Robert Peel Primary School

Supporting Children with Medical Conditions Policy

Date policy last reviewed: September 2025

Signed by:

_____ Headteacher Date: _____

_____ Chair of governors Date: _____

Contents:

Statement of Intent

Robert Peel Primary School has a duty to ensure arrangements are in place to support children with medical conditions. The aim of this policy is to ensure that all children 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 children with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that children feel safe in the school environment.

Some children with medical conditions may be classed as 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 children with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these children, 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 children with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, children and their parents.

1. Legal Framework

This policy has due regard to all relevant legislation and 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 children 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'

2. Roles and responsibilities

The Governing Body of Robert Peel Primary School is responsible for:

- Ensuring arrangements are in place to support children with medical conditions.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Children with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for children who are competent to manage their own health needs.
- Ensuring that all children with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring written records are kept of, any and all, medicines administered to children.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

The Headteacher is responsible for:

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- The day-to-day implementation and management of the Supporting Children with Medical Conditions Policy and Procedures of Robert Peel Primary School.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- Ensuring the correct level of insurance is in place for teachers who support children in line with this policy.
- Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/ care
- Considering the purchase of a defibrillator.
- Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a child with a medical condition needs help. A first-aid certificate is not sufficient.
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of children with medical conditions in lessons.
- Undertaking training to achieve the necessary competency for supporting children with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers and adrenalin pens to be held in an accessible location, following DfE guidance.

Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's IHCP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHCP with particular emphasis on, they or a nominated adult, being contactable at all times.

Children are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHCP
- Complying with the IHCP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

The school nurse will be responsible for:

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

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 IHCPs.
- 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 will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for children with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered.
- Working with the school to ensure that children with medical conditions can attend school full-time.

3. 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.

Schools admissions forms should request information on pre-existing medical conditions. Parents have an easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHCP and also to share information for recording attendance.

4. Medical conditions register/list

A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class/form tutor should have an overview of the list for the children in their care, within easy access.

Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

For children on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHCP and train staff if appropriate.

5. Notification procedure

When the school is notified that a child 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 child, with a view to discussing the necessity of an IHCP, outlined in detail in the IHCPs section of this policy.

The school will not wait for a formal diagnosis before providing support to children. Where a child'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 child 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 child 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 child with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training.

Through training, staff will have the requisite competency and confidence to support children with medical conditions and fulfil the requirements set out in IHCPs. 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 for all staff, and included in the induction of new staff members. Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Children with Medical Conditions' Policy as part of their induction.

The clinical lead for each training area/session will be named on each IHCP.

School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

7. Self-management

Following discussion with parents, children 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 IHCP.

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

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.

8. Individual Health Care Plans (IHCPs)

The school, healthcare professionals and parents agree, based on evidence, whether an IHCP will be required for a child, 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.

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

IHCPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The child'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 child'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 child'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 child
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or child, the designated individual to be entrusted with information about the child's medical condition
- What to do in an emergency, including contact details and contingency arrangements

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

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

Where a child has an EHC plan, the IHCP 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 IHCP.

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 IHCP identifies the support the child will need to reintegrate.

9. Medical Needs Education Team (referrals)

Where a child is away from school for 15 days or more (whether consecutively or across a school year), a referral to the Medical Needs Education team may be decided.

The Medical Needs Education Team deliver education due to a child having:

- an operation, illness or injury keeping the child away from school whilst recovering
- an illness or injury requiring regular hospital attendance
- a medical condition that causes frequent absences from school
- a mental illness requiring therapeutic support

The education can take place in a child's home environment. However, when the child is able and health supports this, their education can take place in other buildings and may be in small groups - with reintegration being the ultimate goal.

Children remain on the school's roll, and the Medical Needs Education Team work in partnership with the school, parents, family and young person to ensure continuity and progression for the child, taking account of medical advice. School and the Medical Needs Education Team support reintegration of children where the medical advice supports their readiness to return to school.

10. 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 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.

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 AAIs, 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 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 AAIs are used, the following information will be recorded.

- 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.

AAIs 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.

11. 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 child's health or school attendance not to do so.

Children under 16 years old will not be given prescription or non-prescription medicines without their parents' completing a parental consent to administration of medicine form, except where the medicine has been prescribed to the child without the parents' knowledge. In such cases, the school will encourage the child to involve their parents, while respecting their right to confidentially.

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

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

No child 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 IHCP.

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.

A maximum of four weeks' supply of the medication may be provided to the school at one time.

All medicines will be stored safely. Children 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. When medicines are no longer required, they will be returned to parents for safe disposal.

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 child 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 classrooms. Inhalers will be used in line with the school's Asthma procedures.

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

Children will never be prevented from accessing their medication.

General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room

Robert Peel Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

Staff will not force a child, if the child refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHCP which will include informing parents.

12. Record keeping

Written records will be kept of all medicines administered to children. Proper record keeping will protect both staff and children, and provide evidence that agreed procedures have been followed.

13. Emergency procedures

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

Where an IHCP is in place, it should detail:

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

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

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

14. Day trips, residential visits and sporting activities

Children 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 children with medical conditions to participate. In addition to a risk assessment, advice will be sought from children, parents and relevant medical professionals. The school will arrange for adjustments to be made for all children to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

15. Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable in Robert Peel Primary School:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that children with the same condition require the same treatment.
- Ignoring the views of the child and/or their parents or ignoring medical evidence or opinion.
- Sending children home frequently or preventing them from taking part in activities at school
- Sending the child to the medical room or school office alone or with an unsuitable escort if they become ill.
- Penalising children with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

16. Insurance

Full written insurance policy documents are available to be viewed by members of staff who are providing support to children with medical conditions. Those who wish to see the documents should contact the Head.

Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the LA/school's insurance.

17. Complaints

Parents wishing to make a complaint concerning the support provided to children 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.

18. Definitions

- Parent(s)' is a wide reference not only to a child's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a child.
- 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.

- ‘Medication’ is defined as any prescribed or over the counter treatment.
- ‘Prescription medication’ is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A ‘staff member’ is defined as any member of staff employed at Robert Peel Primary School.

19. Defibrillators

The school has a **Mediana** automated external defibrillator (AED). The AED will be stored in the school office.

All staff members and pupils will be made aware of the AED’s location and what to do in an emergency.

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.

20. Monitoring and review

This policy is reviewed on an annual basis by the Governing Body, school nurse and Headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Supporting Children with Medical Conditions

1. • Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.
2. • Headteacher or delegated SLT member co-ordinates meeting to discuss child's medical needs and identifies 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.
5. • School staff training needs identified.
6. • Training is delivered to staff and review dates are agreed.
7. • IHCP implemented and circulated to all relevant staff.
8. • IHCP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate.

Appendix – Asthma Procedures

Background

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and children.

Robert Peel Primary School recognises that asthma is a widespread, serious but controllable condition affecting many children at the school. The school positively welcomes all children with asthma. This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and children. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with children with asthma are provided with training on asthma during First Aid Courses which run biannually.

Asthma medicines

- Immediate access to reliever medicines is essential. Children with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom.
- School staff are not required to administer asthma medicines to children (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let children take their own medicines when they need to.
- A suboptimal asthma inhaler is held in school in case of emergencies.

Record keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.
- Parents/carers are asked to complete an asthma medication form with the details about their child's condition and inhaler dosage. From this information the school keeps its asthma register, which is available to all school staff.
- Parents/carers are also asked to update the school if there are any changes to their child's medication.

Exercise and activity – PE and Games

- Taking part in sports, games and activities is an essential part of school life for all children. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which children have asthma from the school's asthma register.
- Children with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each child's inhaler will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours Sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve children with asthma as much as possible in after school clubs.

- PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry or feathery animals and has a smoke free policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

When a child is falling behind in lessons

- If a child is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the SEND Manager or SENDCo about the child's needs.
- The school recognises that it is possible for children with asthma to have special education needs due to their asthma.

Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack.

Appendix - Allergen and Anaphylaxis Procedures

What is anaphylaxis?

- Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.
- Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).
- The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.
- Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

- The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.
- Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**
- Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.
- The decision on how many adrenaline devices the school or setting should hold, and where to store them, has to be decided on an individual basis between the Headteacher, the child's parents and medical staff involved.
- Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. We recognise it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.
- Caterlink and the staff in the school kitchen produce meals which are free from ingredients which may cause an allergic reaction. They produced individual menus for these child and display photographs and allergy information in the school kitchen so that all staff are aware. This information is drawn up together with the parent.

Staff that are susceptible to severe anaphylaxis should ensure they carry their own epipen.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, the school and the treating doctor.

Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it
- what to do in an emergency

- prescribed medicine
- food management
- precautionary measures

Once staff have agreed to administer medicine to an allergic child in an emergency, a training session will need to be provided by local health services. Staff should have the opportunity to practice with trainer injection devices. At Robert Peel we aim to update staff annually.

Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements. Children have been asked not to bring in peanut butter as part of their packed lunch and the kitchen is able to provide meals that do not contain nuts if required.

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. At Robert Peel we aim to ensure children are not stigmatised or made to feel different. We also recognise that it is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Where possible charity Stall items should be free from nuts. Any edible product being sold should have a list of ingredients attached and children should always ask prior to purchasing.

Appendix – Epilepsy Procedures

Background

There are many different types of seizures which can be classed by which parts of the brain the epileptic activity occurs in. Seizures commonly last between a few seconds and several minutes – afterwards, the body will usually return to normal.

It is essential that staff are able to recognise the different types of seizure which commonly occur in school.

Tonic-clonic seizure – these are the most widely recognised type of seizure. A child experiencing this type of seizure will lose consciousness and fall to the ground – their body will be stiff and limbs will jerk. After the seizure, their consciousness will return, but they may show signs of confusion and tiredness. Children will need a rest following this type of seizure, and may need to return home.

Absence seizures – these seizures are most common in children between the ages of 6-12. During this seizure, the child will briefly lose consciousness, but will not lose muscle tone or collapse – they often appear to be daydreaming or distracted for a few seconds. They also commonly cause children to become confused about what is happening around them, and can therefore impact on their learning.

Focal (partial) seizures – these seizures can often be difficult to recognise; children's consciousness may be affected, and they may not be sure of what is happening around them. They may repeat actions such as swallowing, scratching or looking for something and, as such, can often be interpreted as episodes of bad behaviour rather than a seizure. It is important to assist the child in these situations and reassure them.

Myoclonic seizures – these seizures can affect the whole body, but are usually restricted to one or both arms, and sometimes the head. During these seizures, children may experience a single jerk, or continuous jerking for a period of time. As these mostly occur in the morning, staff should be aware that a child may be tired or have lack of concentration when beginning the school day.

Atonic seizures – these cause a child to lose muscle tone and fall to the ground without warning, often resulting in injuries to the face and head. Children who experience these seizures need to wear protective headgear to avoid injuries.

Staff also need to understand the triggers which can make a seizure more likely to occur; this can include the following:

- Excitement or anxiety when first starting school
- Flashing or flickering lights for those with photosensitive epilepsy
- Stress and/or lack of sleep

Individual Health Care Plans (IHCPs)

If it is disclosed that a child has epilepsy, the school will ensure that they receive appropriate support, including through an IHC Plan – this will outline the specific support for the child and who is responsible for this support.

IHC Plans will include the following information:

- The type of epilepsy the child has and the seizures that occur
- The triggers for the seizures (if known)
- What happens before, during and after a seizure, and how long their seizures tend to last
- The necessary first aid (if any) that is required
- The responsibilities of the school after a seizure occurs
- How long the child will need to rest after a seizure
- Under what circumstances the school should call an ambulance
- The responsibilities of the school in an emergency
- Any warning signs that may indicate the child is about to have a seizure
- Any medicine the child takes and when they need to take it
- Any medicine side-effects that the school needs to be aware of
- Any particular activities which may put the child at risk of having a seizure, and the procedures in place to reduce this risk
- Any adjustments that need to be made to the school environment to support their learning
- The names of the healthcare professionals involved in the child's care
- Any behavioural or emotional issues the school needs to be aware of
- Who else in the school is aware of the child's epilepsy
- Any other medical conditions the child has

Parents will be kept fully informed of their child's epilepsy at school, and will be consulted before the IHC Plan is reviewed and any changes will be made.

Learning and behaviour

The school will remain committed to ensuring that all children with epilepsy are fully included in school life and are able to participate in the same activities as all other children.

Epilepsy often has an effect on children' learning and behaviour, such as tiredness and lack of concentration, and, therefore, the school will make reasonable adjustments and offer additional support.

Appropriate records will be kept of the development and educational performance of children with epilepsy. These will be monitored to ensure any problems are identified early and to assess whether the child's epilepsy is a factor.

The school understands that children with epilepsy may require additional support for examinations, such as by providing extra time. If a teacher believes this to be the case, a meeting will be arranged with the child's parents to discuss what support may be necessary.

The school will also consult relevant medical professionals to determine which support is most appropriate for the child during examinations.

If it is determined the child needs extra support, the headteacher will ensure that examination bodies are informed promptly.

Day trips, residential visits and sporting activities

The school will ensure that every child with epilepsy is able to participate fully in all curriculum activities, including day trips, residential visits and other sporting activities.

Children with epilepsy will be supported to participate in these events – any pre-determined adjustments required will be detailed on the child's IHC plan.

Emergency procedures

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

Where an IHC plan is in place, it will detail:

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

All staff will be able to recognise what is happening and will respond promptly by:

- Calling the emergency services; or
- Arranging for the designated member of staff to provide emergency medication to the child; or
- Arranging appropriate first aid if the child has been injured.

An ambulance will always be called in the following instances:

- The seizure continues for longer than usual for that specific child, or more than five minutes for any child
- One seizure follows another without the child regaining consciousness in between
- The child is injured following a seizure
- The child has difficulty breathing
- Staff believe the child needs urgent medical attention

All children will be informed in general terms of how to respond in an emergency, i.e. by informing a member of staff.

If a child needs to be taken to hospital, a member of staff will contact their parents immediately, and will wait with the child until their parent arrives – if necessary, the staff member will accompany the child to the hospital.

When transporting children with epilepsy to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

If a child experiences a seizure that does not require emergency medical attention, parents will be contacted as soon as the child has recovered.

A record will be kept of all seizures that occur at the school, and will be used to inform the review process of this policy.

Administering medication

All medication for children with epilepsy will be administered in accordance with the school's Administering Medication Policy.

The medication (if any) required for a child with epilepsy will be detailed on their IHC plans, along with the designated member of staff, who is suitably qualified and responsible for administering it.

Training and awareness

All children will be educated about epilepsy, including its triggers, the different types of seizures, and the protocol for an emergency. All children will be taught about anti-discriminatory procedures, and any bullying that occurs towards a child with epilepsy will be dealt with in accordance with the school's Anti-bullying Policy.

Staff will be made aware of the potential for children with medical conditions such as epilepsy being disproportionally impacted by behaviours such as bullying.

All staff will receive induction training and refresher training on epilepsy, and will understand the basic emergency response procedures and seizure first aid. All staff will be required to familiarise themselves with this policy as part of their induction programme.

Designated staff members will be suitably trained to respond to individual children with epilepsy, including administering medication. Staff will not undertake healthcare procedures or administer medication without suitable training.

The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication for children with epilepsy.

Appendix – Diabetes Procedures

Background

This Policy has been written in line with information provided by Diabetes UK, Diabetes guidelines 2014 and the local education authority, the school and Governing Body.

Robert Peel Primary School recognises that Diabetes is a common condition affecting children and as a school we welcome all children with diabetes and will support in the management of every day medical issues.

As a school we support children with diabetes in all aspects of school life and encourage them to aspire to achieve their full potential. This will be done by having a policy that is understood by the staff. This policy ensures all staff have received training about diabetes.

Diabetes - is a condition where the level of glucose in the blood rises. This is either:

- Due to lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs.
- Or the Insulin is not working properly (Type 2 diabetes).

The majority of children have type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan.

Children with Type 2 diabetes are usually treated by diet and exercise alone.

The commonest problem encountered is Hypoglycemia (Hypo's) when the blood sugar level goes too low. The onset of Hypoglycemia occurs in a matter of minutes and untreated the child may then go unconscious within minutes. The child may recognise the symptoms which include:

- Feeling faint
- Unsteadiness
- Sweating
- Pallor
- Irrational, argumentative and aggressive behaviour.

The more rare problems of Hyperglycaemia (Hyper's) can lead to a diabetic coma. This develops more slowly over a period of hours. The symptoms include:

- Drowsiness
- Thirst
- Vomiting

Treatment

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as a glucose tablet, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a

glass of milk, should be given once the child have recovered, some 10-15 minutes later. An ambulance should be called if:

The child' recovery takes longer than 10-15 minutes or if the child becomes unconscious.

If a child has a hyper then the child's parents or guardians should be contacted immediately. If they are not available then an ambulance must be called.

Record Keeping

When a child with diabetes is admitted to Robert Peel Primary school, or a current child is diagnosed with the condition, the head teacher arranges a meeting with the parents and children to establish how this may affect school life. This should include the implications for learning, playing, P.E lessons, social development and out of school activities. All children with additional medical needs will have a Health care plan which will outline the medical need of the child and then the treatment plan to follow.

Medication

After the medical health care plan has been formulated a treatment plan will show the information clearly to be followed. For Diabetes the majority of children are supported by two required doses of insulin a day and it is unlikely that insulin will need to be administered during the day at school. Although for those children that do need insulin it may be necessary for an adult to administer the injections.

Older children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out. Children with diabetes need to ensure that their blood glucose levels remain stable and may need to have their levels checked by a trained adult by taking a small sample of blood and using a small monitor at regular intervals. They may need to have this done during the school lunch break, before P.E. or more regularly if their insulin needs adjusting.

When staff agree to administer blood glucose tests or insulin injections they must be trained by an appropriate health professional. Children with diabetes need to be allowed to eat regularly during the day. This may include eating a snack during class-time or prior to exercise and at a consistent time for lunch.

Supplies of lucozade and other glucose drinks (not diet) should be kept in the classroom, in date with the child's name written on them for emergency use only.

If a child is unwell with vomiting or diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Making the School Diabetes Friendly

With the permission of the child and parents an introduction to diabetes will be given to the school/year group/ class in PSHE lessons. Staff will be notified of any changes in the child's condition through regular staff briefings to make staff aware of special requirements.