

## Supporting Pupils with Medical Conditions Policy

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## **1. The Policy**

- 1.1. This policy applies to all the pupils of the Stephen Perse Foundation (the **School**) including those in the Early Years Foundation Stage (**EYFS**) and boarding students.

## **2. References**

- Department for Education guidance on '[Supporting Pupils at School with Medical Conditions](#)', December 2015 (updated August 2017).
- Department of Health [Guidance on the Use of Adrenaline Auto-Injectors in Schools](#), September 2017.
- Department of Health [Guidance in the use of emergency salbutamol inhalers in schools](#), March 2015.

## **3. Guiding Principles**

- 3.1. The School aims to ensure that all pupils with medical conditions are properly supported in school and when boarding so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We work with relevant healthcare professionals, parents and pupils to ensure that children with medical conditions receive a full education and can access the same opportunities in school as other children. This policy has regard to the DfE guidance 'Supporting Pupils at School with Medical Conditions,' December 2015 (updated August 2017) and the Department of Health 'Guidance on the use of emergency adrenaline auto-injectors in schools', September 2017 and 'Guidance on the use of emergency salbutamol inhalers in schools', March 2015. It applies to all pupils at School, including those in Early Years.

## **4. Notification of a medical condition**

- 4.1. Parents/carers are asked to complete a Medical Information and Consent Form prior to their son/daughter joining the School. If we are notified of a medical condition, we will liaise with parents, the child's current school and healthcare professionals as appropriate to ensure that arrangements are in place to support the pupil before he/she joins the School, to enable a smooth transition. If a child who is already a pupil at the School receives a new diagnosis, or if a known medical condition deteriorates, parents are asked to inform the School as soon as possible. Arrangements will be made to support the child's needs in school as soon as is reasonably and safely possible. The procedures followed when the School is notified that a child has a medical condition are contained in Annex 1.

## **5. Individual Healthcare Plans**

- 5.1. Individual Healthcare Plans can help to ensure that the School supports pupils with medical conditions effectively, by providing clarity about what needs to be done, when and by whom. They are essential when conditions fluctuate or when there is a high risk that emergency intervention will be needed and are helpful in other cases. However, not all children with medical needs require one. The process for identifying and agreeing the support needed for a child and for developing his/her Individual Healthcare Plan if necessary is contained in Annex 1.
- 5.2. Individual Healthcare Plans are easily accessible to those staff who need to refer to them within iSAMS and alongside emergency medication, while preserving confidentiality. They aim to capture the key information and actions that are required to support the child effectively. The level of detail within a Plan will depend on the complexity of the child's condition and the degree of support needed. It should capture the steps needed to help the child manage his/her condition and overcome any potential barriers to getting the most from his/her education. The

points to be considered in deciding what information should be included in Individual Healthcare Plans are noted in Annex 2.

- 5.3. Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent, by a member of School staff or a healthcare professional involved in providing care to the child. The Plan is drawn up in partnership between the School, parents and relevant healthcare professionals who can best advise on the particular needs of the child. Pupils are also involved whenever appropriate.
- 5.4. Individual Healthcare Plans are reviewed at least annually or earlier if the child's needs have changed. They are developed with the child's best interests in mind to ensure that the School assesses and manages risks to the child's education, health and social well being, and minimises disruption.
- 5.5. Where the child has a special educational need identified in a statement or Education, Health and Care (EHC) plan, the Individual Healthcare Plan should be linked to or become part of that statement or EHC plan.

## **6. Roles and Responsibilities**

- 6.1. Supporting a child with a medical condition in school and in boarding is not the sole responsibility of one person. The School's ability to provide support depends to an appreciable extent on effective liaison between School staff, healthcare professionals, parents and pupils.

### **6.2. Head of School and Head of Boarding**

- 6.2.1. The Head of each School, and the Head of Boarding in the boarding environment, make arrangements, with parents and healthcare professionals, to support pupils with medical conditions in school and in boarding, including ensuring the implementation of this policy. They make arrangements to ensure that all staff within their setting are aware of this policy and understand their role in its implementation. They make arrangements to ensure that all relevant staff are aware of a child's condition and that staff who support pupils with medical needs receive suitable training, support and access to information as needed to implement this policy and the Individual Healthcare Plan, including in emergency situations. This includes cover arrangements in the event of staff absence, late stay, clubs and on school trips. The Head of School, and the Head of Boarding for boarding students in conjunction with the relevant Head of School has overall responsibility for the arrangements for development, implementation and monitoring of individual healthcare plans as above.

### **6.3. School Nurse**

- 6.3.1. The School Nurse (primarily based at Senior School) supports the Heads of Schools, Health and Wellbeing Practitioner, Appointed Persons and other staff with implementing a child's Healthcare Plan. They provide advice (e.g. staff training) and liaise with other healthcare professionals as appropriate. In boarding, it is primarily the Appointed Person who supports the Head of Boarding in this respect.

### **6.4. Appointed Persons**

- 6.4.1. An Appointed Person is a member of staff appointed to take charge of first aid arrangements. Please refer to the School's First Aid Policy for further information.

### **6.5. School Staff**

- 6.5.1. Any member of School staff may be asked to provide support to pupils with medical conditions, including administering medicine, (i.e. antibiotics where the family has asked for

staff to administer it). Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training before they take on responsibility to support children with medical conditions (i.e. in case of epilepsy, Anaphylaxis or a life threatening event where action should be taken as fast as possible). 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.

## **6.6. Other Healthcare Professionals**

- 6.6.1. Other healthcare professionals, including GPs and paediatricians, should notify the relevant Head of School and Head of Boarding, where appropriate, when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing Individual Healthcare Plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

## **6.7. Parents**

- 6.7.1. It is the responsibility of parents to provide the School with full up-to-date information about their child's medical needs. They are involved in the development and review of their child's Individual Healthcare Plan and are asked to carry out any action included, such as providing up-to-date medicines/equipment. They are also asked to notify the School if their child's medical condition changes or if they no longer have a medical condition.

## **6.8. Pupils**

- 6.8.1. Pupils are often best placed to provide information about how their medical condition affects them in school. As far as is appropriate, they are involved in discussions about their medical support needs and contribute as much as possible to the development of their Individual Healthcare Plan.

## **7. Medicines in school**

- 7.1. The School has regard to the guidance 'Supporting Pupils at School with Medical Conditions' (DfE, updated August 2017) in the administration, management and record-keeping of medicines in school and the boarding house, including the avoidance of practices deemed unacceptable therein. Procedures for the administration of medicines, record keeping and emergency procedures are contained within the School's Medicine Policy and associated procedures.

## **8. Emergency Procedures**

- 8.1. Should the need arise for the administration of adrenaline, salbutamol, or emergency intervention for a pupil requiring medical support, the teacher should stay with the pupil and either telephone the Reception/School Office directly or send someone to the School Office to obtain help.
- 8.2. Arrangements for dealing with emergencies on school trips within and outside the UK, including sporting fixtures off the main School sites, are detailed within the individual risk assessments for each event.
- 8.3. Where a child has an Individual Healthcare Plan, this should 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.

- 8.4. If a child needs to be taken to hospital, a member of staff should stay with the child until the parent/boarding staff arrive, or accompany a child taken to hospital by ambulance. Each School and boarding house will ensure they understand the local emergency services' cover arrangements and that the School or boarding house address, postcode and access arrangements are provided.
- 8.5. In the event that use of an emergency adrenaline auto injector (AAI) or emergency salbutamol inhaler are required (either the student's own or one of the School's emergency AAI's or inhalers), the protocols at Annex 3 and Annex 4 respectively should be followed.
- 8.6. Emergency procedures relevant to boarding students are set out in Annex 2 of the First Aid Policy.

## **9. Day trips, residential visits and sporting activities**

- 9.1. The School recognises the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and in events and activities for boarders, and not prevent them from doing so.
- 9.2. Teachers and boarding staff (as appropriate) are made aware of how a child's medical condition will impact on their participation through the sharing of the Individual Healthcare Plan and reasonable adjustments are made to ensure enough flexibility for all children to participate according to their own abilities. Each School and, for boarders, the boarding staff, make arrangements for the inclusion of pupils in such activities with any reasonable adjustments as required unless evidence from a clinician such as a GP states that this is not possible. Risk assessments carried out in the planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may require additional consultation with parents and pupils and advice from relevant healthcare professionals to ensure that pupils can participate safely. Please also see the School's Trips and Visits Policy and the Health and Safety Executive (HSE) guidance on school trips.

## **10. Complaints**

- 10.1. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the relevant Head of School or Head of Boarding. If for whatever reason this does not resolve the issue, they may make a formal complaint via the School's Complaints Policy.

## **11. Related policies**

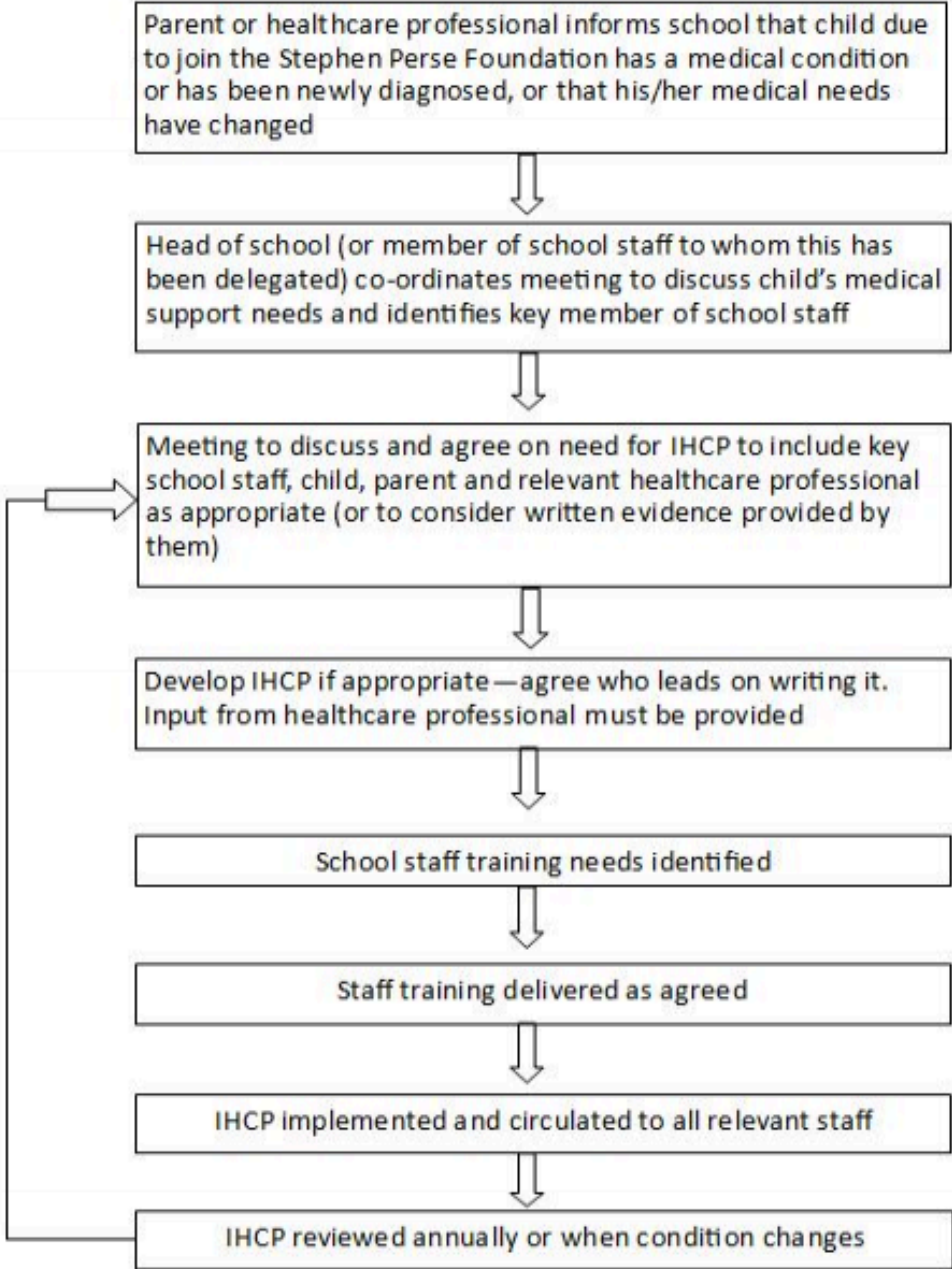
Please also refer to the School's:

- Equal Opportunities Policy
- Trips and Visits Policy
- First Aid Policy
- Ill Health Procedures
- Medicines Policy
- Special Educational Needs and Disabilities Policy

## Version Control

Date of adoption of this policy	30 January 2025
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Date for next review of this policy	Autumn 2025
Policy owner	School Nurse
Authorised by	School Health and Safety Committee

**ANNEX 1: Procedures to be followed on notification of a child’s medical condition**



There is not always a need for a meeting to take place to discuss the Individual Healthcare Plan, providing parents inform us of a change. If parents are happy to complete a form at the start of each academic year and complete what medications are used and when etc, then a meeting is not needed. Some cases may be more complex and require a meeting.

## **ANNEX 2 - Individual Healthcare Plans**

In deciding what information should be recorded on Individual Healthcare Plans, the following points are considered:

- 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 (e.g. how absences will be managed including reintegration, 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 (some children will be able to take responsibility for their own health needs) including in emergencies;
- who will provide this support, their training needs, expectations of their role and cover arrangements for when they are unavailable;
- who in the School needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents, the Head of School and the Head of Boarding, where appropriate, for medication to be administered by a member of staff or self-administered by the pupil during school hours and outside school hours in boarding (in boarding, prescription medications will generally be administered by boarding staff, unless otherwise instructed by the Head of Boarding following a meeting with the boarding student.);
- separate arrangements or procedures required for school trips or other school activities outside the normal school timetable and any additional events and activities for boarding pupils that will ensure the child can participate (e.g. risk assessments); and
- what to do in an emergency, including symptoms, whom to contact and contingency arrangements.



## **ANNEX 3 - Emergency Adrenaline Auto Injectors Protocol**

### **Introduction**

The Human Medicines (Amendment) Regulations 2017 allows all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in pupils who are at risk of anaphylaxis when their own device is not available or not working (e.g. because it is broken, or out-of-date).

The School's emergency AAI should be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided, when their own prescribed AAI cannot be administered correctly without delay.

In 2023, the Medicine and Healthcare Products Regulatory Agency (MHRA) confirmed that schools' emergency AAIs can be used without prior written consent "for the purpose of saving a life, for a pupil or other person not known by the school to be at risk of anaphylaxis (and thus does not have medical authorisation/consent in place for the spare device). This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy." In these exceptional circumstances where the reaction could not have been foreseen, written permission is not required. Further information can be found on the [Anaphylaxis UK](#).

### **Location of the emergency AAIs**

The School has emergency adrenaline auto injectors (**AAIs**) at the following School sites which are located as follows:

- Dame Bradbury's (Front Office)
- Madingley (Medical Room)
- Junior School Cambridge (Medical Room)
- Senior School (Staff Room)
- Latham Road pavilion (Pavilion Kitchen)
- The Visual Arts Centre (the **VAC**) (disabled facilities)
- Sixth Form (Bateman Street)
- Scholars House (Medical Room)
- St Barnabas (Medical Room)
- Shaftesbury House

### **The emergency anaphylaxis kit**

The School's emergency AAIs are stored as part of an emergency anaphylaxis kit which includes:

- The AAI, clearly labelled;
- Instructions on how to use the AAI;
- Instructions on storage of the AAI;
- Manufacturer's information;
- A checklist of all the School's emergency AAIs, identified by their batch number and expiry date with monthly checks recorded;
- A note of the arrangements for replacing the AAIs;
- A list of pupils to whom the AAI can be administered; and
- An administration record.

### **Staff with responsibility for helping to administer an emergency AAI**

All staff in the School are offered training on anaphylaxis and the administration of AAIs. Those staff who have undergone the training are designated staff in the event of an anaphylactic reaction and are responsible for helping administer an AAI.

Designated members of staff should be trained in:

- recognising the range of signs and symptoms of severe allergic reactions;
- responding appropriately to a request for help from another member of staff;
- checking the allergy register;

- recognising when emergency action is necessary;
- administering AAI's according to the manufacturer's instructions;
- making appropriate records of allergic reactions.

### **Storage and care of the AAI**

The School Nurse, Health and Wellbeing Practitioner and nominated staff in each office have responsibility for maintaining the emergency anaphylaxis kits and shall:

- Complete a monthly check to ensure the AAI's are present and in date; and
- Ensure that replacement AAI's are obtained when the expiry dates approach.

The AAI's should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Pupils who have been prescribed an AAI should bring two of their own AAI's, if possible, to be stored at school during term time. Pupils are required to take their own prescribed AAI's home before school holidays (including half-term breaks) to ensure that they remain in date and have not expired. Boarding students should keep a further AAI in the boarding house.

### **Disposal**

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAI's can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

### **School trips including sporting activities**

A risk assessment must be completed prior to any school trip for pupils at risk of anaphylaxis taking part in the trip off school premises. This risk assessment should consider whether it is appropriate to take emergency AAI(s) for use on some trips. Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency.

### **Pupils to whom an emergency AAI can be administered**

The School may only administer its emergency AAI to a pupil:

- at risk of anaphylaxis;
- with medical authorisation; AND
- with the prior written parental consent for the emergency AAI to be used on them.

This includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed an AAI. In such cases, specific consent for use of the emergency AAI from both a healthcare professional and parent/guardian must be obtained.

Consent must be updated annually to take account of changes to a pupil's condition.

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 emergency AAI is appropriate.

The School's emergency AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay.

This information should be recorded in a pupil's individual healthcare plan.

All pupils with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan. These details must be recorded in an allergy register and for each student, the following shall be recorded:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) (and if so what type and dose).
- Where a pupil has been prescribed an AAI whether parental consent has been given for use of the emergency AAI which may be different to the personal AAI prescribed for the pupil.
- A photograph of each pupil to allow a visual check to be made.

Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can

develop into anaphylaxis: pupils having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

The signs and symptoms of an allergic reaction include:

**Mild-moderate allergic reaction:**

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

**ACTION:**




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



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

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

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

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

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

**After giving Adrenaline:**

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

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

**What to do if any symptoms of anaphylaxis are present**

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed in the red box above, it is vital that an AAI is administered without

delay, regardless of what other symptoms or signs may be present.

Call or send for a designated member of staff. The designated member of staff should check the allergy register, collect the emergency AAI and provide assistance in administering the AAI if required.

Always give an AAI if there are ANY signs of anaphylaxis present.

The pupil's own AAI should be administered if available. If not, the School's emergency AAI should be used. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

#### **IF IN DOUBT, GIVE ADRENALINE**

After giving adrenaline, do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised. If breathing is difficult, allow the pupil to sit.

If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own AAI and this has made them better. A person receiving an AAI should always be taken to hospital for monitoring afterwards.

If the pupil's condition does not improve 5 to 10 minutes after the initial injection, a second dose should be administered. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.

**ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.**

#### **Recording use of the AAI and informing parents/carers**

The designated member of staff should record the use of any AAI device. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

## **ANNEX 4 - Emergency Asthma Inhaler Protocol**

### **Introduction**

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; **and**
- who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication; **and**
- whose prescribed inhaler is not available (for example, because it is broken, left at home or empty).

A list of all children who fulfil the above criteria is maintained by the Appointed Persons.

### **Location of the emergency inhalers**

The School has emergency salbutamol inhalers at the following School sites which are located as follows:

- Dame Bradbury's (Front Office)
- Salisbury Villas (Reception)
- Madingley (Medical Room)
- Junior School Cambridge (Front Office)
- Senior School (Medical Room and Staff Room)
- Sixth Form (Bateman Street Reception)
- Latham Road pavilion (Pavillion Kitchen)
- The Visual Arts Centre (the **VAC**) (disabled facilities)
- Scholars House (Medical Room)
- St Barnabas (Medical Room)
- Shaftesbury House (Reception)

### **The emergency asthma kit**

The School's emergency inhalers are stored as part of an emergency asthma kit which includes:

- A salbutamol metered dose inhaler;
- Two single-use plastic spacers (Volumatic®) compatible with the inhaler;
- Instructions on using the inhaler and spacer/plastic chamber;
- Manufacturer's information (product information leaflets will be supplied for the salbutamol inhaler and spacer devices);
- An emergency inhaler kit-monitoring log:
  - This will record all checks and any usage that may have occurred.
  - The log will also include the expiry date and batch number of the salbutamol inhaler.
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans; and
- A record of administration (i.e. when the inhaler has been used).

### **Arrangements for supply, storage, care and disposal of the inhaler**

- The appointed person will check the maintenance of the equipment. They will ensure new spacers and inhalers are replaced when required. On a termly basis, one of the appointed persons must ensure the inhaler and spacers are present and in working order and the inhaler has sufficient number of doses available.
- The inhaler should be regularly primed (every 3 months) by spraying two puffs.
- Replacement Volumatic® spacers must be ordered following use. To avoid possible risk of cross infection, the plastic spacer should not be reused.

- It can be given to the child to take home for future personal use. Do not wash and put back into the emergency kit. The plastic inhaler housing (which holds the canister) must be cleaned, dried and returned to storage following use. However, if there is any risk of contamination i.e. the inhaler has been used without the spacer it should not be reused and disposed of as per guidance, returned to the pharmacy to be recycled.

### **Staff and Training**

The School must ensure staff have appropriate training and support, relevant to their level of responsibility. All staff should have compulsory training and/or be provided with information about asthma once a year, covering the following:

- how to recognise the symptoms of an asthma attack and how to distinguish them from other conditions with similar symptoms;
- how to check if a child may use the emergency inhaler;
- how to access the inhaler;
- who the appointed persons are, and how to access their help.