



"Rooted in Love"
Ephesians 3:17

Supporting Children with Medical Conditions

*ST. LUKE'S C of E
PRIMARY SCHOOL*

Policy Date Review	December 2025
Date of next Review	September 2026
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"Excellence through belief, inclusion and resilience."

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1. Definitions

For the purpose of this policy a:

Child is any child or young person who is under 18 years of age.

Parent includes any person with parental authority over the child concerned using the definitions described in “Understanding and dealing with issues relating to parental responsibility – GOV.UK”

Head of School is the responsible person at school for most things and refers to any manager with equivalent responsibility for health, safety and wellbeing of children.

2. Statement of Intent

The Governing Body (IEB) of St Luke’s C of E Primary School has a statutory duty (under section 100 of the Children and Families Act 2014), to ensure arrangements are in place to support pupils with medical conditions.

The aim of this policy and procedures is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education including physical education, school sports and physical activity (PESSPA), and achieve their academic potential. It is based on the Department for Education (DfE) statutory guidance and non-statutory advice, Supporting pupils at school with medical conditions, will be reviewed regularly, and made accessible to pupils, parents, staff and other adults as appropriate.

St Luke’s C of E Primary School is committed to ensuring parents feel confident that effective support for their child’s medical condition will be provided and that their child will feel safe at school.

We recognise that there are also social and emotional implications associated with medical conditions and that pupils can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

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

Some pupils with medical conditions may also have Special Educational Needs and/or Disabilities (SEND) with an Education, Health and Care Plan (EHCP) in place bringing together provision to manage all of them. For these pupils, this policy should be read in conjunction with our SEND policy and the DfE statutory guidance document Special Educational Needs and Disability; Code of Practice 0-25 years.

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.

3. Organisation

3.1 The Governing Body (IEB)

The whole Governing Body (IEB) and not any one person is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school.

Governors will ensure that:

- Pupils with medical conditions can access and enjoy the same opportunities as any other pupil;
- No pupil with a medical condition is denied admission because arrangements to manage their medical condition have not been made;
- No pupil's health is put at unnecessary risk and will reserve the right not to accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so e.g., when the pupil has an infectious disease;
- Work with the LA, health professionals, and support services is effective to ensure that all pupils with a medical condition receive a full education;
- Pupils are reintegrated effectively following long-term or frequent absence;
- The focus is on the individual needs of each pupil and what support is required to support them
- Parents/carers and pupils can be confident in the school's ability to provide effective support;
- 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;

3.2 The Head of School

The Head of School has a responsibility to ensure this policy is developed and implemented effectively with partners. They have overall responsibility for the development of IHCP's and will implement arrangements to ensure that:

- This policy is effectively communicated and implemented with all stakeholders
- All staff are aware of this policy and procedures and understand their role
- Enough staff are trained and available to implement this policy, carry out the procedures, and deliver against all individual healthcare plans (IHCP's), including in emergency situations
- Staff are appropriately insured and aware of the insurance arrangements
- Recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported are considered
- There is a named person (Jane Slater, Parent Support Advisor) who will liaise with the LA, parents and other professionals in relation to children with health needs
- Professional medical support is sought where a pupil with a medical condition requires support that has not yet been identified.

3.3 School Staff

Every member of school staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so
- Must consider significant and reasonably foreseeable health, safety and wellbeing issues affecting pupils with medical conditions in their lessons or other work when managing risks or when deciding whether or not to volunteer to administer medicines
- Will receive enough training to achieve the required level of competency before taking specific responsibility for supporting pupils with medical conditions
- Will know the signs when a pupil with a medical condition needs help and what to do in response.

3.4 Pupils

Pupils with medical conditions are often best placed to provide information about how they affect them. All pupils should, in an age or developmental stage-appropriate way:

- Be fully involved in discussions about their medical support needs if they have any
- Contribute to the development of their IHCP, if they need one, and follow it
- Be sensitive to the needs of all pupils with medical conditions

3.5 Parents and Carers

Parents and carers are key partners in the success of this policy and should:

- Notify the school if their child has a medical condition
- Provide enough up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHCP
- Carry out any agreed actions in the IHCP
- Ensure that they, or another nominated adult, are always contactable

3.6 School Nurses

The NHS and public health services are key partners in how we can support pupils with medical conditions. Every school has access to school nursing services and ours is through Bury Care Organisation.

The school nursing service will not normally have an extensive role in ensuring that we are taking appropriate steps to support pupils with medical conditions, but they may:

- Notify school at the earliest opportunity, when a pupil has been identified as having a medical condition requiring support in school
- Support school staff to implement IHCP's and provide advice and training
- Liaise with lead clinicians locally on appropriate support for pupils with medical conditions

It is the responsibility of Jane Slater, Parent Support Advisor to liaise with the service on behalf of school and pupils with it becomes necessary.

3.7 Other Healthcare Professionals

We may work with other healthcare professionals to support pupils, including GP's and paediatricians. These other professionals should:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school
- Provide advice on developing IHCP's
- Provide or signpost the provision of relevant specific support in the school for children with particular conditions e.g. anaphylaxis, asthma, diabetes, and epilepsy

It is the responsibility of Jane Slater, Parent Support Advisor to liaise with other healthcare professionals on behalf of school and pupils when it becomes necessary.

3.8 Providers of Health Services

Providers of health services will need to cooperate with school, including ensuring good communication, liaising with the school nurse and other healthcare professionals, and participating in outreach training.

Responsibility for liaison arrangements will depend on the impact of the health service provision on school life and will be allocated on a case by case basis.

3.9 Local Authorities

Our Local Authority (LA):

- commission's school nurses for local schools;
- promotes co-operation between relevant partners;
- makes joint commissioning arrangements for education, health, and care provision for pupils with SEND;
- provides support, advice and guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered;
- works with the school to ensure that pupils with medical conditions can attend school full-time.

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

It is the responsibility of Farzana Naz to liaise with the LA, particularly the Attendance Team, if there are significant issues with getting relevant LA support for a pupil right

4.0 Arrangements and Procedures

4.1 Notification that a pupil has a medical condition

When the school is notified that a pupil has a medical condition that requires support in school, Jane Slater, Parent Support Advisor will be informed and will initiate the procedure to create an IHCP.

For a pupil starting at this school in the ordinary September intake, arrangements will be in place before they arrive and will be informed by their previous educational or care setting (if any).

For a pupil who joins this school mid-term or is an existing pupil with a new diagnosis, we will work to ensure arrangements are put into place within two weeks.

For pupils leaving this school to attend another educational setting, we will appropriately inform the setting they are moving to of the pupil's needs during the transition process or as soon as possible following notification by the parents or carers of the proposed move.

We recognise that this school does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion. The Head of School will make judgements based on all available evidence including medical evidence and consultation with parents or carers.

4.2 School Attendance and Re-integration

After a period of absence through ill health, hospital education or other alternative provision there will be a period of re-integration which will vary for each child, but in principle we will:

- Have an early warning system to inform the LA when a child becomes at risk of missing education for 15 days, either consecutively or over the course of a school year due to their health needs e.g. our regular attendance reviews informed by our knowledge of pupils' potential vulnerabilities.
- Take steps to facilitate a child successfully staying in touch with school while they are absent e.g., email, newsletters, invitations to school events, approved and supervised phone, video chat or other direct contact by classmates or staff.
- Plan for consistent provision during and after a period of education outside school and who/what services we have available to support us to do this – for example in what ways can we ensure the absent child can access the curriculum and materials that he or she would have used in school
- Work with the LA to set up an individually tailored reintegration plan for each child that needs one, actively seeking extra support to help fill any gaps arising from the child's absence
- Make any *reasonable* adjustments to provide suitable access for the child as required under equalities legislation.

We will also consider the emotional needs of children who require re-integration and that such re-integration may not always be as a result of an absence but could be as the result of a serious or embarrassing incident at school.

4.3 Individual Healthcare Plans (IHCP)

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

The IHCP is a working document that will help school effectively support a pupil with their medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assess and manage identified risks to their education, health and social wellbeing and minimise disruption.

An IHCP will cover:

- The medical condition, its triggers, signs, symptoms, and treatments
- The pupil's needs, including medicine (dose, side-effects, and storage) and other treatments, time, facilities (privacy, shower, sleep), equipment (glucose testing, AAls etc), access to food and drink (when used to manage a condition), dietary requirements, and environmental issues (dust, pollen, crowds, distance between lessons etc)
- Specific support for the pupil's education, social and emotional needs e.g., how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc
- The level of support needed, including in emergencies
- Whether a child can self-manage their medicine and how this can be supported
- Who will provide necessary support, their training needs, expectations of their role, and confirmation of their proficiency to carry it out effectively
- Cover arrangements for when named supporting staff are unavailable
- Who in the school needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents and the Head of School for medicines to be administered by a member of staff, or self-administered by the pupil during school hours or activities.
- Arrangements for written permission from parents and the Head of School for the school supply of emergency medication to be administered by a member of staff, or self-administered by the pupil in an emergency during school hours or activities
- Separate arrangements or procedures required for school trips and activities e.g. risk assessments
- The designated individuals to be entrusted with information about the child's condition when confidentiality issues are raised by the parent/child
- What to do in an emergency, including who to contact, and contingency arrangements

If a child has an emergency health care plan prepared by their lead Clinician, it must be used to inform development of their IHCP

Once an IHCP is development, it must

- Be kept reasonably confidential but easily accessible to those who need to refer to it
- Be reviewed at least annually, when a child's medical circumstances change, or following an incident, whichever is sooner.

Where a pupil has an EHCP, the IHCP must be either linked to it or become part of it.

Where the child has SEND but does not have an EHCP, their SEND should be noted in their IHCP

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

4.4 Pupils Managing their own Medical Conditions

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

Where possible pupils will be allowed to carry their own relevant devices. Any required medications, must be easily accessed by the relevant staff member

If a pupil refuses to take a medicine or carry out a necessary procedure, staff will not force them to do so but will follow the procedure agreed in the IHCP as well as inform parents. This may trigger a review of the IHCP.

4.5 Training

Any member of school staff providing support to a pupil with medical needs will receive suitable training to fulfil their role. A first -aid certificate does not constitute appropriate training for supporting pupils with medical conditions except for aspects included through specific 'bolt-on' training that the provider is competent to deliver e.g. use of adrenaline auto-injectors (AAI).

Staff must not undertake healthcare procedures or administer medicines without the appropriate training. Staff training needs will be assessed through the development and review of IHCPs for all school staff, and when staff leave, or a new staff member arrives.

Through training, staff will have the competence and confidence to support pupils with medical conditions and fulfil the requirements of IHCPs. It will help them to understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

All staff will undergo ‘whole school awareness’ training on induction and regularly, to be delivered at school. It will cover:

- Current school policy on supporting pupils with medical conditions
- The role of staff in implementing it
- Whether any of our pupils have been diagnosed with anaphylaxis, asthma, diabetes, epilepsy or another potentially life-threatening medical condition they need support with, and our due to be ready to support as yet undiagnosed pupils
- How to spot a pupil experiencing an anaphylaxis, asthma, diabetes, epilepsy or other known life-threatening emergency
- What to do in an emergency

Designated staff will undergo ‘specific awareness’ training on induction to relevant tasks and regularly to managed a specified condition, administer complex medicines, or carry out medical procedures to be delivered by an appropriately competent healthcare professional.

We will look to ensure it covers:

- Responding appropriately to a request for help from another member of our staff
- Administering the medicines or procedures
- Recognising when emergency action is necessary
- Making appropriate records and
- Ensuring parents are informed

A record of training is to be made and updated regularly.

The family of a child will often be key in providing relevant information about how a child’s needs can be met. If families provide specific advice, they will never be relied on as the sole source of advice.

4.6 Supply Staff

Supply staff must be:

- Provided with access to this policy and procedures and the name of a person who can answer any questions they have
- Informed of all relevant medical conditions of pupils they will have a responsibility for Covered under the school's insurance arrangements

4.7 Managing Medicines

Medicines can only be administered at school when we have been instructed to in writing by a relevant medical professional and/or a parent or carer **and** it would be detrimental to the pupil's health or school attendance not to do so. Such medicines can be prescription or non-prescription but not herbal

Other policy decisions on the administration of medicines which staff must follow include that:

- Pupils under 16 must not be given prescription or non-prescription medicines without their parent's written consent, except when it has been prescribed without parents' knowledge. School will encourage the pupil to involve their parents while respecting their right to confidentiality.
- Pupils under 16 must not be given a medicine containing aspirin unless prescribed by a doctor.
- the [NHS](#) recommends that all children avoid all herbal medicines due to the dangers that the unregulated market poses to buyers, so they will not be administered by school staff without the agreement of a medical professional.
- Pain relief should not be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief will be given.
- The repercussions of staff administering an underdose or overdose of a pupil's medicines to them should be identified from the patient information sheets that come with them and be specifically drawn to the attention of staff to include what they should do next if they are worried a mistake has been made.
- School can only accept medicines that are in-date, labelled, in the original container as dispensed by a pharmacist or sold over the counter and which contain instructions for administration, dosage and storage. Pre-loaded medicines like salbutamol cannisters and adrenaline or insulin auto-injectors must still be in date but can be accepted in the dispenser rather than the packaging.
- Parents must be informed any time medicines are administered that is not as agreed in an IHCP.
- All medicines must be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food when in an airtight and clearly labelled container. Access to the fridge holding medicines is restricted and if large quantities will be kept, school will consider purchasing a suitable lockable fridge.
- Pupils should know where their medicines are at all times and are able to access them immediately, whether in school or off-site. Where relevant, pupils are informed of who holds the key to the relevant storage facility.

- When medicines are no longer required, they are returned to parents for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- The school asthma inhaler for emergency use is stored in the main office and their use is recorded. Inhalers are always used in line with medical guidance.
- The school adrenaline auto-injector for emergency use is stored in the school kitchen and their use is recorded. AAI's are always used in line with medical guidance and specific training.
- Records must be kept of all medicines administered to individual pupils.

Controlled drugs

The supply, possession, and administration of some medicines e.g., methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. They will be managed as follows:

- Delivered and collected daily by a parent or carer to or from a named member of staff unless this is unreasonable or managed by agreement through a home-to-school transport provider.
- Stored in a non-portable container which only named staff members have access; however, these drugs will be easily accessible in an emergency.
- Staff can administer a controlled drug to a pupil for whom it has been prescribed and they should do so in accordance with the prescription instructions and in front of a suitable adult witness.
- A record must be kept of the administration of controlled drugs in the same way as other medicines but with the legible signature/initials of the staff administering them and the witness.

For more detailed information about administering and managing medicines, please refer to our Administration of Medicines Procedures.

4.8 Record keeping and Retention

School will keep a record of all medicines administered to pupils, stating what, how and how much was administered, when and by whom, with a note of any side effects experienced or refusal.

When a pupil has a course of or on-going medicine(s), we ask parents or carers to complete an individual record sheet for each medicine before handing them over ([Form D1](#) or for controlled drugs [Form D2](#)).

Staff are required to administer **all** medicines in front of a suitable adult witness where possible. It is the responsibility of the person doing the administering to ensure their witness has signed the record legibly so they can be identified in future.

When a pupil's medicine is a controlled drug, staff **must not** administer it unless they have a suitable adult witness and ensure that person signs the record legibly. Details of receipts from home and returns of the controlled drug must be accurately recorded as well.

When a pupil is given a medicine as a one-off e.g., pain relief, it will be recorded on a general record sheet along with similar generic medicines administered to other children ([Form E1](#)).

When a pupil is given the school emergency inhaler or school emergency AAI, it will be recorded on the relevant general record card (see contents page and links to Forms [E2](#) and [E3](#)). Parents should be informed about use of an asthma reliever inhaler using the model letter ([Emergency Salbutamol Inhaler Use](#)).

When a pupil has needed to use the school emergency AAI, parents will be informed immediately by telephone or another agreed instant communication method, and a record made.

Records relating to the administration of medicines by school staff are classed as school records as opposed to pupil records. Consent forms should be held in a separate file to the pupil file and can be held together. These consent forms should not be transferred to the next school or setting and is why they should be kept separate from the pupil personal file.

It is generally recommended that records for the administration of medicines signed by school staff should be held for 2 years from the date of the last entry on the sheet.

Individual child records of medicines administered by school staff, e.g. Forms CD, D1, and D2, can be securely destroyed once the child has left the school and should be held in a file separate to the pupil's personal file. Again, these administration records should not be transferred to the next or subsequent school or other educational setting.

4.9 Emergency procedures

Medical emergencies will be handled under the school's emergency procedures

Where an IHCP is in place, it should detail:

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

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents or carers arrive. This may mean that they will need to go to hospital in the ambulance.

4.9 Salbutamol Inhalers

Asthma is a long-term condition that affects the airways (the tubes that carry air into and out of the lungs) and usually causes symptoms such as coughing, wheezing, and breathlessness. As many as 1 in every eleven children has asthma. If someone with asthma comes into contact with one of their asthma triggers, it can make their symptoms worse and even bring on an asthma attack making it difficult to breathe.

Now that the Human Medicines (Amendment) (No.2) Regulations 2014 allow (but do not require) schools to keep a salbutamol asthma reliever inhaler for use in an asthma emergency, governors have decided that keeping a supply will currently benefit pupils significantly.

This school is committed to supporting pupils who have been diagnosed with asthma and has developed separate [Anaphylaxis, asthma, diabetes and epilepsy \(AADE\) Management procedures](#) to be followed.

In summary:

- The administration of reliever inhalers will be carried out in accordance with staff training.
- An asthma register of all pupils prescribed a reliever inhaler will be kept on Medical Tracker and will be checked as part of initiating the emergency response.
- Where a pupil has been prescribed a reliever inhaler, this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Whether use of a child's own asthma reliever inhaler should be recorded and reported to parents will be made clear in the IHCP/asthma plan.
- Consideration will be given to preventing and managing an asthma attack when planning all school activities on and off-site.
- School has 2 emergency salbutamol inhaler kits in the Main Office and procedures in place to administer, maintain, and dispose of them safely.
- **Our decision to hold an emergency asthma kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**
- A copy of the asthma register including consent to administer the school emergency salbutamol will be held with each school asthma emergency kit.
- Designated staff will be trained in how to administer the school emergency inhaler and other staff will be trained in how to seek their help in an asthma emergency.
- Parents will be informed whenever their child has used the school emergency inhaler.

4.9 Adrenaline Auto Injectors (AAI)

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. It usually develops suddenly, gets worse very quickly, and can be very serious if not treated quickly with adrenaline because the resultant swelling can stop someone from breathing.

Now that the Human Medicines (Amendment) Regulations 2017 allow (but do not require) schools to keep an adrenaline auto-injector (AAI) for use in an anaphylaxis emergency, governors have decided that keeping a supply will currently benefit pupils significantly (see [Anaphylaxis, asthma, diabetes and epilepsy \(AADE\) Management procedures](#) to be followed.

In summary:

- The administration of AAIs will be carried out in accordance with professional medical guidance and staff training. Designated staff will be trained in how to administer a child's own AAI and other staff will be trained in how to seek the help of designated staff in an anaphylaxis emergency, and also what to do if they believe help will not come fast enough.
- The emergency services will be called when a reaction is severe even if the AAI has been administered or if a pupil is not diagnosed but seems symptomatic.

- An AAI register of all pupils prescribed an AAI will be kept on Medical Tracker and will be checked as part of initiating the emergency response.
- Where a pupil has been prescribed an AAI, this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Every use of a child's own AAI will be recorded and reported to parents including:
 - Where and when the reaction took place
 - How much medicine was given and by whom.
- Consideration will be given to preventing and managing an allergic reaction when planning all school activities on and off-site.
- School has 1 emergency AAI kits in the School Kitchen and procedures in place to administer, maintain, and dispose of them safely.
- **Our decision to hold an emergency AAI kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional AAI containing sufficient medicine for their needs.**
- A copy of the AAI register including consent to administer the school emergency AAI will be held with each school AAI emergency kit.
- Designated staff will be trained in how to administer the school emergency AAI and other staff will be trained in how to seek their help in an anaphylaxis emergency, as well as what to do if they believe help will not come fast enough.
- Parents will be informed whenever their child has used the school emergency AAI.

4.10 Day trips, residential visits, and sporting activities

Through development and communication of the IHCP, staff will be made aware of how a pupil's medical condition might impact on their participation in educational visits, sporting or other activities.

Before an activity takes place, a risk assessment will be conducted to identify what reasonable adjustments should be made to enable pupils with medical conditions to have equality of access. Advice is also sought from pupils, parents/carers and relevant medical professionals.

A pupil will only be excluded from an activity if the Head of School considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

4.11 Defibrillators

Sudden cardiac arrest is when the heart stops beating, and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation – CPR – and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use and we have one installed in the school office.

4.12 Unacceptable Practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- Prevent children from easily accessing their inhalers and medicine and administering their medicine 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 staff will be supported to appropriately challenge this where they have genuine concerns);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition e.g. 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 medicine 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
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child

4.13 Insurance

School staff who agree to support pupils at school with their medical conditions are appropriately insured by RPA to do so when they are acting in accordance with our policies and their training given the circumstances they faced at the time. The insurance policy wording is available on request.

The insurance policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHCP process.

Every IHCP review must consider whether current insurance arrangements remain compatible with any identified changes required. A significant change, for example an entirely new medical procedure required, will be checked as compatible with current insurance arrangements direct with the school's insurers. If current insurance is inadequate for the new procedure additional insurance will be arranged.

4.14 Complaints

If parents, carers, or pupils are unhappy with the support provided, they should discuss their concerns directly with Miss Sarah Dean, Head of School.

If this does not resolve the issue, a formal complaint can be made through the normal school complaints procedure.

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.