# Supporting Pupils with Medical Conditions Policy 2026-27

## Ringmer Primary and Nursery School

| | |
|---|---|
| **Author and date written:** | Anna Crompton, August 2026 |
| **Approval by:** | Local Governing Committee |
| **Approval date:** | 29 September 2026 |
| **Next Review:** | August 2027 |
| **Version:** | 1.0 |

# Supporting Medical Conditions in School

**1. Aim**

The aims of this policy are to:

- Ensure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions.
- Ensure that pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including trips and sporting activities.

**2. Legislation and statutory responsibilities:**

The purpose of this policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

This policy is based on the Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, from the Department for Education (DfE) on supporting pupils at school with medical conditions and incorporates the Early years foundation stage statutory framework from the Department for Education (DfE) on Setting the standards for learning, development and care for children from birth to five.

This policy complies with our funding agreement and articles of association.

This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE), December 2015
- 0-25 SEND Code of Practice, DfE January 2015
- Mental Health and behaviour in schools: departmental advice for school staff, DfE November 2018 · Equalities Act 2010
- Schools Admissions Code, DfE September 2021
- ESCC Accessibility Strategy
- ESCC SEND Strategy
- SEN MATRIX SEN Matrix | Czone (eastsussex.gov.uk)
- East Sussex policy for the education of children and young people unable to attend school because of health needs (link: https://www.eastsussex.gov.uk/educationandlearning/schools/attendance-behaviour/too-sick/ )
- ISEND Front Door Front Door referrals | Czone (eastsussex.gov.uk) and include the following documents: Additional Needs Plan or IHCP, registration certificate and current medical evidence.

Systems are in place to ensure that the Designated Safeguarding Lead is kept informed of arrangements for children with medical conditions and is alerted where a concern arises, such as an error with the administering of medicines or intervention, or repeated medical appointments being missed, or guidance or treatments not being followed by the parents or the child.

**3. Roles and responsibilities**

**3.1 The Local Committee**

- The Local Committee will support the Headteacher in deciding to support pupils with medical conditions. They will also support in ensuring a policy is in place and reviewed in line with updated guidance on an annual basis.

**3.2 The Headteacher**

The Headteacher will:

- Hold ultimate responsibility to decide to support pupils with medical conditions, with support from the Local Committee.
- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition via medical lead.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Ensure the school nursing service is contacted in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school medical lead.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date by medical lead.

**3.3 Staff**

- Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions. This includes the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- All staff will be regularly updated by the medical lead of the possible medical risks attached to certain students. They should be aware of possible emergency action and emergency contacts. Teachers will consider the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Update MediTracker following medicine administration.
- Sara Crane, Head of School will be responsible for briefing supply teachers, preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

**3.4 Parents/Carers will:**

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHCP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide

medicines and equipment, and ensure they or another nominated adult are contactable at all times.

**3.5 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

**3.6 School nurses and other healthcare professionals**

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHCP. Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs.

**4. Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

**5. Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHCP. The school will make every effort to ensure that arrangements are put into place as soon as possible, depending on the condition, or by the beginning of the relevant term for pupils who are new to our school.

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Ringmer Primary and Nursery School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Ringmer Primary and Nursery School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as

well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made.

However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Ringmer Primary and Nursery School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, these discussions will be led by Sara Crane, and then an individual healthcare plan will be written in conjunction with the parent/carers by the School SENCO, and put in place. (please also see 'Safeguarding children in whom illness is fabricated or induced' Department for Children's & Families 2008).

**5.1 Individual healthcare plans (IHCPs)**

The Headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to the SENDCo (Lizzy Daly). Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out what actions need to be taken, when and by whom. Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents/carers when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.
Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advice on the pupil's specific needs. The pupil will be involved wherever appropriate. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

The SENDCo will consider the following and consult with Headteacher when necessary when deciding what information to record on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences

will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.

- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable?
- Who in the school needs to be aware of the pupil's condition and the support required?
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact and contingency arrangements.
- What support the school has put in place for removing any barriers to learning and attendance at school.
- What support the school has put in place for the pupil or parent's mental health and wellbeing with regards to the pupil's medical condition.

Where a pupil is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively.

Where home to school transport is being provided by East Sussex County Council, we will support the development of any risk assessments and share the individual healthcare plan with the local authority and driver/escort. Where pupils have a life-threatening condition or a medical need that requires an emergency response, individual healthcare plans should be carried on the vehicle detailing the procedure to be followed in the event of an emergency. In the event that home to school transport is not being provided by East Sussex County Council, the risk assessment and healthcare plan will be shared as appropriate.

**6. Managing medicines**

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents/carers' written consent

As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will not administer aspirin unless prescribed.

**6.1 Record Keeping – administration of medicines**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits.

**6.2 Consent to administer medication**

Parental/guardian consent to administer medication will be required as follows:

- Short term ad-hoc non-prescribed medication - The school will request parent/guardian consent via Arbor or telephone to gain consent at the time of administration and this will be recorded on MediTracker. Parents/Guardians are required to inform the school if there are any changes to consent at any time. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.
- Prescribed and non-prescribed medication - each request to administer medication by a parent must be accompanied by a completed 'Parental consent to administer medication' form.

**6.3 Non-prescription Medicines**

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on the pupil's IHCP.

**Training**

Whole school awareness training will be arranged so that staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This is done by sending the policy to all staff on a yearly basis when it is received and sharing all IHP's with all relevant staff members and the school office.

We will record staff training for administering medicines and/or clinical procedures. All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so where required. The training need may be identified by the healthcare professional during the development or review of the individual healthcare plan or we may choose to arrange training ourselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

For the protection of both staff and pupils a second member of staff will be present while more intimate procedures are being followed.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Headteacher will seek advice from relevant healthcare professions about training needs, including preventative

and emergency measures so that staff can recognise and act quickly when a problem occurs.

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

***Short term ad-hoc non-prescribed medication***

Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the individual pupil's medicine record before any dose is given, etc.

**Pain relief protocol for the administration of paracetamol**

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) then:

- The school will contact the parent/guardian and confirm that a dose of pain relief (paracetamol) was NOT administered before school & ensure the consent form has been completed. If a dose of pain relief has not been administered in the past 4 hours the school will with parental consent administer 1 dose of liquid paracetamol (e.g. Calpol)
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief was administered before school then the school will refuse to administer pain relief. If a dose of pain relief has been administered before school the school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours. All administered medication will be recorded on Meditracker.

**Mild Allergic Reaction protocol for administration of antihistamine**

Non-prescription antihistamine (liquid e.g. Piriton) will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E.

**Hay fever**

Parents/carers will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

All other non-prescription medications will only be administered by staff, providing:

- Receipt of a Doctor's letter confirming advised administration of non-prescription medication including dosage and frequency of administration
- Medication is licensed as suitable for the pupil's age; medication is suitable for the pupil i.e. if a pupil is asthmatic the medication is suitable for that condition;
- Medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL); and accompanied by a completed 'Parental consent to administer

medication' form (forms can be found on the website and in the school office).

Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the School.

Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a doctor's note. In the absence of a doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the 48 hours, the school will advise the parent to contact their doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home or out of school hours.

**The school will NOT administer non-prescription medication:**

- As a preventative, i.e. in case the pupil develops symptoms during the school day;
- If the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time.

**6.4 Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. When doses require administration three or four times a day, only one dose can be administered at school unless a doctor's note states otherwise.

Medicines must be delivered to the School Office and handed to a member of the office staff with the appropriate consent form completed. We will require a form to be completed per medication (even if it's a duplicated item as they may have different expiry dates). All forms will be checked by the office to ensure that the information you have provided matches the box and the dispensing pharmacy label. It is the responsibility of staff administering medication to ensure instructions on the dispensers' label are followed.

The school will inform the parent/guardian of the time and dose of any medication administered via MediTracker. All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away. Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

The school will only accept prescribed medicines that are:

- In-date.
- Labelled by a pharmacist.
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.
- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

**Asthma**

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as advised by Asthma specialists. Pupils with asthma will be required to have an

inhaler and a spacer (if prescribed) in school. The school may ask the pupil's parent or guardian to provide a second inhaler.

Parents should:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in developing and reviewing their child's individual healthcare plan
- Provide the school with the necessary medicines and equipment.
- Make sure that they or a nominated adult are contactable at all times.
- The child's asthma plan will be recorded on MediTracker.

**Emergency inhalers**

An emergency inhaler can be supplied to a pupil who's known to suffer from asthma, where it's needed in an emergency, according to the Human Medicines (Amendment) (No.2) Regulations 2014. The DHSC's guidance recommends that emergency inhalers should only be used by children who have written parental consent for the use of the emergency inhaler, and who have been:

- Diagnosed with asthma and prescribed a reliever inhaler, or
- Prescribed a reliever inhaler, with or without a diagnosis of asthma.

Parental consent to use the emergency inhaler is required and documented on the 'Individual protocol Mild Asthma Plan' document. The school will hold a register of the pupils diagnosed with asthma and if parental consent has been given, to administer the emergency school medication. The school will be responsible for ensuring the school medication remains in date. All staff receive regular asthma training and are trained to recognise the symptoms of an asthma attack.

**6.5 Controlled drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone. A pupil who has been prescribed a controlled drug will have their medication kept in a secure cupboard in the school office and only named staff will have access.

Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible.

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept on MediTracker of any doses used. The school will record the amount of controlled drug stock held in school.

**6.6. Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted), unless it is listed as an emergency medicine in a pupils IHCP. Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate, certain emergency medication can be held by the pupil or kept in the Medical Bag. The school will make an assessment as to the competency of each individual pupil to carry their own medication, and a detailed IHCP will give full details relating to this. Parents will be asked to supply a second adrenaline auto injector and/maybe asked for a second asthma inhaler for each child and they will be kept in the Office. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

**7. Pupils managing their own needs**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication according to age and ability. Appropriate arrangements for medication should be agreed and documented in the pupil's IHCP, on MediTracker and parents should complete the self-administration section of 'Parental consent to administer medication' form.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform parents/carers so that an alternative option can be considered, if necessary.

**8. Staff Compliance**

School staff should use their discretion and judge each case individually with reference to the pupil's IHCP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents/carers.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets.

**8.1 Confidentiality**

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the Individual

Health Care Plan. It is expected that staff with contact to a pupil with medical needs will at a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

**9. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

**9.1 Anaphylaxis**

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommendations that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/guardian(s) to provide 2 auto-injectors for school use.

Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Parental consent to administer the 'spare' AAI will be gained when the child's Individual Healthcare Plan is completed. The school will hold a register of the pupils diagnosed with anaphylaxis and if parental consent has been given, to administer the school medication. The school will be responsible for ensuring the school medication remains in date. For further information please see the schools Allergy and Anaphylaxis Policy.

**9.2 Severe Allergic Reaction**

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHCP. The school will administer 1 standard dose of antihistamine (appropriate to the age of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction.

During this time pupils must NEVER be left alone and should be observed at all times. If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents were informed.

In a medical emergency, first aid is given, an ambulance is called and parents/guardians are notified. Should an emergency situation occur to a pupil who has an IHCP, the emergency procedures detailed in the plan are followed, and a copy of the IHCP is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff.

Parental consent to administer the 'spare AII' will be gained from the child's Allergy Action Plan or their Individual Healthcare Plan. The school will hold a register of the pupils diagnosed with anaphylaxis and if

parental consent has been given, to administer the school medication. The school will be responsible for ensuring the school medication remains in date. Parents are expected to provide 2 in date auto-injectors for administration to their child.

**9.3 Asthma Attack**

In the event of an asthma attack:

1. Encourage the child to sit up and slightly forward.
2. Help the child to take 2 separate puffs of his/her inhaler or the emergency salbutamol inhaler via the spacer. Shake the inhaler between puffs.
3. If there's no immediate improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs, or until symptoms improve.
4. Stay calm and reassure the child.

Call an ambulance if the child:

- Doesn't feel better or if you're worried at any time before reaching 10 puffs
- Appears exhausted
- Has a blue/white tinge around their lips
- Is going blue
- Has collapsed

If the ambulance doesn’t arrive in 10 minutes give another 10 puffs, following the same pattern as step 3.

**10. Educational Visits**

Any medicines required by a student that would need to be taken on an educational visit/trip the student is attending will be part of the overall risk assessment for the visit/trip.

Medicines not self-managed by students will be in the safe care of a nominated member of the support staff. This colleague should be one who is willing to carry this responsibility. Complex medical needs for a specific pupil may necessitate a health plan for the visit. Members of staff who lead trips are expected to seek advice from SLT or school office at least 2 weeks in advance of the visit/trip date in relation to any questions they have relating to medication/ pupils’ medical needs.

**Travel sickness**

Travel sickness will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available. Written parental consent will be obtained.

**11. Sporting Activities**

Due care and attention is taken in ensuring the medical needs of individual students, including those who may suffer from an asthma attack, are met. Staff are expected, as necessary, to have to hand any emergency type medication they could need during lessons (EpiPens or inhaler are examples). Both of these must be labelled clearly with the student’s full name and date of birth and it is the responsibility of the student/parent/carer to do this.

**Emergency procedures**
The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process

Where a pupil has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a pupil needs to be taken to hospital, staff will stay with them until the parent arrives, or accompany a child taken to hospital by ambulance. The school is aware of the local emergency services cover arrangements and the correct information will be provided for navigation systems.

**Unacceptable practice**
Although staff at Ringmer Primary and Nursery School should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is **unacceptable** practice to:

- Prevent pupils from easily accessing their inhalers and medication and prevent administration of their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- Send a pupil who becomes ill to the school office or medical room unaccompanied, or with someone unsuitable;
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent pupils from participating, or creating unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

**Liability and indemnity**
Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

**Ringmer Primary and Nursery School is a member of the DfE's risk protection arrangement (RPA) and staff are covered for: Undertaking medical procedures and provision of prescribed medicines subject to adherence with the statutory guidance on supporting pupils at school with medical conditions, December 2015 or similar amending statutory guidance (Section 5, point xi)**

**Complaints**

Should parents/carers be dissatisfied with the support provided, they must discuss their concerns directly with the school. This will be with the child's class teacher/form tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Ringmer Primary and Nursery School Complaints Procedure.