



The Federation of Spixworth Schools

Supporting Pupils with Medical Conditions Policy

Agreed by Governing Body: Autumn 2023

To be reviewed: Autumn 2024

Group Responsible: Full Governors

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Statement of intent

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

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

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

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

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

1. Legal framework

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

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education.'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy should be read in conjunction with the following school policies:

- Administering Medicines Policy
- Pupils with Additional Health Needs Attendance Policy
- Special Educational Needs and Disabilities (SEND) Policy
- School Visits Policy
- Complaints Procedures Policy
- Drug and Alcohol Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Attendance and Absence Policy
- Admissions Policy
- Pupils with Additional Health Needs Attendance Policy

This policy sits alongside the Medical Needs Service Policy from Norfolk County Council.

We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

2. Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:-

Short-term affecting their participation at school because they are on a course of medication.

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's **medical** condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs (SEN) and may have an Education Health and Care Plan (EHP). Where this is the case this policy should be read alongside the SEN information report for the school.

Section 100 of The Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical needs.

The statutory guidance, 'Supporting pupils at school with medical conditions', contains key points which indicate that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parent/carers to ensure that the needs of children with medical conditions are effectively supported.

3. Roles and responsibilities

The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.

- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The Executive Headteacher, Head of School and SENCO are responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all Individual Health Plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents are responsible for:

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

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.
- If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.
- The Federation of Spixworth Schools recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

School staff are responsible for:

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

The school nurse is responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.

- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

4. Admissions

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

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

5. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in section 9).

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence (including medical evidence and consultation with parents).

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

6. Staff training and support

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

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

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

Whole-school awareness training will be carried out at least annually for all staff, and included in the induction of new staff members.

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

Training will be commissioned by the SBM and provided by the following bodies:

- Commercial training provider
- The school nurse
- GP consultant
- The parents of pupils with medical conditions

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

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

7. Self-management

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

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

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

8. Supply teachers

Supply teachers will be:

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

9. IHPs

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

Individual healthcare plans will help to ensure that the Federation of Spixworth Schools effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high-risk emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Executive Headteacher, Ms Jordan, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at the end of this policy.

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

IHPs will include the following information:

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

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

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

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

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

10. Managing medicines

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

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

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

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

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

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

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

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

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

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

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

11. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Executive headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location agreed with staff, parents and the Executive headteacher.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via a two-way radio. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members

may assist the designated staff members with administering AAI's, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis by a member of the admin team to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

12. Record keeping

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

13. Emergency procedures

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

Where an IHP is in place, it should detail:

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

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

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

Ms Jordan, Executive Headteacher, will ensure that arrangements are in place for dealing with emergencies for all school activities whenever they take place, including school trips within and outside the UK, as part of the general risk management process.

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.

A defibrillator is held in each school for emergency use. This is kept on the wall in the medical room in Spixworth Infant School. There are two for use at Woodland View Junior School, one is on the wall outside the staffroom next to the sheds on the field, the other is in a marked unlocked cupboard in the medical room at Woodland View Junior School.

A spare spacer and salbutamol asthma inhaler is held in each school office for emergency use. Parents of children known to have asthma has signed a form agreeing for the school to use this spare inhaler in an emergency situation if their own inhaler is not working or has run out.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by an ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

14. Day trips, residential visits and sporting activities

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

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

15. Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.

- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

16. Liability and indemnity

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

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

Spixworth Infant School	Woodland View Junior School
Employers Liability Insurance - Zurich Insurance Professional Indemnity Insurance – Zurich Insurance Public Liability Insurance – Zurich Insurance All covered under policy no. QLA – 09AC02 – 0013	Employers Liability Insurance - Zurich Insurance Professional Indemnity Insurance – Zurich Insurance Public Liability Insurance – Zurich Insurance All covered under policy no. QLA-09AC02-0013

The policy has the following requirements:

- All staff must have undertaken appropriate training.

The school holds an insurance policy with **Zurich Municipal** covering healthcare procedures. The policy has the following requirements:

- All staff must have undertaken appropriate training.

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

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

17. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not

satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

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

18. Home-to-school transport

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

19. Defibrillators

Each school has an automated external defibrillator (AED). The AED is stored in the medical room in an unlocked cabinet.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed by the office admin team.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a regular basis by the admin team, who will also keep an up-to-date record of all checks and maintenance work.

20. Monitoring and review

This policy is reviewed on an annual basis by the governing board and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is Autumn 2024.



**Asthma Record (Care Plan)
Form Number F624g**

Child's Full Name:
C
Child's Date of Birth:
Parent/Guardian's Full Name:

Telephone Numbers: Home: Work: Mobile:	Doctor (GP) Name: Doctor (GP) Telephone: Asthma Nurse Name:
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Known triggers/allergies:	Any other medical problems?
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My child's medication:

Reliever medication (usually blue)

Medication Name: (e.g. SALBUTAMOL)	Device: (e.g. diskhaler)	Dose: (e.g. 1 blister)	When taken: (e.g. when wheezy, before exercise)

Emergency Treatment:

In the event of a severe asthma attack I am happy for my child to receive up to 10-20 puffs of the reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Parent's signature: Date:

The school agrees to administer the asthma medication stated above as and when required.

Headteacher's Signature..... Date:



**Parental/Headteacher Agreement for School to administer medicine
Form F624b**

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

Name of School	
Date	
Child's Name	
Class	
Name and strength of medicine	
Expiry Date	
How much to give (dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school	
Medicines must be in the original container as dispensed by the pharmacy	
Daytime phone no. of parents or adult contact	
Name and phone no. of GP	

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 policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature: Print name:	Date:
------------------------------------	-------

Confirmation of Headteacher's agreement to administer medicine
It is agreed that will receive.....(name and quantity of medicine) every day at.....(time) (child's name) will be given/supervised whilst he/she takes their medication by.....(staff member) this agreement will continue until(either end date of course of medicine or until instructed by parents)

Headteacher's signature: Print name:	Date:
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Spixworth Infant School
Tel: 01603 898483

Woodland View Junior School
Tel: 01603 898292

Executive Headteacher: Mrs H Jordan

USE OF EMERGENCY SALBUTAMOL INHALER

Dear Parent/Carer

A recent change in the law has meant that we are now able to choose to hold a salbutamol inhaler for emergency use in school. As your child has either been diagnosed with asthma or has been prescribed an inhaler for use in school I am asking for your permission for your child to be given the emergency inhaler if their inhaler is for some reason not available or unusable.

In line with our school administration of medication policy, all staff are trained on how to give prescribed asthma medication to children. Your child will still need an inhaler in school which will be kept in an unlocked area in the school office which is easily accessible. Inhalers are taken outside for PE and also taken on school trips. Your child's inhaler will be returned to you at the end of each term and it is your responsibility to check that it is still in date, has enough medication remaining and return it to school after the holiday.

I would be grateful if you could return the reply slip below to the school office as soon as possible giving us permission to administer the emergency inhaler if necessary.

Yours sincerely

H Jordan
Executive Headteacher

-
1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler
(delete as appropriate)
 2. My child has a working, in-date inhaler, clearly labelled with their name, which they will keep in school.
 3. In the event of my child displaying symptoms of asthma, and their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed.....Date.....

Name (Please Print).....Child's Name (Please Print).....



The Federation of Spixworth Schools

To achieve positive outcomes for the whole child,
through the values, strengths and characteristics
of both schools

Spixworth Infant School
Ivy Road, Spixworth
Norwich NR10 3PX
Tel: 01603 898483
Head of School: Miss D.
Mattock

Executive Headteacher: Ms H. Jordan

Woodland View Junior School
Ivy Road, Spixworth
Norwich NR10 3PY
Tel: 01603 898292
Head of School: Mrs H. Payne

**CONSENT FORM
USE OF EMERGENCY SALBUTAMOL INHALER**

Child's Name:

Child's Class:

- I can confirm my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate).
- My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
- In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Print Name:

Parent's Address and Contact Details:

.....

.....

Individual school name

Address

Phone Number

Email

To be added



Dear

I have noted from the information you have provided us about your child that they have a diagnosis of Asthma. At present we do not have a reliever inhaler for them in school or a care plan in place for managing their asthma if a problem was to occur in school. In line with our administration of medication policy all staff are trained on the administration of reliever inhalers. It may be that your child only needs it occasionally, but this could be during school time and it is therefore important that we hold the correct medication for your child if an incident was to occur. Doctors are happy to prescribe an additional inhaler and spacer. I would be grateful if you could return the slip below by XXXXX September so

that we can ensure our records are up to date and we are able to put a care plan in place if necessary.

Yours sincerely

H Jordan

Executive Headteacher

.....

Child's name.....

Please tick as appropriate:

My child no longer has an asthma diagnosis and therefore requires no medication to be held in school.

My child has an asthma diagnosis but does not use a reliever inhaler.

My child has a reliever inhaler and I will provide a spare inhaler to be kept in school

Signed.....Date.....

Individual Healthcare Plan Implementation Procedure

1 A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.

2 The headteacher coordinates a meeting to discuss the child's medical needs and identifies a member of school staff who will provide support to the pupil.

3 A meeting is held to discuss and agree on the need for an IHP.

4 An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads

Template A: individual healthcare plan

Letter Inviting Parents to Contribute to IHP Development

Address line one
Address line two
Town/city
Postcode
Date

RE: Developing an individual healthcare plan (IHP) for your child

Dear parent,

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an IHP to be prepared, setting out what support each pupil needs and how this will be provided. IHPs are developed in partnership with the school, parents, pupils (where appropriate), and the relevant healthcare professionals who can advise

on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although IHPs are likely to be helpful in the majority of cases, it is possible that not all pupils will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within IHPs will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's IHP has been scheduled for [date](#). I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the headteacher), a relevant healthcare professional and the school nurse. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached IHP template and return it to the school office, together with any relevant evidence, for consideration at the meeting.

[Attach appendix I, Individual Healthcare Plan, to this letter.]

I would be happy for you contact me via [email address](#) or [phone number](#) if this would be helpful.

Yours sincerely,

[Name](#)

[Job role](#)



Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

--

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips etc

--

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



Record of Medicine Administered to an Individual Pupil

Name of pupil:

Group/class/form:

Date medicine provided by parents:

Quantity received:

Name and strength of medicine:

Expiry date:

Quantity returned:

Dose and frequency of medicine:

Staff signature: _____

Parent 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:					

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

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

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

Date:					
Time given:					
Dose given:					
Name of member of staff:					

Staff initials:

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Date:

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Time given:

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Dose given:

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Name of member of staff:

--	--	--

Staff initials:

--	--	--

Date:

--	--	--

Time given:

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Dose given:

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Name of member of staff:

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Staff initials:

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Date:

--	--	--

Time given:

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Dose given:

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Name of member of staff:

--	--	--

Staff initials:

--	--	--

Date:

--	--	--

Time given:

--	--	--

Dose given:

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Name of member of staff:

--	--	--

Staff initials:

--	--	--



Staff Training Record – Administration of Medication

Name of school:

--

Name of staff member:

--

Type of training received:

--

Date of training completed:

--

Training provided by:

--

Profession and title:

--

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature:

Print name:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Print name:

Date:

Suggested review date:

Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number:

Spixworth Infant School: 01603 898483

Woodland View Junior School: 01603 898292

- Your name.
- Your location as follows:

Spixworth Infant School
Ivy Road
Norwich
NR10 3PX

Woodland View Junior School
Ivy Road
Spixworth
Norwich
NR10 3PY

- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.