EXCELLENCE IN EDUCATION FEDERATION

Established 13 April 2026

Supporting pupils at school with medical conditions policy

Excellence in Education Federation

Date of policy	Review date	Nominated governor/committee	
October 2026	October 2027	FGB	
Executive Headteacher	Reviewed and Signed	Date	01/10/2026
Chair of governing board	Reviewed and Signed	Date	01/10/2026

www.ealing.gov.uk

Introduction

Excellence in Education Federation is an inclusive community that welcomes and supports pupils with medical conditions so that they can play a full and active role in all aspects of school life, remain as healthy as possible and achieve their academic potential.
The Department for Education statutory guidance 'Supporting pupils with medical conditions at school' (2015) states:

"Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases."

This policy considers the schools' legal duties under the Children and Families Act 2014 to make arrangements to support pupils with medical conditions, as well as its duties under the Equality Act 2010. This policy details both schools' arrangements to support pupils with long term medical conditions. In this document 'medical condition' refers to any physical or mental health condition that requires ongoing health professional input.

This policy will be reviewed at least annually, or earlier if there is an incident or a near miss incident, or if there are any changes in the regulations. The effectiveness of these procedures will be monitored by the governing board and a named senior leader will be responsible for this policy.

This document should be read in conjunction with the DfE statutory guidance on allergy safety. There is a requirement for schools to have a dedicated standalone allergy safety policy in addition to any supporting pupils with medical conditions policy.

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Glossary

Allergy: A medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens.

Asthma Friendly School (AFS): A Healthy London Partnership initiative for schools to sign up to and is encouraged by the local authority. Having implemented this policy, the school nurse can assist the school in achieving and maintaining AFS certification.

Controlled Drug (CD): Medication that is controlled as part of the misuse of drugs legislation (e.g. methylphenidate/Ritalin or some strong pain killers)

Education, Health and Care (EHC) plans: A legal document that describes a child's special educational, health and social care needs, and support required to meet those needs

General Data Protection Regulation (GDPR): A data protection regulation from May 2018 intended to strengthen and unify data protection for individuals.

Individual Healthcare plans: A document that describes a child's medical needs and support required in school to meet those needs.

Individual risk assessment: A risk assessment to determine the risks and controls required for pupils with severe/complex or potentially life-threatening health conditions.

Medical condition: For the purposes of this policy, 'medical condition' refers to any physical or mental health conditions that required ongoing health professional input (e.g. from GP, clinic or hospital specialist).

Medical Conditions Co-ordinators/leaders (Champions): Designated members of staff who lead the implementation of the 'Supporting Pupils at School with Medical Conditions' policy and support pupils with medical conditions.

Special educational needs or disabilities (SEND): Special educational needs and disabilities that can affect a child or young person's ability to learn.

Identification, registers, and individual healthcare plans

1. *Both schools identify all children with medical conditions*

1.1. The schools ask parents/carers if their child has any physical or mental health condition on the medical questionnaire as part of the enrolment process (Appendix 2), and annually thereafter. The school asks for explicit consent to share this information with relevant school staff and healthcare professionals.

1.2. The schools follow the procedure detailed in Appendix 3 to ensure that every child with a medical condition has an individual healthcare plan in place before they start school (see section 3). Any exception to the requirement to have an individual healthcare plan in place before the child starts school will be at the discretion of the school.

1.3. Parents/carers are responsible for informing the schools of any new diagnosis, or changes to their child's medical condition, as soon as possible. It is the schools' responsibility to act on this information.

2. *Both schools keep a record of all children with medical conditions*

2.1. The schools keep a register of pupils with medical conditions (Appendix 4) to identify and safeguard these students. This register is held in a central, secure location, with access by staff as appropriate, and includes the child's individual healthcare plan.

2.2. The schools ensure that the pupil's confidentiality is protected in line with the General Data Protection Regulation (GDPR), and will only share this information with relevant members of staff and healthcare professionals as appropriate.

3. *All children with a medical condition have an individual healthcare plan*

3.1. The schools recognise that needs are specific to an individual pupil. As such, all pupils with a medical condition require an individual healthcare plan (some allergies will not require an individual health care plan, refer to Appendix 3).

3.2. All pupils with a medical condition will require a meeting to discuss the individual healthcare plan. This may be as part of the induction or admissions process. For more severe/complex conditions, an additional meeting between relevant school staff (including those who will be providing support to the pupil) and the parent/carer will normally be required to complete the individual healthcare plan, and may also involve health professionals and the pupil if appropriate. This should ideally take place before the start of the academic year or school term if mid-year entry (Appendix 3).

3.3. The format of an individual healthcare plan may vary according to the nature and severity of the medical condition. This may range from a school asthma card (see Appendix 5) to a more detailed individual healthcare plan as appropriate. All individual healthcare plans should detail the medication and care requirements at school, what to do in an emergency and details of the child's GP. Appendix 5 shows templates individual healthcare plans for common medical conditions.

3.4. For more severe and/or complex medical conditions, the individual healthcare plan should also include an individual risk assessment (Appendix 6) and an assessment of how the condition may impact on the child's learning, behaviour, performance and wellbeing, and plans to mitigate these risks and minimise disruption.

3.5. If a pupil has special educational needs or disabilities (SEND), these needs should be made clear in the individual healthcare plan and linked to their SEN or Education, Health and Care (EHC) plan if they have one.

3.6. The schools recognise that needs change over time. As such, individual healthcare plans should be updated annually, or whenever the pupil's needs change. It is good practice to meet with parents annually to review the individual healthcare plans and the school considers ways of doing this, such as during parents' evenings.

3.7. A copy of the individual healthcare plan is maintained and updated by both schools and is easily accessible to staff who need to refer to it, while also preserving confidentiality in line with the General Data Protection Regulation.

Medication

4. *The federation has clear guidance on administering medication at school*

4.1. Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day.

4.2. If medication is required at school, this will only be given as detailed in the pupil's individual health care plan, and when parents/carers fill out a medication consent form. *If there is a short-term need parents/carers should contact the school to discuss and the medication consent form must be completed by parents/carers.* (Appendix 7).

4.3. Both schools keep an accurate record of all the medication administered, including the dose, time, date and supervising staff (Appendix 8). Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

5. *The federation supports staff who administer medication*

5.1. The federation ensures that there are members of staff trained to administer routine and emergency medication and undertake procedures to meet the care needs of an individual child (see section 11).

5.2. All staff are aware of the specific members of staff trained to administer medication or medical procedures in an emergency situation.

5.3. Staff who may be regularly expected to administer medication and undertake medical procedures should have this responsibility recognised in their job description. Staff are encouraged to volunteer for this role as part of their duty of care.

5.4. The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

6. *The federation has clear guidance on storing medication and equipment at school*

6.1. Both schools ensure that all medication is stored safely, and that pupils with medical conditions and staff know where they are at all times, and who holds the key to the storage facility.

6.2. *The schools allow pupils to carry their own medication/equipment if this is appropriate for their age and individual healthcare plan and has been risk assessed.* Parents/carers should check that this medication is in date.

6.3. The schools ensure that medication is in date and labelled in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and in accordance with its instructions including storage temperature.

6.4. The schools keep controlled drugs (e.g. methylphenidate [Ritalin], some strong painkillers marked CD on container) stored securely, but accessibly, with only named staff having access.

~~6.5.~~ Parents/carers must collect all medication/equipment 1 month before the expiry date (or when a pupil leaves the school), and provide new and in-date medication within 1 month (before the medication reaches its expiry date to ensure it remains safe and effective for use).

6.6. The schools should not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication.

7. *The federation has clear guidance on emergency inhalers and the statutory requirement to keep 'spare' emergency adrenaline devices*

7.1. The schools allow pupils to keep their own inhalers and adrenaline pens if appropriate (6.2) or stored securely but accessibly if not.

7.2. The schools' emergency asthma inhalers are available for pupils whom written parental consent and medical authorisation for use has been given. They are stored in a secure location but not locked away (see Appendix 9 for more details).

7.3. The schools hold 'spare' emergency adrenaline devices and these are kept and used in accordance with the DfE statutory advice on allergy safety in schools and the schools' allergy safety policy (see Appendix 9 for more details).

Training

8. The federation promotes staff training in supporting pupils with medical conditions

8.1. The federation recognises that different levels of training are required for different members of staff in order to meet the schools' duties to support pupils with medical conditions.

8.2. Level 1 – All staff are aware of the medical conditions and allergy safety policy, emergency procedures and are encouraged to undergo further training. All staff have annual allergy awareness training.

8.3. The schools ensure that all staff, including temporary staff, are aware of this 'Supporting Pupils with Medical Conditions' policy and their role in implementing the policy as part of induction. *All staff are emailed the policy annually, and it is also saved on the staff shared drive under School Policies.*

8.4. All staff know which named members of staff should be called on in the event of a medical emergency and are familiar with the procedure for calling the emergency services. All staff are aware that if a pupil is taken to hospital by ambulance, a member of staff must accompany them and remain with them until a parent or carer arrives. Pupils should not be taken to hospital in staff cars.

8.5. All staff present during times when pupils are scheduled to be on site will receive annual allergy awareness training in line with DfE allergy safety guidance. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

8.6. The schools encourage all staff to undertake awareness raising opportunities as part of their comprehensive programme of Continuing Professional Development (CPD), including First Aid training, as well as accredited online training modules (refreshed annually) tailored for schools around managing asthma and anaphylaxis (Appendix 11). Both schools keep record of staff training.

9. Level 2 –The federation has a sufficient number of trained first aiders

9.1. Both schools ensure they carry out risk assessments as appropriate and have sufficient numbers of trained first aiders, taking into account factors such as the size of the school (Appendix 12).

9.2. The first aiders *(including paediatric first aiders as appropriate)* are trained in the management of common medical emergencies and Basic Life Support, including Cardiopulmonary Resuscitation (CPR). This should be refreshed at least every three years.

9.3. The schools have an Automatic External Defibrillator (AED) on site which all staff are aware of (Appendix 12). Named members of staff are responsible for maintaining this.

10. Level 3 – the federation supports staff who take on specific responsibilities for supporting pupils with medical conditions

10.1. The federation has named members of staff who are 'Medical Conditions Co-ordinators/Leaders (Champions)', a role that should be recognised in their job description. These staff are trained on managing medical emergencies and supporting the implementation of this 'Supporting Pupils with Medical Conditions' policy. These staff are clear about the support they can receive and included as part of their annual appraisals.

10.2. Some children with medical conditions require more specific training for named members of staff. Both schools ensure that this training is provided by appropriate professionals (see supporting document- levels of training guidance on Ealing Grid for Learning).

10.3. The schools ensure that there are sufficient numbers of staff trained to support pupils with specific medical conditions, taking into account staff absences, staff turnover and other contingencies.

10.4. Training should be sufficient to ensure that these members of staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual healthcare plans.

10.5. The family of a child should be key in providing relevant information to school about

how their child's needs can be met, and parents/ carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Whole school environment

11. *The whole school environment is inclusive*

11.1. The federation is committed to providing an accessible physical environment for pupils with medical conditions. This includes out-of-school activities.

11.2. All staff are aware of the potential social problems that pupils with medical conditions (such as allergies) may experience and use this knowledge, alongside the schools' bullying policy, to help prevent and deal with any issues.

11.3. Both schools use opportunities such as personal, social, health and economic education (PSHE) and science lessons to raise awareness of medical conditions to help promote a positive environment.

11.4. The schools recognise that any measures to identify pupils with medical conditions for their safety should be proportionate and take into account confidentiality and emotional wellbeing.

12. *The federation ensures that arrangements are made for pupils with medical conditions to participate in all aspects of the curriculum where reasonably possible*

12.1. The schools ensure that the needs of pupils with medical conditions are adequately considered so that they can participate fully in all structured and unstructured activities, extended school activities and residential visits.

12.2. The schools understand the importance of all pupils taking part in physical activity (including out-of-school clubs and team sports). All relevant staff should make reasonable adjustments to physical activity sessions in accordance with a pupil's individual healthcare plan. This may involve ensuring that pupils have the appropriate medication/equipment/food with them during physical activity.

12.3. The schools make sure that a risk assessment is carried out before an educational visit. The needs of pupils with medical conditions (including allergies) are considered during this process and plans are put in place for any additional medication, equipment or support that may be required. This will require consultation with parent/carers and pupils and may require advice from the relevant healthcare professional to ensure that pupils can participate safely. *Ealing's educational visits policy* Ealing Council's educational and recreational visits handbook with relevant health and safety templates to complete.

13. *The federation understands the impact a medical condition may have on attendance and learning*

13.1. School's staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.

13.2. Where a pupil has frequent absences or a prolonged absence due to a medical condition, it is expected that parents/ carers will work with the school and healthcare providers to ensure relevant information is available as part of a coordinated care/support approach.

13.3. The schools will refer pupils with medical conditions who are finding it difficult to keep up educationally to a relevant member of staff (e.g. the Special Educational Needs Co-ordinator) who will liaise with the pupil (where appropriate) parent and the pupils' healthcare professional.

13.4. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and educational provider to ensure that the child receives the support they need to reintegrate effectively. This may include updating their individual healthcare plan where necessary.

14. *The federation learns from incidents/ complaints*

14.1. The schools report and investigate all incidents (including near misses) related to this and the schools' allergy safety policy and reports these to the Schools Health and Safety Adviser through the online portal. Details of any food related allergy incidents, in addition to the above, are sent to the local authority food safety enforcement team as quickly as possible (ideally straight after the incident). Learning from these incidents is shared with staff and used to inform any subsequent revisions to this policy.

14.2. For all incidents (including near misses), investigations will include actions taken to help prevent a reoccurrence and any lessons learnt. Actions taken will include sharing the incident report and findings with the child's parents and the schools designated senior leader, giving them an opportunity to discuss what happened as well

as contributing to any lessons learnt, reviewing and updating as required the pupils' individual health care plan alongside the pupil and family, reviewing and updating as required any schools' policies, and sharing any relevant findings with federation governors, staff and others as required.

14.3. The schools respond to all concerns and complaints related to implementation of this policy, in line with the federation's complaints policy.

15. *The federation will carry out annual audits to ensure that the policy is being followed*

15.1. The schools' nurses supported by both schools as required should carry out an annual audit based on the checklist in Appendix 1 to ensure that the policy is being followed.

16. *Asthma Friendly Schools (AFS)*

16.1. Having implemented this policy, both schools' nurses can assist the schools in becoming certified as an asthma friendly schools. This is encouraged by the local authority.

Appendix 1: Supporting pupils at school with medical conditions checklist

Area	In place	Needs some work	Not in place	Named person responsible for
Policy and implementation:				
Agreed policy in place				
Policy revised annually in consultation with governors and staff				
Policy on the school website				
Governing board committee with a responsibility for and link governor(s) who visits the schools termly to monitor implementation				
Annual report from the headteacher to the governing board on this policy				
Annual report to parents/communication via newsletters				
Identification, registers and individual healthcare plans:				
Process in place for notifying the school of pupils with medical conditions (e.g. questionnaire)				
Process in place for ensuring all pupils with medical conditions have an individual healthcare plan in place before they start school				
Process in place for reviewing the individual healthcare plans every year				
A register of pupils with medical conditions in a secure location, with individual healthcare plans, medication consent forms (including the use of any emergency medication kept by the school),				

medication records, and individual risk assessment forms				
Medication:				
Stores medication securely but accessibly				
Process for ensuring all medication and equipment (including defibrillators) are in date				
Accurate record of medication administered				
Protocol for use of emergency inhalers and adrenaline autoinjectors *(if applicable)*				
Staff/training:				
Policy is part of all staff induction, including temporary, supply staff and volunteers				
Staff/training:				
All staff are aware of the emergency procedures (Inc. information displays)				
Information on this policy in the staff handbook				
All staff know the pupils they work with who have an individual healthcare plan/medical conditions				
School has risk assessed and has a sufficient number of trained first aiders				
Insurance cover current and adequate to needs				
Medical conditions co-ordinators/leads (Champions) are clearly known by all staff, pupils, parents and other stakeholders				
Medical conditions co-ordinators/leads (Champions) are clear about line management arrangements, annual appraisals and attend regular training				
Job descriptions exist for medical conditions co-ordinators/leads (Champions) and includes relevant responsibilities				
Whole school environment:				
School admission arrangements take this policy into consideration				

Risk assessments for educational visits are in place				
Process for reporting incidents to Ealing Council Health and Safety				

Appendix 2: Medical questionnaire (for the school enrolment form and annually thereafter)

Name of Pupil	
Date of Birth	
Year Group / Class	
Name of GP	
Address of GP	

1. Is your child currently under the care of the GP/clinic/hospital for a medical condition* (physical or mental health)? **Yes / No**
If yes, please give details:

2. Is there any other condition/health concern you need to make us aware of? **Yes / No**
If yes, please give details:

3. Does your child require medication to be taken during school hours? **Yes / No**
If yes, please give details:

If you have ticked 'yes' above, a member of staff will contact you to discuss your child's medical needs further. All pupils with medical conditions* will require an individual healthcare plan before the start of the school year. If the medical condition is serious, complex and/or life threatening the school will organise a meeting to discuss the individual healthcare plan. If medication needs to be taken at school, all parents/carers will need to complete the medication form (Appendix 6 of the 'Supporting Pupils with Medical Conditions' Policy).

4. I give **consent** to share this information with relevant school staff and health professionals including the school nursing service. **Yes / No**

Name of Parent / Carer	
Signature of Parent / Carer	
Date	

** The federation takes 'medical condition' to refer to any physical or mental health condition that requires ongoing health professional input.*

Appendix 3: Procedure following notification that a pupil has a medical condition including allergy (flow charts).

Medical Conditions:

1. **School notified that a pupil has a medical condition or that medical needs have changed**

from the medical questionnaire or when the parent/carer informs the school.

2. School liaises with parent/carer to discuss how the individual healthcare plan is going to be completed and actioned

This may be during an induction meeting or via a phone call.

3.a. Parents/carers and school complete an individual healthcare plan

Most medical conditions require the parent/carer and school to complete an individual healthcare plan before the start of the academic year. Parents should use their routine healthcare appointments (with the GP or specialist) or the school will access the school nursing service for health professional input to the individual healthcare plan.

3.b. If the medical condition is severe and/or complex

A meeting will normally be required between the parent/carer and relevant member of staff, with health professional input (either by attending the meeting or sending information to support the meeting).

Pupils that require a higher level of medical intervention at school need an individual risk assessment (Appendix 5

4. School implements the individual healthcare plan

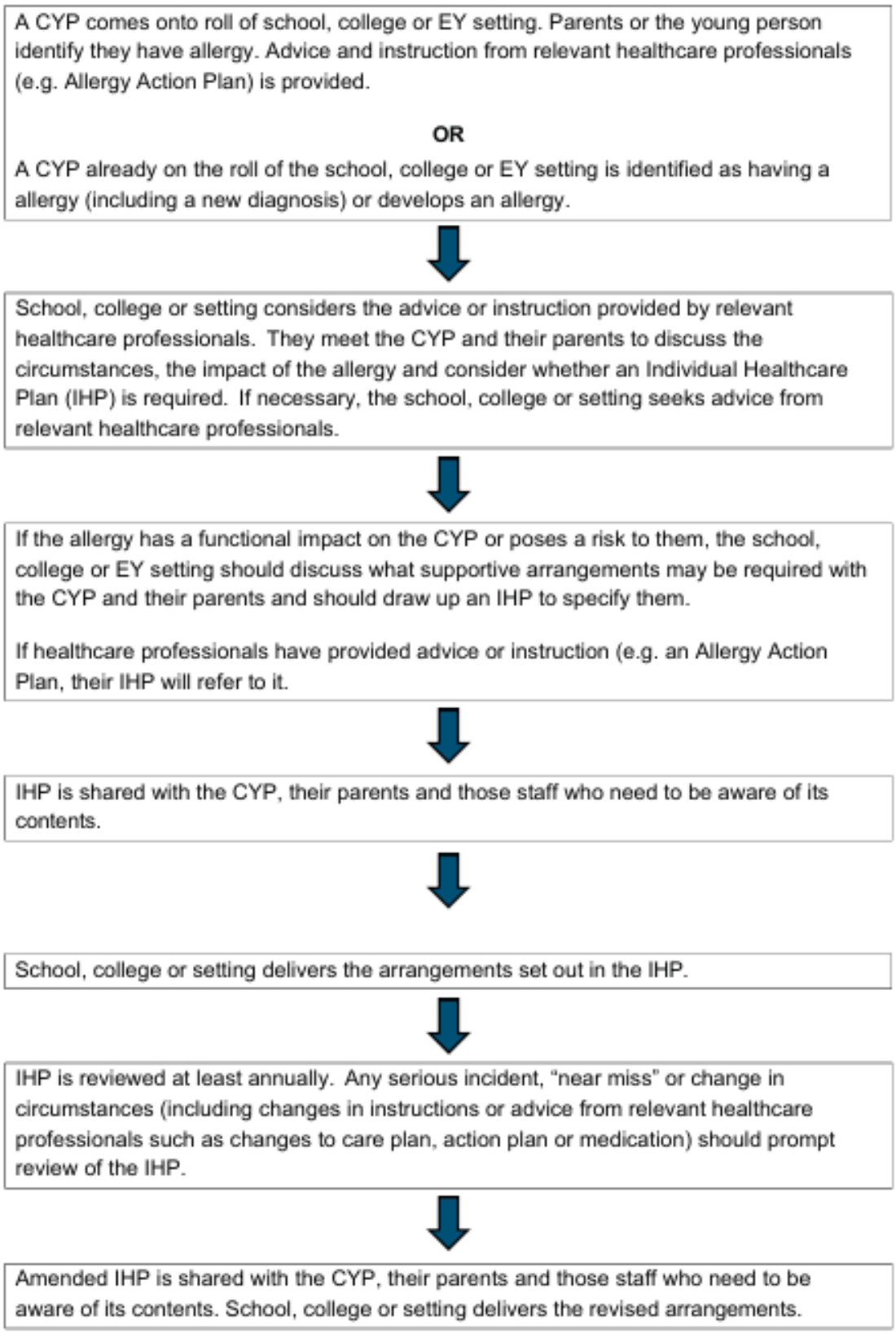
This may involve training for relevant members of staff or support measures in place for the pupil.

5. Individual healthcare plan is reviewed annually or as appropriate

Allergies:

For pupils with allergies, the DfE have created a specific flow chart for identifying and agreeing the support a child or young person needs and developing an IHP. This can be seen on the next page (refer also to the schools' standalone allergy safety policy).

Allergies: Flow chart for identifying and agreeing the support a child or young person needs and developing an IHP



Appendix 4: Medical conditions register

Name	Class	DOB	Medical condition	Consent given for the use of the schools emergency medication (Y/N)

Appendix 5: Individual healthcare plans templates

Please note that these are some suggested documents to use. The pupil may have a different individual healthcare plan from their health professional which would be acceptable.

Asthma UK school asthma card
school-asthma-card2020_download.pdf

BAS allergy action plans
http://www.bsaci.org/about/download-paediatric-allergy-action-plans

Diabetes UK sample individual healthcare plan
https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/ihp-a-childs-individual-healthcare-plan

Young Epilepsy sample individual healthcare plan
http://www.youngepilepsy.org.uk/dmdocuments/IHP-child-form.pdf

Health Conditions in School Alliance generic individual healthcare plan
http://medicalconditionsatschool.org.uk/documents/Individual%20Healthcare%20plan__Part%202.pdf

Bladder and Bowel conditions individual healthcare plan
http://medicalconditionsatschool.org.uk/documents/IHP-Bowel-Bladder-conditions.pdf

Specifically for allergies:
Individual_Healthcare_Plan_template_4_July_2026.docx

Appendix 6: Individual pupil risk assessment form

Hazard	Risk			Existing control measures	Recommendations/further actions required
	Likelihood of occurrence	Severity of harm	Overall risk		

Appendix 7: Medicines permission letter for pupils with medical conditions

In line with this school's 'Supporting Pupils at School with Medical Conditions' Policy, the school will not give your child medicine unless you complete and sign this form.

Name of school/setting	
Date	
Pupil's name	
Class (must be completed)	
Name and strength of medicine	
Reason for use	
Expiry date of medicine	
How much to give (i.e. dose to be given)?	
When to be given – specific time	
Any other instructions	
Number of tablets/quantity to be given to school/setting	
What date is the last dose to be given?	

Note: Medicines must be in the original container as dispensed by the pharmacy (with the child's name on it)

Daytime phone no. of parent/carer	
Name of GP, GP practice name and phone number	
Agreed review date to be initiated by	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the schools' policy. I will inform the immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.

Parent/carers signature ……

Print name ……..

Date ……..

Designated member of staff's signature ……

Print name ……..

Date ……..

Appendix 8: Medication records

Record of medicines administered to an individual child

Name of school/setting	
Name of pupil	
Date medicine provided by parent/carer	
Group/class/form	
Name and strength of medicine	
Dose and frequency of medicine	
Quantity received	
Quantity returned	
Expiry date	

Staff signature ----------

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

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

Record of medicines administered to all children

Date	Pupil's name	Time	Name of medicine	Dose given	Spacer cleaned? Y/N/N-A	Any reactions	Signature of staff	Print name
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Appendix 9: Emergency Inhalers and Adrenaline Auto-Injectors (AAIs)

This section needs to be read in conjunction with the following Department of Health and Department for Education guidance:
Guidance on the use of emergency salbutamol inhalers in schools
Guidance on the use of adrenaline auto-injectors in schools
Adrenaline auto-injectors (AAIs): new guidance and resources for safe use - GOV.UK
Allergy safety in schools - GOV.UK

Adrenaline devices:
People at risk of anaphylaxis are usually prescribed self-administered adrenaline for use in an emergency. Currently two types of adrenaline devices (ADs) are licensed for use: an adrenaline auto-injector (AAI) and a non-injectable nasal adrenaline device. Clinical advice recommends that people at risk of anaphylaxis carry two devices with them at all times, regardless of the type of device, since two doses of adrenaline may be required.

Schools should ensure that children and young people who are prescribed adrenaline devices have rapid access to their devices at all times. This includes while travelling to and from school, in the lunch area, playground and sports fields or when on visits or trips.

Anaphylaxis reactions are unpredictable. In addition, up to 20% of anaphylaxis reactions in schools happen in children without a pre-existing diagnosis of allergy. The DfE requires all schools to stock "spare" adrenaline devices of the correct dosage for their pupils, for use in emergency situations.

Storage-
All adrenaline devices including those prescribed to the child or young person themselves, as well as any spare Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.
Adrenaline devices should not be locked away or kept in an office where access is restricted. Severe anaphylaxis is a time-critical situation: delays in administering adrenaline have been associated with fatal reactions.
If the school, college or early years setting considers that Adrenaline devices may pose a risk to children and young people (noting that adrenaline auto-injectors contain needles), they should ensure that they are stored out of reach of children and young people.
"Spare" adrenaline devices should be accessible at all times in a safe and central location (e.g. reception, school office or staff room). Adrenaline devices should be no more than five minutes away from wherever they might be needed.

Disposal-
Once an Adrenaline Auto injector (AAI) has been used it cannot be reused and must be disposed of according to the manufacturer's guidelines. Medications contain active ingredients that, if not disposed of correctly, can have harmful effects on people, animals, and the environment. For example, AAIs include needles.
Medications should be separated from other types of waste, such as general rubbish or clinical waste. This ensures that they are handled and disposed of correctly.
Used AAIs can be given to ambulance paramedics on arrival, taken to a pharmacy or can be disposed of in a pre-ordered sharps bin for collection by the local council. AAIs which have expired without being used should be disposed of in the same way.

Schools are not required to hold an inhaler, although it is recommended by the DfE – this is a discretionary power enabling schools to do this if they wish. However, keeping an inhaler for use in an emergency prevents unnecessary and traumatic trips to hospital for a child and potentially saves their life. Protocols are required in schools for holding emergency inhalers and adrenaline devices to protect staff by ensuring they know what to do in the event of a child having an asthma or anaphylactic attack.

The protocol should include:

- Arrangements for the supply, storage, care, and disposal of the inhaler, spacers and AAI devices, in line with this 'Supporting Pupils with Medical Conditions' policy alongside the schools standalone 'allergy safety' policy.
- Having a register of children in the school who have been:
    - Diagnosed with asthma or prescribed a reliever inhaler. A copy of the register should be kept with the emergency inhaler
    - Prescribed AAIs (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
- Having written parental consent for use of the emergency inhaler (if kept) and for use of the spare AAI(s), included as part of a child's individual healthcare plan. This should be signed in the school asthma card or the allergy action plan (Appendix 5).
- Note on using "spare" adrenaline devices in an emergency situation without prior consent - The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used in an emergency. It is good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment.
- Ensuring that the emergency inhaler is only used by children with written parental consent for their use.
- Appropriate support and training for staff is provided in the use of the emergency inhaler and spare AAIs in line with this 'Supporting Pupils with Medical Conditions' policy and the schools standalone 'allergy safety' policy.
- Keeping a record of use of the emergency inhaler and/or AAIs as required by this 'Supporting Pupils with Medical Conditions' policy (Appendix 8) and informing the parent/carer when their child has been administered an inhaler/AAI and whether this was the school's spare inhaler/AAI or the pupil's own device (Appendix 8). This should include where and when the attack took place, how much medication was given and by whom.
- Having at least two volunteers responsible for ensuring the protocol is followed.

Schools can purchase small quantities of inhalers, spacers and AAIs from a community pharmacy. The pharmacy will need a request signed by the principal or head teacher on headed paper stating:

- The name of the school for which the product is required;
- The purpose for which that product is required, and
- The total quantity required

An example template letter which can be used for this purpose can be downloaded at Spare Pens in Schools.

Asthma

The Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

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

An emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler;
- At least two plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;

- A record of administration (i.e. when the inhaler has been used). This should include where and when the attack took place how much medication was given and by whom.

Schools can consider keeping more than 1 kit if they cover more than 1 site.

It is recommended that at least 2 volunteers from school staff should have responsibility for ensuring that:

- On a monthly basis, the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- Replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned so that replacements are available if necessary.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's inhalers and the inhaler(s) labelled to avoid confusion with a child's inhaler.

The plastic spacer should not be reused and can be given to the child to use at home. The inhaler can be reused provided it is cleaned after use.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

See also: Healthy London Partnership pharmacy guidance:
https://www.healthylondon.org/wp-content/uploads/2017/10/Pharmacy-guidance-for-supply-of-salbutamol-to-schools.docx

Anaphylaxis

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). Schools will keep these '"spare" emergency devices in line with the DfE allergy safety guidance.

Schools may administer their "spare" adrenaline auto-injector (AAI), obtained for use in emergencies. The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used in an emergency. It is good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.
In severe cases the allergic reaction can progress within minutes into a life-threatening reaction. Severe reactions can require much more than an adrenaline injection and it is therefore vital to contact Emergency Services as early as possible.
In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline have been associated with fatal outcomes.

Depending on their level of understanding and competence, **children and particularly teenagers should always carry their AAI(s) on their person or they should be quickly and easily accessible at all times.** If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted.
AAIs are available in different doses depending on the manufacturer. Schools should hold a single brand to avoid confusion in training and administration. 'EpiPen' is the most well-known and likely to be the brand used by most pupils.

Emergency anaphylaxis kits in schools which should include:

- 1 or more AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer's information
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors
- An administration record.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's AAIs and the labelled to avoid confusion. The kit should be located not more than 5 minutes away from where needed.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), emergency services (999) MUST be called without delay, even if they have already used their own AAI device, or a spare AAI.

- When dialling 999, give clear and precise directions to the emergency operator, including the location's postcode.
- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.

- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
    - If the child is known to have an allergy
    - What might have caused this reaction e.g. recent food;
    - The time the AAI was given.

Appendix 10: Letters to inform parents/carers of their child's use of the school's emergency inhaler*

School name:…….

Child's name:…….

Child's class:……

Date:……

Dear…….

This letter is to formally inform you that……..has had problems breathing today.

This happened when…….

They did not have their own inhaler with them so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ….puffs.

Although they soon felt better, we would strongly advise you that your child is seen by their own doctor as soon as possible.

Please provide a new unopened replacement spacer as soon as possible.

Please can you ensure that your child brings in a working in-date inhaler and spacer for use in school. Both should be clearly labelled with your child's name and date of birth.

Yours sincerely

**Please note that parents will be informed immediately when a child has used the school's emergency adrenaline autoinjector (and emergency services called).*

Appendix 11: Training resources for Ealing school staff

Online

There are a number of external allergy awareness training/resource providers mentioned in the DfE allergy safety guidance (at least one that provides free online training):

- Allergy and Anaphylaxis training for schools | The Allergy Team
- Free Allergy Awareness Training For Schools - Allergy School
- Benedict's Law: New Allergy Safety Requirements 2026 for Schools | Anaphylaxis UK.

MindEd
MindEd is a free educational resource on children and young people's mental health for all adults.

https://www.minded.org.uk

Face to face

School nursing service training (includes management of medical emergencies training for schools):
www.egfl.org.uk/schoolnursing

Ealing Health and Safety training (includes First Aid training for schools):
www.egfl.org.uk/HStraining

Appendix 12: First aid training guidance

First-aid can prevent deaths and can also prevent minor medical problems and injuries from escalating into major ones. Guidance exists for schools on the subject of first aid and this section of the 'Supporting Pupils at Schools with Medical Conditions' policy draws and refers to these accordingly.

First aid in schools:

The Department for Education good practice guidance titled Guidance on First Aid for Schools explains that the numbers of first aid personnel required in schools is not an exact science. A suitable and sufficient risk assessment needs to be carried out taking into account the school's specific circumstances such as: the size and location of the school, any specific hazards on-site, any specific needs and any historic accident data. Schools should consider the risks to employees, pupils and visitors as part of this risk assessment.

The Department for Education Statutory framework for the early years foundation stage sets out mandatory standards for the learning, development and care for children from birth to 5 years old. In this, it is mandated that all Schools and Ofsted registered early years providers must have at least one person who has a current paediatric first aid (PFA) certificate available at all times when children are present, and must accompany children on outings. This framework also mandates the PFA Certificate course criteria.

In addition, HSE document L74 (Third edition-2013) details useful guidance on first aid matters in the workplace including: first aid courses content, suggested numbers of first aid personnel, first aid kits and training provider selection. This document is a valuable resource to help schools complete their first aid risk assessment.

Ealing Council has a page on the EGfL www.egfl.org.uk/firstaid dedicated to first aid which is also a useful resource for schools. This page includes a blank template that Schools can use to carry out their first-aid risk assessment.

Automatic External Defibrillators (AEDs) in schools:

Ealing Council purchased the Powerheart® G5 AED for schools in the Borough in 2017. This was the most appropriate unit for schools as advised by the London Ambulance Service.

The Department for Education guide for schools on automated external defibrillators (AEDs) provides guidance on the purchase, use, installation, training, maintenance and additional considerations (such as the development of a resuscitation plan and safety considerations) of AEDs. This guidance explains that AEDs are designed for use by people who can simply follow the step-by-step instructions provided on the AED at the time of use, without any specific training. This guidance also explains that it should be sufficient for schools to circulate the manufacturer's instructions to all staff and then to provide a short general awareness briefing session in order to meet their statutory obligations. Any awareness briefing could be incorporated into any wider training on CPR and the chain of survival.

Ealing Council has a page on the EGfL www.egfl.org.uk/AED dedicated to AEDs which is also a useful resource for Schools. This page includes a video that demonstrates the use of the Powerheart® G5 AED.

Appendix 13: Checklist: responsibilities of parents/carers

- ✓ Informing the school if your child has a 'medical condition' (as defined in the 'Supporting Pupils with Medical Conditions' policy) and providing consent to share this information with relevant healthcare professionals including the school nursing service.
- ✓ Liaising with the school to complete an individual healthcare plan, ideally before the start of the school year. The individual healthcare plan requires health professional input, either by the school nursing service (arranged by the school), or by appointment with your health professional (GP, practice nurse or specialist).
- ✓ Completing a medicines permission letter if your child requires medication during school hours.
- ✓ Completing an individual pupil risk assessment form during a meeting with school staff if your child's needs are severe, complex or potentially life threatening.
- ✓ Informing the school of any medicines the child requires during visits, field trips and other out-of-school activities.
- ✓ Ensuring your child's medicines and medical devices are labeled with their full name and date of birth, in the original pharmacy packaging.
- ✓ Ensuring that your child's medicines are within their expiry dates.
- ✓ Ensuring that new and in date medicines come into school on the first day of the new academic year, to collect all medication back at the end of the school year, and to dispose of any out-of-date medication.
- ✓ Ensuring that your child catches up with any school work they have missed if they are off school due to their medical condition or healthcare appointments.
- ✓ Providing the school with supporting information from your healthcare professional if your child has frequent or prolonged absence(s) from school.
- ✓ Informing the school of any changes to your child's condition
- ✓ Liaising with the school annually to ensure that the individual healthcare plan is up to date (even if just to say 'no changes').

Appendix 14: Other key reference documents

Department for Education guidance

Supporting pupils at schools with medical conditions guidance:

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history

Allergy Safety in Schools:

https://www.gov.uk/government/publications/allergy-safety-in-schools

Healthy London Partnership resources

Asthma schools' guidance:

https://www.healthylondon.org/wp-content/uploads/2017/11/London-schools-guide-for-children-and-young-people-with-asthma.pdf

https://www.healthylondon.org/resource/london-asthma-toolkit/schools/

Asthma friendly schools guidance:

Asthma friendly schools - Healthy London Partnership

Bladder and Bowel guidance:

https://www.eric.org.uk/healthy-bladders-and-bowels-at-school

Diabetes schools' guidance:

https://www.healthylondon.org/resource/london-guide-teachers-parents-children-young-people-diabetes/

Epilepsy schools' guidance:

https://www.healthylondon.org/resource/london-epilepsy-guide-schools/

Children with health needs who cannot attend school

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1. Aims

This policy aims to ensure that:

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents/carers understand what our school is responsible for when education is being provided by the local authority (LA)

2. Legislation and guidance

This policy is based on the following legislation:

- The Education Act 1996
- The Education (Pupil Registration) (England) Regulations 2006

It is also based on the following statutory guidance from the Department for Education (DfE):

- Alternative provision
- Arranging education for children who cannot attend school because of health needs

3. Responsibilities of the school

Where possible, the child's health needs should be managed by the home school so that they can continue to be educated there with support, and without the need for the intervention of the local authority.

3.1 If our schools make the arrangements

Initially, our schools will attempt to make arrangements to deliver the same high standard of education for children with health needs who cannot attend school.

The class teacher of the pupil will be responsible for preparing work and sharing this with Parents/Carers.

The Phase Leader and SENCo, will be responsible for monitoring these arrangements and supporting the class teacher if required. A meeting will be made with Parents/Carers to discuss arrangements for working from home or hospital. A plan will be drawn up detailing agreed actions from the discussion, the plan will be signed by school and Parents /Carers. The plan will then be carried out to deliver education to the child. Arrangements could include sending work home, providing remote education via TEAMS.The pupil will be slowly integrated back into school with either alternative arrangements to make it possible, such as alternative provision for break or lunch times or the pupil may come back into school on a reduced timetable until their health needs have been met. If a reduced timetable is agreed between school and parents, the relevant paperwork will be completed and submitted to the Attendance Team at The London Borough of Ealing.

3.2 If the local authority makes the arrangements

If the schools can't make suitable arrangements, the London Borough of Ealing will become responsible for arranging suitable education for these children.

The LA should:

• Provide such education as soon as it is clear that a pupil will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with the appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the pupil.

• Ensure the education pupils receive is of good quality, allows them to take appropriate qualifications, prevents them from falling behind their peers in school, and allows them to reintegrate successfully back into school as soon as possible.

• Address the needs of individual pupils in arranging provision.

• Have a named officer responsible for the education of children with additional health needs and ensure parents know who this is.

• Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs.

• Review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.

• Give clear policies on the provision of education for children and young people under and over compulsory school age.

In cases where the local authority makes the arrangements, our schools will:

- Provide to the local authority, at agreed intervals, the full name and address of any pupils of compulsory school age who are not attending school regularly due to their health needs
- Work constructively with the local authority, providers, relevant agencies and parents/carers to ensure the best outcomes for the child
- Collaborate with the local authority to ensure continuity of provision and consistency of curriculum, including making information available about the curriculum
- Along with the local authority, regularly review the provision offered to ensure it continues to be appropriate for the child and that it is providing suitable education
- Share information with the local authority and relevant health services as required
- When a child has complex or long-term health issues, work with the local authority, parents/carers and the relevant health services to decide how best to meet the child's needs (e.g. through individual support, arranging alternative provision or by them remaining at school, being supported at home and back into school after each absence)
- Where possible, allow the child to take examinations at the same time as their peers, and work with the local authority to support this
- Help make sure that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:
    - Plan for consistent provision during and after the period of education outside the school, allowing the child to access the same curriculum and materials that they would have used in school as far as possible, including through digital resources
    - Enable the child to stay in touch with school life (e.g. through newsletters, emails, digital learning platforms, social media platforms, invitations to school events or internet links to lessons from their school), and, where appropriate, through educational visits
    - Create individually tailored reintegration plans for each child returning to school, which includes extra support to fill any gaps arising from the absence
    - Consider whether any reasonable adjustments need to be made

4. Monitoring arrangements

This policy will be reviewed every annually by SENCo. At every review, it will be approved by the full governing board.

5. Links to other policies

This policy links to the following policies:

- Accessibility plan

- Supporting pupils with medical conditions
- Attendance policy
- Child Protection and Safeguarding policy
- Special educational needs and disabilities (SEND) policy