individual healthcare plan in place before they start school (see section 3). Any exception to the requirement to have an individual healthcare plan in place before the child starts school will be at the discretion of the school.
- 1.3. 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.

2. The school keeps a record of all children with medical conditions

- 2.1. The school keeps a register of pupils with medical conditions (Appendix 4) to identify and safeguard these students. This register is held in a central, secure location, with access by staff as appropriate, and includes the child's individual healthcare plan.
- 2.2. The 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.

3. All children with a medical condition have an individual healthcare plan

- 3.1. The school recognises that needs are specific to an individual pupil. As such, all pupils with a medical condition require an individual healthcare plan.
- 3.2. All pupils with a medical condition will require a meeting to discuss the individual healthcare plan. This may be as part of the induction or admissions process. For more severe/complex conditions, an additional meeting between relevant school staff (including those who will be providing support to the pupil) and the parent/carer will normally be required to complete the individual healthcare plan, and may also involve health professionals and the pupil if appropriate. This should ideally take place before the start of the academic year or school term if mid-year entry (Appendix 3).
- 3.3. The format of an individual healthcare plan may vary according to the nature and severity of the medical condition. This may range from a school asthma card (see Appendix 5) to a more detailed individual healthcare plan as appropriate. All individual healthcare plans should detail the medication and care requirements at school, what to do in an emergency and details of the child's GP. Appendix 5 shows templates individual healthcare plans for common medical conditions.
- 3.4. For more severe and/or complex medical conditions, the individual healthcare plan should also include an individual risk assessment (Appendix 6) and an assessment of how the condition may impact on the child's learning, behaviour, performance and wellbeing, and plans to mitigate these risks and minimise disruption.
- 3.5. If a pupil has special educational needs or disabilities (SEND), these needs should be made clear in the individual healthcare plan and linked to their SEN or Education, Health and Care (EHC) plan if they have one.
- 3.6. The school recognises that needs change over time. As such, individual healthcare plans should be updated annually, or whenever the pupil's needs change. It is good practice to meet with parents annually to review the individual healthcare plans and the school considers ways of doing this, such as during parents' evenings.
- 3.7. A copy of the individual healthcare plan is maintained and updated by the school and is easily accessible to staff who need to refer to it, while also preserving confidentiality in line with the General Data Protection Regulation.

Medication

4. The school has clear guidance on administering medication at school

- 4.1. Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. 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.
- 4.2. If medication is required at school, this will only be given as detailed in the pupil's individual health care 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).
- 4.3. The school keeps an accurate record of all the medication administered, including the dose, time, date and supervising staff (Appendix 8). Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

5. The school supports staff who administer medication

- 5.1. The 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 (see section 11).
- 5.2. All staff are aware of the specific members of staff trained to administer medication or medical procedures in an emergency situation.
- 5.3. Staff who may be regularly expected to administer medication and undertake medical procedures should have this responsibility recognised in their job description. Staff are encouraged to volunteer for this role as part of their duty of care.
- 5.4. The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

6. The school has clear guidance on storing medication and equipment at school

- 6.1. The school ensures that all medication is stored safely, and that pupils with medical conditions and staff know where they are at all times, and who holds the key to the storage facility.
- 6.2. *The 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.
- 6.3. The 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.
- 6.4. The school keeps controlled drugs (e.g. methylphenidate [Ritalin], some strong painkillers marked CD on container) stored securely, but accessibly, with only named staff having access.
- 6.5. Parents/carers must collect all medication/equipment annually, and to provide new and in-date medication at the start of the academic year.
- 6.6. The school should not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication.

7. The school has clear guidance on emergency inhalers and adrenaline pens

- 7.1. The school allows pupils to keep their own inhalers and adrenaline pens if appropriate (6.2) or stored securely but accessibly if not.
- 7.2. The school's emergency asthma inhalers and adrenaline pens are available for pupils whom written parental consent and medical authorisation for use has been given. They are stored in a secure location but not locked away (see Appendix 9 for more details).

Training

8. The school promotes staff training in supporting pupils with medical conditions

8.1. The school recognises that different levels of training are required for different members of staff in order to meet the school's duties to support pupils with medical conditions.

9. Level 1 – All staff are aware of the medical conditions policy, emergency procedures and are encouraged to undergo further training

9.1. The school ensures that all staff, including temporary staff, are aware of this 'Supporting Pupils with Medical Conditions' policy and their role in implementing the policy as part of induction. *All staff will be required to sign up to this policy. This will be recorded in the staff file.*

9.2. All staff know which named members of staff should be called on in the event of a medical emergency and are familiar with the procedure for calling the emergency services. All staff are aware that if a pupil is taken to hospital by ambulance, a member of staff must accompany them and remain with them until a parent or carer arrives. Pupils should not be taken to hospital in staff cars.

9.3. The school has posters on display in the staff room and school office that reiterates the steps to take during an emergency.

9.4. The school encourages all staff to undertake awareness raising opportunities as part of its comprehensive programme of Continuing Professional Development (CPD), including First Aid training, as well as accredited online training modules (refreshed annually) tailored for schools around managing asthma and anaphylaxis (Appendix 11). The school keeps a record of staff training.

10. Level 2 – The school has a sufficient number of trained first aiders

10.1. The school ensures they carry out risk assessments as appropriate and have sufficient numbers of trained first aiders, taking into account factors such as the size of the school (Appendix 12).

10.2. The first aiders (*including paediatric first aiders as appropriate*) are trained in the management of common medical emergencies and Basic Life Support, including Cardiopulmonary Resuscitation (CPR). This should be refreshed at least every three years.

10.3. The school has an Automatic External Defibrillator (AED) on site which all staff are aware of (Appendix 12). Named members of staff are responsible for maintaining this.

11. Level 3 – the school supports staff who take on specific responsibilities for supporting pupils with medical conditions

11.1. The school has named members of staff who are 'Medical Conditions Co-ordinators/Leaders (Champions)', a role that should be recognised in their job description. These staff are trained on managing medical emergencies and supporting the implementation of this 'Supporting Pupils with Medical Conditions' policy. These staff are clear about the support they can receive and included as part of their annual appraisals.

11.2. Some children with medical conditions require more specific training for named members of staff. The school ensures that this training is provided by appropriate professionals (see supporting document- levels of training guidance on Ealing Grid for Learning).

11.3. The school ensures that there are sufficient numbers of staff trained to support pupils with specific medical conditions, taking into account staff absences, staff turnover and other contingencies.

11.4. Training should be sufficient to ensure that these members of staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual healthcare plans.

11.5. The family of a child should be key in providing relevant information to school about how their child's needs can be met, and parents/carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Whole School Environment

12. *The whole school environment is inclusive*

- 12.1. The school is committed to providing an accessible physical environment for pupils with medical conditions. This includes out-of-school activities.
- 12.2. All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any issues.
- 12.3. The school uses opportunities such as personal, social, health and economic education (PSHE) and science lessons to raise awareness of medical conditions to help promote a positive environment.
- 12.4. The school recognises that any measures to identify pupils with medical conditions for their safety should be proportionate and take into account confidentiality and emotional wellbeing.

13. *The school ensures that arrangements are made for pupils with medical conditions to participate in all aspects of the curriculum where reasonably possible*

- 13.1. The school ensures that the needs of pupils with medical conditions are adequately considered so that they can participate fully in all structured and unstructured activities, extended school activities and residential visits.
- 13.2. The school understands the importance of all pupils taking part in physical activity (including out-of-school clubs and team sports). All relevant staff should make reasonable adjustments to physical activity sessions in accordance with a pupil's individual healthcare plan. This may involve ensuring that pupils have the appropriate medication/equipment/food with them during physical activity.
- 13.3. The school makes sure that a risk assessment is carried out before an educational visit. 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. This will require consultation with parent/carers and pupils and may require advice from the relevant healthcare

professional to ensure that pupils can participate safely. *The school uses Ealing Council's educational and recreational visits handbook with relevant health and safety templates to complete.* www.egfl.org.uk/educationalvisits

14. *The school understands the impact a medical condition may have on attendance and learning*

- 14.1. School staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- 14.2. Where a pupil has frequent absences or a prolonged absence due to a medical condition, it is expected that parents/ carers will work with the school and healthcare providers to ensure relevant information is available as part of a coordinated care/support approach.
- 14.3. The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to a relevant member of staff (e.g. the Special Educational Needs Co-ordinator) who will liaise with the pupil (where appropriate) parent and the pupils' healthcare professional.
- 14.4. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and educational provider to ensure that the child receives the support they need to reintegrate effectively. This may include updating their individual healthcare plan where necessary.

15. *The school learns from incidents and complaints*

- 15.1. The school reports and investigates all incidents (including near misses) related to this policy and reports these to the Schools Health and Safety Adviser through the online portal www.egfl.org.uk/report-incidents. Learning from these incidents is shared with staff and used to inform any subsequent revisions to this policy.
- 15.2. The school responds to all concerns and complaints related to implementation of this policy, in line with the school's complaints policy.

16. *The school will carry out annual audits to ensure that the policy is being followed*

16.1. The school nurse supported by the school as required should carry out an annual audit based on the checklist in Appendix 1 to ensure that the policy is being followed.

17. *Asthma Friendly School (AFS)*

17.1. Having implemented this policy, the school nurse can assist the school in becoming certified as an asthma friendly school. This is encouraged by the local authority.

Appendix 1: '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				
Governing board committee with a responsibility for and link 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 (including the use of any emergency medication kept by the school), medication records, and individual risk assessment forms				
Medication:				
Stores medication securely but accessibly				
Process for ensuring all medication and equipment (including defibrillators) are in date				
Accurate record of medication administered				
Protocol for use of emergency inhalers and adrenaline autoinjectors (<i>if applicable</i>)				

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				
Insurance cover current and adequate to needs				
Medical conditions co-ordinators/leads (Champions) are clearly known by all staff, pupils, parents and other stakeholders				
Medical conditions co-ordinators/leads (Champions) are clear about line management arrangements, annual appraisals and attend regular training				
<u>Job descriptions</u> exist for medical conditions co-ordinators/leads (Champions) and includes relevant responsibilities				
Whole school environment:				
School admission arrangements take this policy into consideration				
Risk assessments for educational visits are in place				
Process for reporting incidents to Ealing Council Health and Safety				

Appendix 2: Medical questionnaire (for the school enrolment form and annually thereafter)

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:

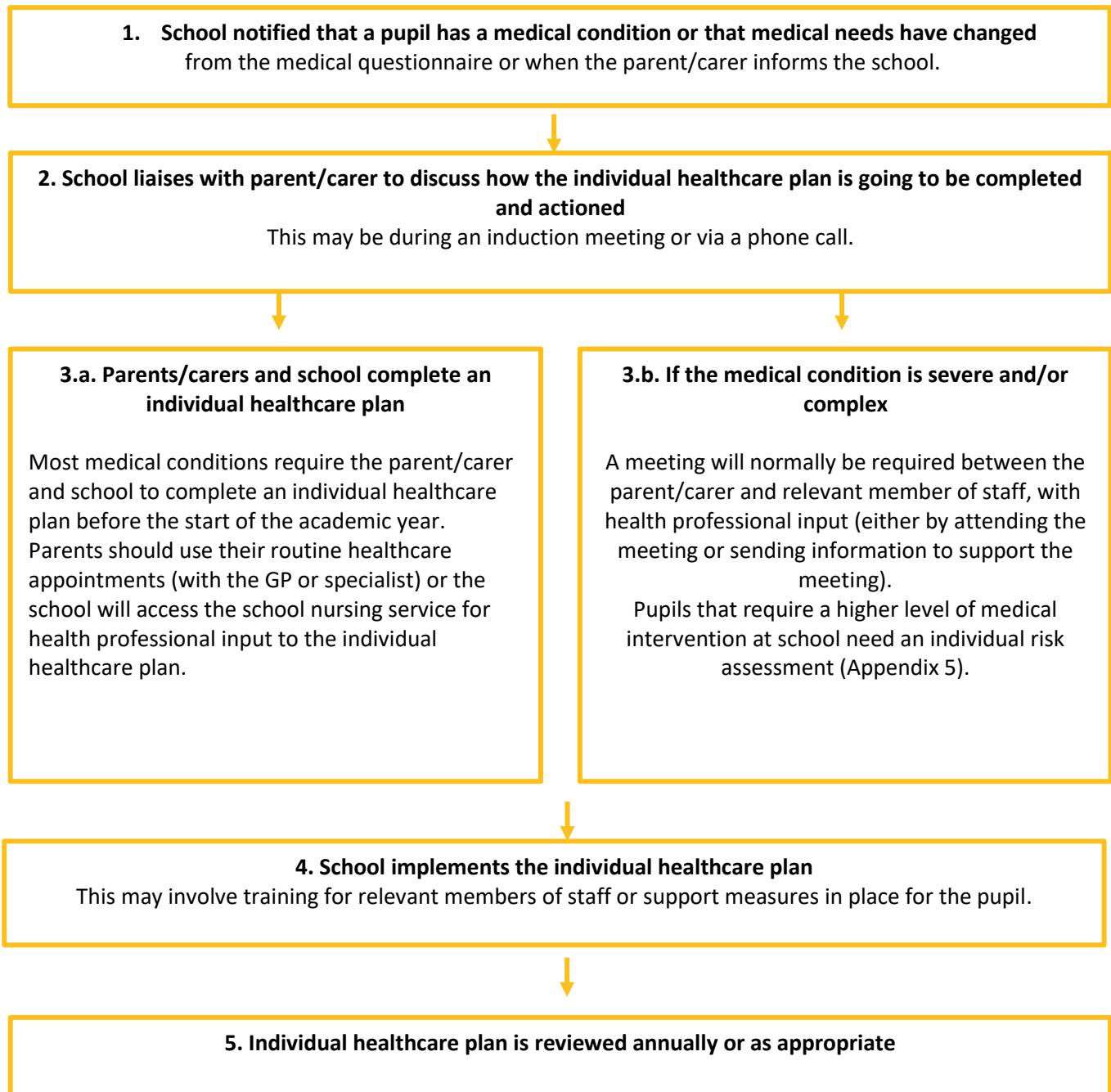
If you have ticked 'yes' above, a member of staff will contact you to discuss your child's medical needs further. All pupils with medical conditions* will require an individual healthcare plan before the start of the school year. If the medical condition is serious, complex and/or life threatening the school will organise a meeting to discuss the 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 including the school nursing service. Yes / No

Name of Parent / Carer	
Signature of Parent / Carer	
Date	

* The school takes 'medical condition' to refer to any physical or mental health condition that requires ongoing health professional input.

Appendix 3: Procedure following notification that a pupil has a medical condition (flow chart).



The NHS Healthcare team onsite keep the following registers, risk assessments and healthcare plans safely and update annually or more often as needed.

Appendix 5: Individual healthcare plans 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

[school-asthma-card2020_download.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-childs-individual-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%202.pdf

Bladder and Bowel conditions individual healthcare plan

<http://medicalconditionsatschool.org.uk/documents/IHP-Bowel-Bladder-conditions.pdf>

Appendix 7: Medicines permission letter for pupils with medical conditions

In line with this school's 'Supporting Pupils at School with Medical Conditions' Policy, the school will not give your child medicine unless you complete and sign this form.

Name of school/setting	
Date	
Pupil's name	
Group/class/form	
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/setting	

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/carers signature

Print name

Date

Designated member of staff's signature

Print name

Date

Appendix 8: Medication records

Record of medicines administered to an individual child

Name of school/setting	
Name of pupil	
Date medicine provided by parent/carer	
Group/class/form	
Name and strength of medicine	
Dose and frequency of medicine	
Quantity received	
Quantity returned	
Expiry date	

Staff signature -----

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 9: Emergency Inhalers and Adrenaline Auto-Injectors (AAIs)

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Schools are not required to hold an inhaler or AAIs – this is a discretionary power enabling schools to do this if they wish. However, keeping an inhaler and/or AAIs 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 and/or AAIs need protocols for their use to protect staff by ensuring they know what to do in the event of a child having an asthma or anaphylactic attack.

The protocol should include:

- Arrangements for the supply, storage, care, and disposal of the inhaler, spacers and AAI devices, in line with this 'Supporting Pupils with Medical Conditions' policy
- Having a register of children in the school who have been:
 - Diagnosed with asthma or prescribed a reliever inhaler. A copy of the register should be kept with the emergency inhaler
 - Prescribed AAIs (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
- Having written parental consent for use of the emergency inhaler and/or for use of the spare AAI(s), included as part of a child's individual healthcare plan. This should be signed in the school asthma card or the allergy action plan (Appendix 5).
- Ensuring that the emergency inhaler and spare AAIs 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 and spare AAIs in line with this 'Supporting Pupils with Medical Conditions' policy
- Keeping a record of use of the emergency inhaler and/or AAIs as required by this 'Supporting Pupils with Medical Conditions' policy (Appendix 7) and informing the parent/carer when their child has been administered an inhaler/AAI and whether this was the school's spare inhaler/AAI or the pupil's own device (Appendix 9). 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, spacers and AAIs from a community pharmacy. The pharmacy will need a request signed by the principal or head teacher 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.

Schools can consider keeping more than 1 kit if they cover more than 1 site.

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-of-salbutamol-to-schools.docx>

ANAPHYLAXIS

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

Schools may administer their “spare” adrenaline auto-injector (AAI), obtained for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The school’s spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

In severe cases the allergic reaction can progress within minutes into a life-threatening reaction. Severe reactions can require much more than an adrenaline injection and it is therefore vital to contact Emergency Services as early as possible.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Depending on their level of understanding and competence, **children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times.** If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil’s name but NOT locked in a cupboard or an office where access is restricted.

AAIs are available in different doses depending on the manufacturer. Schools should hold a single brand to avoid confusion in training and administration. ‘EpiPen’ is the most well-known and likely to be the brand used by most pupils.

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer’s information
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children’s AAIs and the labelled to avoid confusion. The kit should be located not more than 5 minutes away from where it might be needed.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), emergency services (999) MUST be called without delay, even if they have already used their own AAI device, or a spare AAI.

- When dialling 999, give clear and precise directions to the emergency operator, including the location’s postcode.
- If the pupil’s condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
 - If the child is known to have an allergy
 - What might have caused this reaction e.g. recent food;
 - The time the AAI was given.

Appendix 10: Letters to inform parents/carers of their child's use of the school's emergency inhaler*

School name:.....

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 givenpuffs.

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

**Please note that parents will be informed immediately when a child has used the school's emergency adrenaline autoinjector (and emergency services called).*

Appendix 11: Training resources for Ealing school staff

Online

Anaphylaxis Campaign AllergyWise Online Course

Free online anaphylaxis training course AllergyWise for Schools is designed to ensure that key staff in schools are fully aware of the signs and symptoms of anaphylaxis, how to provide emergency treatment and the implications for management of severely allergic children from Key Stages 1 to 5 in an education setting.

<https://allergywise.org.uk/course-login/>

Supporting Children's Health Asthma Online Course

Being aware of asthma and its triggers can help to ensure children with asthma in your care are safe and can get involved in the same activities as any other child without issue or harm.

This module aims to help you support children who have asthma by:

- Raising your awareness of the condition and how it's managed
- Exploring plans, you may need to ensure that children with asthma in your care are supported

<https://www.supportingchildrenshealth.org/asthma-module/>

MindEd

MindEd is a free educational resource on children and young people's mental health for all adults.

<https://www.minded.org.uk>

Face to face

School nursing service training (includes management of medical emergencies training for schools):

www.egfl.org.uk/schoolnursing

Ealing Health and Safety training (includes First Aid training for schools):

www.egfl.org.uk/HStraining

Appendix 12: First aid training 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.

Ealing Council has a page on the EGfL www.egfl.org.uk/firstaid dedicated to first aid which is also a useful resource for schools. This page includes a blank template that Schools can use to carry out their first-aid risk assessment.

Automatic External Defibrillators (AEDs) in schools:

Ealing Council purchased the Powerheart® G5 AED for schools in the Borough in 2017. This was the most appropriate unit for schools as advised by the London Ambulance Service.

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.

Ealing Council has a page on the EGfL www.egfl.org.uk/AED dedicated to AEDs which is also a useful resource for Schools. This page includes a video that demonstrates the use of the Powerheart® G5 AED.

Appendix 13: Checklist: responsibilities of parents/carers

- ✓ Informing the 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 the 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 the 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 labeled 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 the school with supporting information from your healthcare professional if your child has frequent or prolonged absence(s) from school.
- ✓ Informing the 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: Other key reference documents

Department for Education guidance

Supporting pupils at schools with medical conditions guidance:

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

Healthy London Partnership resources

Asthma schools' guidance:

<https://www.healthylondon.org/wp-content/uploads/2017/11/London-schools-guide-for-children-and-young-people-with-asthma.pdf>

<https://www.healthylondon.org/resource/london-asthma-toolkit/schools/>

Asthma friendly schools guidance:

[Asthma friendly schools - Healthy London Partnership](#)

Bladder and Bowel guidance:

<https://www.eric.org.uk/healthy-bladders-and-bowels-at-school>

Diabetes schools' guidance:

<https://www.healthylondon.org/resource/london-guide-teachers-parents-children-young-people-diabetes/>

Epilepsy schools' guidance:

<https://www.healthylondon.org/resource/london-epilepsy-guide-schools/>

Appendix 15

Context of John Chilton School

John Chilton School is a special school; more than 90% of the pupils in John Chilton School have medical conditions and in addition, 60% have physical or severely physical disabilities that affect their health and wellbeing. The purpose of this policy is to set out the aims and arrangements implemented to ensure that pupils with medical conditions are properly supported in school both physically and mentally, so that they can play a full and active role in school life, remain as healthy as possible and achieve their academic potential.

The school ensures that it takes account of each individual's medical condition and makes the appropriate adaptations so that the pupil can be in school and participating in as full a curriculum as possible. For some pupils with extremely complex and debilitating conditions, it may encompass a shorter school day and palliative activities. It is also important that the pupils have access to the additional services in school that they need to manage and understand their condition. This may include additional specialist medical staffing that is assigned to an individual.

In line with its safeguarding duties, the school carefully considers the condition of each prospective pupil and will not accept a pupil if doing so would be detrimental to the pupil and the other pupils in school.

In line with Ealing Guidance, staff supporting with any medical conditions are identified within three levels of training and as documented in table below. This will vary from health programmes and interventions through to more intensive, specific clinical interventions.

As the majority of pupils have a medical condition, supporting with health programmes is within job descriptions for support staff with full training and support.

ARRANGEMENTS FOR PUPILS WITH MEDICAL CONDITIONS:

Parental support:

Parents are often concerned when their child is at school as children and young people with long term and complex medical conditions may need on-going support, medicines and care while at school. Some may even need interventions in emergency situations. Some pupils have progressive syndromes and the school can provide parents with the support needed in accepting and adapting to the changing needs of their child; giving advice about specialist services where necessary.

Additional services:

The school provides a base for Primary Health Care Trust professionals and commissions therapy from independent providers, including physiotherapists, occupational and speech and language therapists. This enables essential therapies to be delivered in house across the school day.

Wheelchair and mobility services come to school as much as possible to avoid pupils having additional time off from learning.

There is a full time nurse and at least one healthcare assistant working on the Bengarth Site and at one HCA on the Satellite Site. This ensures that pupils can receive critical medication and emergency medication immediately, without being withdrawn from site.

Speech and language therapists with dysphagia specialism assess and advise on pupils with eating and drinking difficulties, training staff to support high-risk pupils safely.

The school employs a Moving and Handling specialist to ensure that staff are trained and supported in meeting the transfer and moving needs of the pupils, both in school and on trips and visits. They work in close collaboration with physiotherapists when a pupil has had major surgery to enable the pupil to return to school as soon as possible, even if in different equipment.

The school also employs two Therapy Liaison Leads to support therapy provision across the school, support communication with Therapy Team and support resources and programmes.

The school employs Assistive Technology (A/T) specialists and a Learning Mentor and SEMH Assistant. The A/T specialists work closely with the therapists to develop bespoke communication and access equipment, resources and training for staff, to enable each pupil to access the curriculum and social settings.

The Learning Mentor and SEMH assistant leads colleagues to support pupils who have challenging behaviour as part of their condition; and helps staff to make the appropriate adaptations to the environment in order for the pupil to succeed as well as supporting pupils in 1:1 or small group work.

The school employs a counsellor to support identified pupils with their emotional needs on a priority basis.

PROCEDURE TO BE FOLLOWED WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION (in line with Appendix 3):

1. Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long term absence, or that needs have changed. Admin Team and Nursing Team meet new families to review all needs and care plans.
2. Headteacher or senior member of school staff to whom this has been delegated, coordinates meeting to discuss child's medical support needs and identifies member of school staff who will provide support to pupil. Headteacher refers any medical/ health needs to the school Nursing Team to discuss pupils' needs. If thresholds are met pupils will be allocated to Nursing caseload.
3. Meeting to discuss and agree on need for Individual Healthcare Plan (IHP) to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them).
4. Develop IHP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.
5. School staff training needs to be identified.
6. Healthcare professional commissions/delivers training and staff signed off as competent – review date agreed.
7. IHP implemented and circulated to all relevant staff.
8. IHP reviewed annually or when condition changes. Parent or healthcare professional to initiate (Return to procedure from number 3).

TRANSITION:

Pupils who attend John Chilton School all have – or are in the process of assessment for- an Education Health and Care Plan, that details the medical, physical and learning needs of the pupil. In situations where there is a considerable health need the Headteacher will arrange a multi- agency meeting with the various health agencies to decide upon the best way of supporting the pupil in school. The pupil will start at school only when the appropriate arrangements have been finalised.

Transitions to and from the school are managed by the Leader of Phase and will include visits, parent meetings, liaison with previous schools and therapists involved. Paperwork is distributed to all relevant professionals and kept in the pupil's folder in the office.

INDIVIDUAL HEALTHCARE PLANS:

Individual Healthcare Plans are kept by the nurse at school and accurate and appropriate medical information is distributed to all staff. These are reviewed regularly and are adapted as the pupil's needs change. These plans detail the medication and procedures needed and the professionals involved. The nurse meets with the parents/carers annually to ensure that all details are still correct, and more often if necessary.

Parents give written permission for medication to be administered and procedures to be followed at school by the staff or the pupil themselves if possible. Special arrangements are made for trips and residential visits to ensure that a member of staff is proficient in administering medication or carrying out healthcare procedures and that this is recorded and signed on the appropriate forms.

Some pupils require medication from visiting specialist nurses, such as intravenous medication. This is arranged through the appropriate professionals and the school nursing staff.

Emergency contacts are kept and regularly updated. Information about how to manage an emergency situation for different individuals is kept by the health staff and given to relevant staff.

ROLES AND RESPONSIBILITIES:

Supporting a pupil with a medical condition at school is a collective responsibility; partnership between school staff, healthcare professionals, therapists, parents and pupils is critical. The collaborative working arrangements for John Chilton School are detailed below:

- **The Governing Board** is responsible for ensuring that the school policies and procedures take account of pupils' medical conditions and that they are supported to participate as fully as possible in all aspects of school life. The GB is responsible for ensuring that all staff understand the SPMC policy and practices and that robust training is in place to develop confidence and competence.
- **The Headteacher and SLT** are responsible for ensuring that policies are developed and effectively implemented with partners. They ensure that all relevant staff are aware of the pupil's condition and the effects on participation in school. They ensure that there are sufficiently trained staff to manage the pupil's condition, recruiting a member of staff if necessary, or working with external agencies to enable the pupil to be supported at school.
- **School staff** Teachers are responsible for ensuring that the pupils in their class have their health needs met in the school and wider environment; that all relevant staff understand the needs of the pupil and the adaptations that need to be implemented for that pupil to participate in school life. All classroom-based staff receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. When off site- pupils needing medication or skilled interventions will have their needs met by volunteer staff that are highly trained and competent. 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.
- **School nurse and healthcare staff** have the lead role in ensuring that the medical needs of each pupil are managed safely and supported in school. They liaise with lead clinicians regarding the pupil and their medical needs and pass this information onto relevant staff in school. They are responsible for training school staff to administer medication and emergency medication where appropriate and confirming that school staff are proficient to undertake healthcare procedures.
- **GPs and paediatricians** are responsible for notifying the school nurse if a pupil has a medical condition that will require support
- **Local Authorities** Local Authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training

and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

- **Providers of health services** will cooperate with schools that are supporting pupils with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.
- **Social services** are involved on an individual need basis and provide care packages and support for families. Sometimes the pupil may be subject to a Child in Need, or Child Protection Plan in order to support their medical needs appropriately.
- **Pupils** are fully involved in discussions about their support needs, if able, and encouraged to contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- **Parents/carers** provide the school with sufficient up-to-date information about their child's condition and medical needs. The school sees the parents/carers as key partners and involves them in developing and reviewing the healthcare plan.

STAFF SUPPORT: TRAINING, REVIEW AND ASSESSMENT:

The nursing and healthcare staff take care of the much of day-to-day and emergency medical and health needs of the pupils at school. Specialist staff are involved for individual pupils when their care involves full time monitoring due to life threatening conditions or regular specialist medication.

The nursing and healthcare staff are regularly trained by the Primary Health Care Trust professionals. School staff who support with pupils' health needs are trained by appropriate leading Healthcare Coordinator. This is for in-school regular and routine support as well as off-site to enable a pupil to experience learning in different settings or after school activities safely. No member of staff gives prescription medication or undertakes clinical procedures without being appropriately trained and being confident in the procedures.

Staff competencies and training needs will be identified, reviewed and updated at appropriate intervals by all involved personnel including healthcare professionals.

It is understood and shared by staff that each class has differing needs that must be met by the class team- these include learning, therapy, supporting eating and drinking, personal care and health.

SUPPORTING PUPILS TO MANAGE THEIR OWN NEEDS AND MEDICINE:

Wherever possible, pupils are supported in managing their own medical conditions and administering their own medication or carrying out healthcare procedures. This is in discussion with parents/carers and the relevant professionals.

Pupils are also supported in managing the social and emotional aspects of their condition and understanding the implications of a progressive condition.

If a pupil is refusing to cooperate with taking medicine or a necessary procedure, then the agreed procedure in the healthcare plan should be followed. Parents and relevant professionals and agencies should be informed.

EMERGENCY PROCEDURES:

In an emergency situation staff follow the procedures in the individual healthcare plan. The ambulance service is called if necessary; a member of school staff will accompany the pupil to hospital until the parent/carer can be present.

DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES:

As far as possible, systems will be put in place for pupils with medical/ health needs to be able to participate in swimming, school day, local and planned visits, outside learning and residential trips. This will include staff training and parental input where necessary, such as if the pupil has a different health routine and equipment at home (e.g. a sleep system). Unless a GP or consultant states that it is not possible, every attempt will be made to enable a pupil's participation in such activities.

Reasonable adjustments and risk assessments are taken before school visits and journeys take place.

HOME-SCHOOL TRANSPORT:

The Local Authority that runs individual home-school transport routes has the responsibility to train Passenger Assistants in coping in emergency situations with pupils with medical conditions. Some pupils have a healthcare assistant with them for transport; some come to school with their parents. Risk Assessments are undertaken and updated regularly, with advice taken from other professionals. Older pupils are trained and assessed for their ability to independently travel to school. This takes account of their medical/health conditions and any changes in this can affect their independent traveller status.

ACCEPTABLE PRACTICE:

It is not acceptable:

- For pupils to be denied access to their inhalers or emergency medication
- To assume every pupil with the same condition requires the same treatment
- To ignore the views of the pupil or their parents/carers
- To prevent a pupil with medical/health needs from attending school for the whole day, unless discussed with the parent/carer and whole attendance is detrimental to the pupil's wellbeing
- To send a pupil to the medical room unaccompanied if unwell
- To penalise pupils for poor attendance if related to their medical/health condition
- To prevent pupils from eating, drinking or going to the toilet if needed in order to manage their condition effectively
- To create barriers to a pupil participating in any part of school life including trips.

LIABILITY AND INDEMNITY:

The school has the appropriate level of indemnity insurance through the Insurance Company. The healthcare staff working at the school are covered through the PCT insurance.

Appendix 16

Supporting Pupils with Medical Conditions in Schools Policy Guidance on Levels of Training for School Staff

Level 1 training

All staff.

Read and understood the medical conditions policy. Staff are encouraged to participate in the recommended free online resources as part of CPD.

- **Anaphylaxis Campaign AllergyWise Online Course**
AllergyWise for Schools is designed to ensure that key staff in schools are fully aware of the signs and symptoms of anaphylaxis, how to provide emergency treatment and the implications for management of severely allergic children from Key Stages 1 to 5 in an education setting.
<https://allergywise.org.uk/course-login/>
- **Supporting Children's Health Asthma Online Course**
Being aware of asthma and its triggers can help to ensure children with asthma in your care are safe and can get involved in the same activities as any other child without issue or harm.
This module aims to help you support children who have asthma by:
 - Raising your awareness of the condition and how it's managed
 - Exploring plans you may need to ensure that children with asthma in your care are supported<https://www.supportingchildrenshealth.org/asthma-module/>
- **MindEd**
MindEd is a free educational resource on children and young people's mental health.
<https://www.minded.org.uk>

Level 2 training

Trained first aiders (including those who may be administering medicines/medical procedures)

As for level 1 and also attendance every three years at the following:

- School nursing service training: management of medical emergencies training for schools
<https://www.egfl.org.uk/services-to-schools/ealing-school-nursing-service-201819>
- Ealing Health and Safety training (includes First Aid training for schools):
<https://www.egfl.org.uk/facilities/health-and-safety/health-and-safety-training>

Level 3 training

Medical conditions co-ordinators/leaders

As for level 1 and also annual attendance at the following:

- School nursing service training: management of medical emergencies training for schools and implementing the 'supporting pupils with medical conditions' policy for schools
<https://www.egfl.org.uk/services-to-schools/ealing-school-nursing-service-201819>

Attendance every three years at the following:

- Ealing Health and Safety training (includes First Aid training for schools):
<https://www.egfl.org.uk/facilities/health-and-safety/health-and-safety-training>