Old Hall Primary School

Policy for Supporting Pupils with Medical Conditions and First Aid Procedures

(including Emergency Use of Inhalers)

Also see **Allergy Policy (from September 2026)**

This policy is due to be reviewed and ratified by the Local Governing Board on 10th September 2026. This policy will be reviewed in the Autumn term of 2027.

Contents

Aim

The aim of this policy is to ensure the school has procedures in place so that all children with medical conditions, in terms of both physical and mental health, are properly supported in school to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that our school will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support we will fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy, will be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be disabled. Where this is the case we will comply with our duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice and the school's Policy for SEN.

Legislative Background

Section 100 of the Children and Families Act 2014 places a duty on Local Governing Committees of maintained school to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, the Local Governing Committee must have regard to guidance issued by the Secretary of State under this section.

The Local Governing Committee must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, Local Governing Committees should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Named Person Responsible for Children with Medical Conditions

The Head Teacher, Mrs Carlile, is the named person. She is supported by the school's SENCO (Mr M Sharman) and our School Business Manager (Mrs Jill Scarth). The named person is responsible for:

- ensuring that sufficient staff are suitably trained;
- ensuring that all relevant staff will be made aware of the child's condition;
- putting into place cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- briefing supply teachers;
- ensuring risk assessments for school visits, holidays, and other school activities outside of the normal timetable, meet the needs of any children with medical conditions;
- co-ordinating the drawing up of individual healthcare plans;
- monitoring of individual healthcare plans.

Procedure to be followed when notification is received

Parents should notify the head teacher whenever a child is diagnosed with or suspected to have a medical condition. An individual healthcare plan will be drawn up which outlines the support given to pupils. We will make every effort to ensure that arrangements are put into place within two weeks. When a child is admitted to school, parents are requested to inform the school of any medical conditions via the admissions form.

If a child is transferring from another school or childcare setting, we will contact them to provide us with any details known to them. If necessary, additional transition visits or meetings will be put into place to ensure a smooth transition into our school.

Individual healthcare plans

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Mrs Carlile is responsible for ensuring Individual healthcare plans are drawn up. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

Where a child has SEN, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Mrs Carlile is responsible for ensuring that relevant staff are aware of the contents of individual health care plans for children in their care.

Staff training and support

Any member of school staff providing support to a pupil with medical needs should have received suitable training. Whenever a new Individual healthcare plan is drawn up, appropriate training will be given to the named staff, normally from the School Nurse. Training will be reviewed annually (e.g. when a child moves up to the next class) or when the child's need changes. Training will 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 as set out in individual healthcare plans. They will be trained in an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care 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. As part of individual staff induction and during the beginning of year staff are made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

On a bi-annual basis, staff training will be delivered on medical conditions e.g. asthma, anaphylaxis, epilepsy etc. The head teacher will keep a record of all training.

The child's role in managing their own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.
Wherever possible, children may be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures will require an appropriate level of supervision. If a child refuses to take medicine or carry out a necessary procedure, staff will 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.

Managing medicines on school premises

• Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
• No child should be given prescription or non-prescription medicines without their parent's written consent (ideally via the "request to administer medication")
• The school will administer prescribed and over-the-counter medications;
• Parents may come into school to administer medicines;
• A child should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken;
• Parents should be informed where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
• We will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;
• All medicines will be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away;
• In EYFS/KS1/KS2, inhalers will be stored in the classroom in an appropriately labelled location;
• "Emergency" inhalers and epipens are kept in the school office. (**See separate Allergy Policy**)
• A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. However, we will normally keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff

have access. Controlled drugs are easily accessible in an emergency. This will be outlined in the child's individual healthcare plan. A record will be kept of any doses used and the amount of the controlled drug held in school;
• Staff administering medicines will administer the dosage in accordance with the prescriber's instructions;
• We will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted;
• When no longer required, medicines should be returned to the parent to arrange for safe disposal.
• Sharps boxes should always be used for the disposal of needles and other sharps.

Record keeping

Written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school following the administration of medicine.

Emergencies

Where a child 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. Pupils in classes where there are children with medical conditions will be taught what to do and how to behave in an emergency. 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 ambulance If a child does not have an individual healthcare plan, medication cannot be given without the verbal permission of parents or the emergency services.

Educational Visits and Sporting Activities

When planning activities off the school site, staff will consider the needs of any pupils with medical conditions. Our aim is that all children should have the opportunity to take part in such activities. We will consider what reasonable adjustments we might need to make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. The teacher leading a visit will ensure they take with them any necessary medication and mobile phone to phone parents and/or emergency services.

First Aiders

• The head teacher will ensure adequate first aid coverage at all times when the school is open to the public.
• Our school will have an appropriately trained "Designated First Aider". In their absence, the role will be covered by an appropriately trained "Emergency First Aider". This first-aider will be trained to deal with children and adults.
• The school will also have a number of appropriately trained "Paediatric First Aiders" to deal with minor incidents involving children which occur throughout the school day.
• A register of qualified first aiders will be displayed in the staff room and at the first aid station in the KS1 resource area.

Administration of First Aid

• All staff have a duty of care and must deal with accidents and incidents. A qualified first aider should be summoned as soon as possible, to administer first aid if appropriate.
• All administration of first aid is recorded and a copy of the record is sent home to parents. Bumps to the head are recorded separately and extra monitoring is carried out of these children.
• If a condition or injury should require hospital attention then the details must be entered on CPOMS by witness / first aider/ head of establishment.
• Any sick or injured child or adult must be treated with respect and their dignity must be protected wherever possible. Where possible a child or adult should be treated in a private location, e.g. the SLT offices/Print Room. However, minor injuries of limbs – knees, hands etc of children may be handled in a quiet place where it is possible to keep the child calm.
• Once first aid has been administered the child or adult must be supervised until removal to hospital, home or classroom occurs.
• Generally, supervision can be carried out in the KS1 resource area or main office area. However, if the 'patient' requires a lying position then AV Room should be used with a qualified first aider to supervise.
• First Aid kit are available in the resource areas and main office.
First Aid kits are located in the places below:-
• KS1 Resource Area (outside year 2)
• KS2 Resource Area (outside Year 5/6)
• Main Office
• Out of School Club Store Cupboard
These are maintained by our first aiders.

Defibrillator

Old Hall Primary School has an Automated External Defibrillator (AED). It is located in the school office and is available for use by school staff. No training is required for these AEDs as the machine itself gives visual and verbal instructions to the user. However, our Designated

and Emergency First Aiders receive training on the use of AEDs as part of their periodic training. Therefore, these staff should ideally be summoned before the AED is used.
The AED unit is checked on a weekly basis by our office staff.

Administration and Management of Medication for Short Term Medical Conditions

Our policy is to support children in being able to continue with their education wherever possible. However, we administer medication at our discretion.
• Parents/carers must complete a "request to administer medication" form and return this to the school office before any medication can be administered by school staff.
• The school will administer both prescribed and over-the-counter medication.
• Prescription medicines must not be administered unless they have been prescribed for the individual child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).
• We manage short term medication by administering to children at 10.30 a.m., 12.00 p.m. and 2.30 p.m. during the school day. Medication can also be administered at OHPS Out of School Club if necessary.
• Medication must be delivered to the school office with a completed request form.
• Medication is then administered by staff from the school office.
• Parents are responsible for the delivery and collection of medicines on a daily basis.
• Storage of medicines will either be in a cupboard in the office or refrigerated in the staffroom.

Care of ill children

Children should only be in school when they are able to take a part in their learning. If a child is feeling significantly poorly then they should be receiving care and attention at home.

Often children will attend school in the morning feeling off colour with a cough / cold / sore throat or tummy ache etc and they are able to cope with the school day. However, sometimes their condition deteriorates. If the following symptoms are in evidence then the child should be sent home:
1. High temperature (we are able to check for this)
2. Rashes
3. Diarrhoea (48hr exclusion)
4. Vomiting (48hr exclusion)
5. Severe headache combined with any of above

The child must be supervised appropriately until they are collected by parent / grandparent / carer etc. Any exclusion period (as detailed above) needs to be communicated to parents. If a child comes into school and reports that they have had diarrhoea or vomiting the previous day

/ night contact needs to be made with parent / carer. If possible children should be made as comfortable as possible whilst awaiting collection.

In the event of body fluids (vomit or faeces) being 'spilt' on shared surfaces / equipment, this area etc must be disinfected / cleared.

Where possible in order of preference
• Caretaker cleans and disinfects the area / equipment
• A member of staff cleans the area
• Teachers cover / keep other children clear of the spill. If necessary use an alternative space in school.
If the caretaker is not on site, cleaning kits are available in the Caretaker's Room.

Responsibilities

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

School staff - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking

appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 23 to 31 below about training for school staff.

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

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

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

Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as Local Governing Committees of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is

clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Ofsted - their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children 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;

• if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
• penalise children for their attendance record if their absences are related to their medical condition eg 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;
• require parents, 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Liability and indemnity

Local Governing Committees should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Insurance policies should be accessible to staff providing such support. Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

Any concerns about how the school is responding to a child's medical needs should be directed to the Head Teacher. Please refer to the school's Complaints Procedure.

Emergency Use of Inhalers

Introduction
From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

Quoted directly from Department of Health document "Guidance on the use of emergency salbutamol inhalers in schools" September 2014. A full copy of this document is available from the Head Teacher.

Practical Arrangements

Old Hall Primary School will have two emergency inhalers and spacer devices. These will be available in the school office. The inhalers generally have a shelf-life of two years. It will be the responsibility of the school administrator/business manager (Miss Guy/Mrs Scarth) to ensure that the inhalers are disposed of once used or at the end of their shelf life and new inhalers are ordered. The inhalers are supplied by Chemist On Brandlesholme Road and will be returned to them for disposal.

Asthma Register

The school holds a register of all children with medical conditions, including Asthma. An individual care plan is drawn up, with parents, for each child on the register. Copies of the register and care plans are kept in the main school office and the head teacher's office.

Use of the Emergency Inhaler

Parental Consent The emergency inhalers may only by administered to children if parental consent has been received. Each child on our asthma register has an individual care plan. Parental consent for us to administer the emergency inhaler is included within the care plan. A list of children able to use the emergency inhalers is kept with the inhalers.

Staff Training and Support

Training on asthma and the supervision of children using inhalers will be delivered to all staff on a bi-annual basis. Training will be delivered by the School Nursing Team.

Record Keeping

Within the emergency inhaler containers is a small record book. Whenever an emergency inhaler is administered, details must be recorded in the record book. We will inform parents via a telephone call.

Designated Staff

The Head Teacher (Mr Carlile) is responsible for ensuring that this policy is followed.

Appendix 1
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

Appendix 2

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

PARENT CONSENT FORM

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

Child's surname	
Child's forename(s)	
Address	
Date of Birth	
Condition or illness	
Name of medication as described on container	
Date Dispensed	

Full directions for use:

Dosage and method	
Timing	
Last Dose Due (Date)	
Special precautions	
Side effects	
Self administration	
Procedures to take in an emergency	

Contact details:

Name, address and daytime telephone number
Relationship to pupil

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service, which the school is not obliged to undertake.

Signature(s)	
Date	