



Richard Coates
CE Primary School

Supporting Pupil with Medical Conditions Policy

Implemented October 2024



Richard Coates CE Primary School is part of Pele Trust.



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Statement of intent

The Academy Committee of Richard Coates CE Primary School 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.

Richard Coates CE Primary 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

1. This policy has due regard to legislation including, but not limited to, the following:
 - The Children and Families Act 2014
 - The Education Act 2002
 - The Education Act 1996 (as amended)
 - The Children Act 1989
 - The National Health Service Act 2006 (as amended)
 - The Equality Act 2010
 - The Health and Safety at Work etc. Act 1974
 - The Misuse of Drugs Act 1971
 - The 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
1. This policy has due regard to the following guidance:
 - DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
 - DfE (2015) 'Supporting pupils at school with medical conditions'
 - DfE (2000) 'Guidance on first aid for schools'
 - Ofsted (2019) 'Education inspection framework'
 - Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
2. This policy has due regard to the following school policies:
 - Administering Medication Policy
 - Special Educational Needs and Disabilities (SEND) Policy
 - Drug and Alcohol Policy
 - Asthma Policy
 - Allergen and Anaphylaxis Policy
 - Complaints Procedures Policy
 - Equal Opportunities Policy: Pupils
 - Attendance and Absence Policy
 - Pupils with Additional Health Needs Attendance Policy

2. Roles and responsibilities

1. The **Academy Committee** 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.
2. The headteacher holds overall responsibility for implementation of this policy.
3. The headteacher is responsible for:
- 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 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.
4. 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.
5. 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.
6. 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 achieving 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.
7. 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.

8. 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.

9. 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.

10. 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.

11. 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.

12. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

13. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural (SMSC) development.

3. Admissions

1. 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.

4. Notification procedure

1. When the school is notified that a pupil has a medical condition that requires support in school, this information will be passed on to the headteacher/deputy headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil (where reasonable), with a view to discussing the necessity of an IHP (outlined in detail in [section 8](#)).



2. 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).
3. 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.
4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Staff training and support

1. Any staff member providing support to a pupil with medical conditions will receive suitable training.
2. Staff will not undertake healthcare procedures or administer medication without appropriate training.
3. Training needs will be assessed by the headteacher, SENCO and the school business manager through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives.
4. Through training, staff will have the requisite competence 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.
5. A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.
6. Whole-school awareness training will be carried out on a termly basis for all staff, and included in the induction of new staff members.
7. The school business manager 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.
8. Training will be commissioned by the SBM and provided by the following bodies:
 - Commercial training provider
 - The school nursing team
 - GP consultant
 - Parents of pupils with medical conditions
9. 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.

Self-management

10. 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.
11. 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.



12. 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.

13. If a child 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 Behaviour policy.

6. Supply teachers

1. Supply teachers will be:

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

7. IHPs

1. 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.

2. 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.

3. 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.

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

5. IHPs will be stored in the school office; easily accessible to those who need to refer to them, but confidentiality will be preserved.

6. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

7. Where a pupil has an EHC plan, the IHP will be linked to it or become part of it.



8. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

9. 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.

8. Managing medicines

1. Pupils will not be given prescription or non-prescription medicines without their parents' written consent.
2. Any administration of medication that has not been prescribed by a medic for the child, would require the headteacher's approval in order to be administered on a short-term basis. Examples of this may include skin creams or a single paracetamol for a specific reason made known by the parent.
3. Children will not carry medication at any time. Medication should always be passed on from adult to adult. Medication should be dropped off at the school office and transfer of medication to after school care teams will be completed by school staff.
4. 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**
5. No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.
6. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.
7. Parents will be informed any time medication is administered that is not agreed in an IHP.
8. 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.
9. All medicines will be stored safely in a locked box in the classroom cupboards. 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.
10. When medicines are no longer required, they will be returned to parents for safe disposal.
11. Sharps boxes will be used for the disposal of needles and other sharps.
12. 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.
13. The school will hold additional asthma inhalers for emergency use. The inhalers will be stored in the office in the locked cupboard and their use will be recorded.
14. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.



15. 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.

9. Adrenaline auto-injectors (AAIs)

1. 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.
2. 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.
3. Where a pupil has been prescribed an AAI, this will be written into their IHP.
4. For pupils who have prescribed AAI devices, two devices will be held in school. These will be stored in the child's classroom and the medical room
5. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
6. In the event of anaphylaxis, a designated staff member will be contacted
7. 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.
8. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.
9. The school will keep a spare AAI for use in the event of an emergency, which will be checked on a half termly basis to ensure that it remains in date, and which will be replaced before the expiry date.
10. The spare AAI will be stored in the school office in a locked container, ensuring that it is protected from direct sunlight and extreme temperatures.
11. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.
12. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
13. 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.
14. 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.
15. 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.
16. Where any AAIs 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.
17. For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.



18. For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.
19. AAI will not be reused and will be disposed of according to manufacturer's guidelines following use.
20. 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.

10. Record keeping

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

11. Emergency procedures

1. Medical emergencies will be dealt with under the school's emergency procedures.
2. Where an IHP is in place, it should detail:
 - What constitutes an emergency.
 - What to do in an emergency.
3. Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.
4. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive.
5. 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.

12. Day trips, residential visits and sporting activities

1. Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.
2. 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.
3. 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.

13. Unacceptable practice

1. 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.

14. Liability and indemnity

1. The Business Manager will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
2. The school holds an insurance policy with RPA covering liability relating to the administration of medication. The policy has the following requirements:
 - All staff must have undertaken appropriate training.
3. The school holds an insurance policy with RPA covering healthcare procedures. The policy has the following requirements:
 - All staff must have undertaken appropriate training.
4. All staff providing such support will be provided with access to the insurance policies upon request.
5. 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.

15. Complaints

1. 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.
2. 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.
3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
4. Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

16. Home-to-school transport

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

17. Defibrillators

1. The school has an automated external defibrillator (AED).
2. The AED will be stored in the school office in an unlocked access port.



3. All staff members will be made aware of the AED location and what to do in an emergency.
4. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.
5. 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 first aiders will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
6. The emergency services will always be called where an AED is used or requires using.
7. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.
8. Maintenance checks will be undertaken on AEDs on a monthly basis by the school business manager, who will also keep an up-to-date record of all checks and maintenance work.

18. Monitoring and review

1. This policy is reviewed on an annual basis by the Academy Committee and headteacher.
2. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.
3. The next scheduled review date for this policy is October 2025.



Individual Healthcare Plan Implementation Procedure

Record of All Medicine Administered to Pupils

Date	Pupil's name	Time	Name of medicine	Dose given	Reactions, if any	Staff Signature	Print name

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.



- The telephone number: 01661 823167
- Your name.
- Your location as follows: Richard Coates CE Primary School
- The postcode: NE20 9QB
- 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.

[illegible]



Administration of Medication to Pupils Agreement between Parents and School (Appendix 1)

In order to keep the administration of medication to a minimum, the headteacher or medication coordinator should consider requesting that parents administer the daily doses out of school hours. However, if this is not possible it will be necessary for the school and parents to make a formal agreement to enable members of staff to administer medication to pupils during the school day by completing the form below.

In most cases only medication that the child's doctor has prescribed can be administered, hence school staff should not administer 'over-the-counter' medication. However, at the discretion of the headteacher, it is permissible for a parent to request for a short term medication to be provided such as a paracetamol or skin cream. In these instances, the parent should request this via email at admin@richard-coates.uk or visit the school office to complete a medical request form in person. Parents will be informed of the decision around approval. Further information is given on page 6.

Note: Medicines must be kept in the original container as dispensed by the pharmacy.

Part 1 – To be Completed by Parent/Carer	
To the Headteacher: (add name)	School:
My child (name) _____ Date of birth: _____	
Class _____	
has the following medical condition _____	
I wish for him/her to have the following medicine administered by school staff, as indicated below:	
Name of Medication:	
Dose/Amount to be given:	
Time(s) at which to be given:	
Means of administration:	
How long will the child require this medication to be administered?	
Known side effects and any special precautions (please attach details)	
Procedures to take in case of emergency (please attach details)	



Emergency Contact 1

Name: _____

Telephone _____

Work: _____

Home: _____

Mobile: _____

Relationship: _____

Emergency Contact 2

Name: _____

Telephone _____

Work: _____

Home: _____

Mobile: _____

Relationship: _____

I undertake to deliver the medicine personally to the Headteacher or Medication Coordinator and to replace it whenever necessary. I also undertake to inform the school immediately of any change of treatment that the doctor or hospital has prescribed.

Name: _____ Signature: _____

Relationship to child: _____ Date: _____

Part 2 - To be completed by Headteacher

Confirmation of agreement to administer medicine

It is agreed that (child) _____ will receive (quantity and name of medicine) _____ every day at (time medicine to be administered, for example, lunchtime or afternoon break) _____.

(Child) _____ will be given medication or supervised whilst he/she takes it by (name of member of staff) _____.

This arrangement will continue until _____ (either the end date for the course of medicine or until the parents instruct otherwise).



Healthcare Plan for a Pupil with Medical Needs (Appendix 3)

Details of Child and Condition	
Name of child:	Add photo here
Date of birth:	
Class/Form:	
Medical Diagnosis/Condition:	
Triggers:	
Signs/Symptoms:	
Treatments:	
Has the Parental Consent Form been completed? Yes/No (Medication cannot be administered without parental approval)	
Date:	Review Date:
Medication Needs of Child	
Medication:	
Dose:	
Specify if any other treatments are required:	
Can the pupil self-manage his/her medication? Yes/No If Yes, specify the arrangements in place to monitor this:	
Indicate the level of support needed, including in emergencies: (some children will be able to take responsibility for their own health needs)	



Known side-effects of medication:

Storage requirements:

What facilities and equipment are required? (*such as changing table or hoist*)

What testing is needed? (*such as blood glucose levels*):

Is access to food and drink necessary? (*where used to manage the condition*): Yes/No
Describe what food and drink needs to be accessed

Identify any dietary requirements:

Identify any environmental considerations (*such as crowded corridors, travel time between lessons*):

Action to be taken in an emergency (*If one exists, attach an emergency healthcare plan prepared by the child's lead clinician*):

Staff Providing Support

Give the names of staff members providing support (*State if different for off-site activities*):

Describe what this role entails:

Have members of staff received training? Yes/No

(*details of training should be recorded on the Individual Staff Training Record, Appendix 4*)



Where the parent or child have raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child's condition:

Detail the contingency arrangements in the event that members of staff are absent:

Indicate the persons (or groups of staff) in school who need to be aware of the child's condition and the support required:

Other Requirements

Detail any specific support for the pupil's educational, social and emotional needs
(for example, how absences will be managed; requirements for extra time to complete exams; use of rest periods; additional support in catching up with lessons or counselling sessions)

Emergency Contacts

Family Contact 1

Name: _____

Telephone
Work: _____

Home: _____

Mobile: _____

Relationship: _____

Family Contact 1

Name: _____

Telephone
Work: _____

Home: _____

Mobile: _____

Relationship: _____

Clinic or Hospital Contact

Name: _____

Telephone:
Work: _____

GP

Name: _____

Telephone:
Work: _____

Signatures

Signed

(Headteacher)

Signed

(Medication Coordinator)



Emergency Action in the Event of an Asthma Attack (Appendix 8)

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until he/she feels better. The child can return to school activities when he/she feels better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way



Emergency Action: Epilepsy - First Aid for all Seizures

(Appendix 9)

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course.
- Check the time the child starts to fit
- Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements.
- Do not try to put anything at all between the teeth.
- Do not give anything to drink.
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care.
- Arrange for other children to be escorted from the area, if possible.
- Call for an ambulance if:
 - a seizure shows no sign of stopping after a few minutes; and/or
 - a series of seizures take place without the individual properly regaining consciousness.
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position, to aid breathing and general recovery. Wipe away saliva from around the mouth.
- Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose.
- If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence.



If a child is known to have epilepsy:

- It is not usually necessary for the child to be sent home following a seizure, but each child is different. If the Headteacher feels that the period of disorientation is prolonged, it might be wise to contact the parents. Ideally, a decision will be taken in consultation with the parents when the child's condition is first discussed, and a Healthcare Plan drawn up.
- If the child is not known to have had a previous seizure medical attention should be sought.
- If the child is known to have diabetes this seizure may be due to low blood sugar (a hypoglycaemic attack) in which case an ambulance should be summoned immediately.

Review Date	Changes made	By whom	Ratification Date by Governing Body
October 2025	New policy introduced	James Watson	



Belsay Primary School

Darras Hall Primary School

Heddon St. Andrew's CE Primary School

Ponteland High School

Ponteland Primary School

Richard Coates CE Primary School

