



Supporting Pupils with Medical Conditions and Medical Needs — Unified Policy (Policy Body)

NETHERHALL MEAD ACADEMY

Policy Monitoring, Evaluation and Review

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1.0	March 2026	Joanne Bacon	Unification of previously separate policies in line with TMET guidelines. Amendments to TMET policy to ensure inclusion of all required aspects for pupils at NHA

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1. Introduction

The Mead Educational Trust (TMET) is committed to ensuring that all pupils with medical needs — including those with long-term, short-term or fluctuating health conditions — are properly supported to access a full and meaningful education. We recognise that medical conditions may significantly impact a pupil's attendance, emotional wellbeing, and academic progress.

This policy sets out how TMET Schools will:

- Support pupils with medical conditions in school
- Administer medication safely and appropriately
- Make educational arrangements for pupils who cannot attend school due to health needs
- Work with families, health professionals and Local Authorities to secure statutory provision

This unified policy replaces the standalone policies previously titled:

- Supporting Pupils with Medical Conditions and Administration of Medicines
- Children with Health Needs Who Cannot Attend School

2. Scope

This policy is effective for all schools within The Mead Educational Trust, the Teaching School, the SCITT and all other activities under the control of the Trust and reporting to the Trust Board, including apprenticeships.

3. Aims

This policy aims to ensure that:

- Pupils with medical conditions are supported to access the same education as their peers
- Medicines and healthcare procedures are safely and effectively managed
- Pupils who cannot attend school due to health needs receive suitable education, in line with statutory duties
- Staff, pupils and families understand their respective responsibilities

4. Statutory and Regulatory Framework

This policy reflects statutory requirements and guidance including:

- Equality Act 2010
- Section 100, Children and Families Act 2014
- Section 19, Education Act 1996
- [Supporting pupils at school with medical conditions](#) (2015)
- [Arranging education for children who cannot attend school because of health needs](#) (2023)
- Special Education Needs and Disability (SEND) Code of Practice. (2014)
- [Guidance on the use of adrenaline auto-injectors in schools](#) (2017)

- [Guidance on the use of emergency salbutamol inhalers in schools](#) (2015)
- Leicester City's Policy for Supporting the Education of Children with Medical Needs (September 2022)
- Ensuring a good education for children who cannot attend school because of health needs Statutory guidance for local authorities produced by the Department for Education (January 2013).

This policy aims to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain as healthy as possible and achieve their potential. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school. Consideration will also be given to how children will be reintegrated back into school after periods of absence.

All children and young people at Netherhall Mead Academy either have an Education, Health and Care Plan (EHCP) or are placed with us for a period of assessment. An EHCP brings together a child's health and social care needs as well as their special education provision.

In making decisions about the support pupils require, we will establish relationships with relevant health services and social care professionals and carefully consider their advice. The views of families and pupils will be sought and valued. Medical needs will be discussed throughout the year where necessary and will form a part of the agenda for a child's annual review.

Netherhall Mead Academy understands that certain medical conditions will affect quality of life and may be life-limiting. Some are more obvious than others. We will ensure that the focus is on each child's individual needs and how their medical condition impacts on their school life. Netherhall Mead Academy will ensure that arrangements give families and pupils confidence in our ability to provide effective support for medical conditions in school. Staff will be trained by appropriate professionals to provide the support pupils need.

5. Roles and Responsibilities

5.1 The Trust Board

The TMET Trust Board has overarching responsibility for ensuring that arrangements are in place to support pupils with medical conditions and health needs.

5.2 The Principal

Each School Principal is responsible for implementing this policy, including ensuring that:

- Staff understand their roles
- Adequate numbers of staff are trained
- Relevant staff are made aware of children's conditions, including cover and supply staff where applicable
- Medical details are collected, recorded and stored safely
- IHPs (Individual Healthcare Plans) are developed and reviewed
- An Asthma register and Allergy register are maintained as per the details within this policy
- The administration of medicine is regularly monitored, including the storage of medicine and medical equipment
- Suitable arrangements are made for school trips, visits and after school activities
- The school liaises with healthcare providers and Local Authorities

The Principal may wish to delegate responsibilities but will maintain overall responsibility for implementation of the policy.

5.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and must follow this policy and the Individual Healthcare Plans (IHPs). Teachers will consider the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

5.4 Families

Families must:

- Provide up -to-date medical information
- Supply required medication/equipment and provide replacements when required
- Participate in IHP development and review
- Ensure that all equipment needed to support their child is clean and in full working order

5.5 Pupils

Pupils will be encouraged to share information about their condition and to safely manage their medicines where appropriate.

5.6 Healthcare Professionals

School will liaise with school nursing teams, specialists and clinicians to receive advice on individual medical needs, training requirements and emergency planning.

6. Being Notified of a Medical Condition

6.1 Informing School

It is essential that schools have accurate and sufficient information about any pupil with a medical condition, particularly those with long -term or complex health needs. Schools should be informed of any medical needs before a pupil is admitted or as soon as a condition develops during their time on roll. For pupils who attend hospital appointments regularly or who have significant medical needs, additional arrangements may be required in advance. This may include the sharing and safe storage of plans such as Resuscitation Plans or ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms, which set out agreed emergency responses.

6.2 Working with parents and carers

School admissions processes must request information about any existing medical conditions. Families can notify the school at any point in the year if a new diagnosis is made or if a condition emerges or changes. The school should work with families and relevant healthcare professionals to gather information that is sufficiently detailed to understand the pupil's needs and the level of support required.

6.3 Individual Healthcare Plans (IHPs)

Once the school is notified that a pupil has a medical condition, the school will determine whether an **Individual**

Healthcare Plan (IHP) is required, following the advice detailed in Annex A of the DFE Guidance, [Supporting pupils at school with medical conditions](#). The school does not need to wait for a formal diagnosis before providing support; however, reasonable medical evidence should be sought so the school can act in line with professional recommendations.

The school will make every effort to ensure that any necessary arrangements, including the development of an IHP where required, are put in place within two weeks of being notified, or by the start of the relevant term for pupils new to the school. Early planning enables the pupil to access their education safely and with minimal disruption.

Before a child joins the school, families are asked to complete the Medical Information booklet (Appendix A). Families and, if appropriate, the pupil will then meet with the School Wellbeing Coordinator who will collect relevant information from families and health professionals. The Principal will consider any additional provision that the school may need to make. Families will be informed of any additional training required before their child can attend school and the likely timescales involved. We will make every effort to admit a child as soon as it is safe to do so.

7. Individual Healthcare Plans (IHPs)

IHPs will be developed for pupils with significant, long-term or complex medical needs. Plans will:

- Be developed by the school, family, school nurse/health professional, and the pupil (where appropriate)
- Describe triggers, symptoms, treatment and required support
- Set out responsibilities, emergency arrangements and medication management
- Be reviewed at least annually or sooner if needs change
- Be linked to any existing SEND provision.
- Parents are asked to review the Medical Information booklet annually or when any medical information about their child changes.
- It is the responsibility of the parent/carer to notify school of any changes in their child's medical care.
- Specific healthcare plans are provided by relevant healthcare professionals and are updated every year or when the information changes.

At Netherhall Mead Academy we use our central system (Arbor) to store all details of our pupils' IHPs. The full pupil profile can be printed to provide a paper copy of this to give to emergency services etc. Specialist medical plans are pinned to the top of the pupil's profile, and these can also be printed out as necessary. This format allows us to store information about multiple medical conditions in one central place without it becoming too difficult to update and read.

Pupils may have specialised equipment that is needed to meet their health needs. Some equipment is classed as mandatory as without it there is a significant risk of harm to the pupil. All mandatory equipment must be clean and in full working order every day. If pupils arrive without mandatory equipment or with mandatory equipment that is not in full working order, families will need to bring the equipment in to school or take their child home.

Mandatory prescribed equipment:

- Suction machine
- Feed pump
- Oxygen

8. Managing Medicines

TMET Schools will follow safe, consistent practice including:

8.1 Prescription medication

Schools will only administer medication when:

- It is necessary during the school day
- It is provided in its original packaging, clearly labelled
- A Medicine Permission Form is completed by parents/carers (see Appendix A)
- Written records will be kept of all medicine administered to children.

8.2 Non-prescription medication

At Netherhall Mead Academy, we agree to administer non-prescription medicines, such as Calpol, when it would be detrimental to a child's health or school attendance not to do so. Family consent will be obtained and a written record made. Medication, e.g. for pain relief, should never be administered without first checking the maximum dosages and when the previous dose was taken. Families will be informed of the dose given and the time at which it was administered.

Medication containing aspirin or Ibuprofen will never be administered unless prescribed by a doctor.

8.3 Storing medicines

All medicines and medical equipment will be kept securely and in accordance with the product instructions i.e. not in direct sunlight, in the fridge, secured (for controlled drugs). Pupils will be informed about where their medicines are and be able to access them as appropriate. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto injectors (AAI) will always be readily available to staff supporting those pupils. Emergency medication and reliever inhalers must follow the pupil to the sports field, swimming pool etc. A record is kept of pupils receiving medicine.

Medicines should be stored in labelled containers with the first name and photo of the pupil clearly shown.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept in safe custody.

8.4 Self-management

Pupils capable of managing their own medication will be encouraged to do so. Wherever possible, children should be allowed to carry their own medicines, e.g. older children carrying asthma inhalers.

8.5 Administration of medication

The administration of medication should only be completed by trained school staff with specific responsibility for the task to prevent any errors occurring.

The administration of medication:

- All medication must be signed in by either Joanne Bacon, Victoria Thomas or Shannon Towarianskyj; or by a member of SLT.
- The administration form will be completed during the booking in process, and this will be given to class with the medication and copy of the permission form.
- The original permission form will be kept in the filing cabinet in the Medical Room.

- The concentration of drug on the bottle/packet must match that written on the form.
- A second person must be present when medication is being drawn up to check the information outlined on the Medication Checklist above and to countersign the necessary paperwork.
- When medication is changed in any way, families must complete a new copy of the 'Medicine Permission Form'
- Families are expected to supply sufficient quantities of up-to-date medication.
- Any out-of-date medication will be returned to families.
- Will be recorded and initialled by the person administering the medication
- A witness must be present and both staff must check:
 - the pharmacist label
 - the signed permission form and administration form
 - pupil's name
 - name of medication
 - dosage
 - time required – and whether it has been given already
 - expiry date & discard date
- The witness must countersign the necessary paperwork in the correct place
- If a child refuses to take medicine, staff will not force them to do so but will note this in the records and follow agreed procedures in respect of the individual child. Families will be informed of the refusal on the same day, and if the refusal to take medicines results in an emergency, the school emergency procedures will be followed, which is likely to be calling an ambulance to get the child to hospital.

8.6 In the event of an error

An error is defined as anything that does not accurately follow the instructions in the parental permission form/prescription label. It also covers non-adherence to documented procedures or guidelines. Errors can mean medicines given incorrectly or not given when specified.

- All errors should be reported immediately to Joanne Bacon or to a member of SLT.
- A phone call to families will be made by Joanne Bacon or SLT.
- In the event of the error causing an injury, illness etc. normal first aid procedures will be followed, and families will be informed immediately.
- The form called 'Record of error or near miss for pupils (To include Administration of Medication and Care Procedures)' (Appendix D) needs completing by the member of staff concerned as soon as possible.
- The form should be given to Joanne Bacon or a member of SLT and needs to be uploaded to CPOMS with an account of the error.
- A meeting with relevant staff, SLT and Joanne Bacon will be held to discuss the actions required to address the issues causing the error.
- Errors may result in disciplinary procedures being followed and further agencies being notified.

9. Auto Adrenaline Injectors (AIs)

9.1 Supply of AIs

TMET Schools should hold spare adrenaline auto-injectors (AIs) for use in emergencies. These devices provide potentially life-saving treatment for pupils at risk of anaphylaxis and must be managed safely and consistently.

Schools may purchase spare AAIs from a pharmaceutical supplier without a prescription. Requests must be made on School-headed paper, signed by the Principal, and must specify:

- the name of the school
- the purpose for which the AAI is required

Each school must include the action plan for its chosen brand in Appendix B.

9.2 Emergency AAI Kit

Each School must maintain an emergency anaphylaxis kit stored in an accessible central location. The kit must contain:

- one or more spare AAIs
- manufacturer's instructions and storage guidance
- instructions on how to use the device
- a monthly -updated checklist (batch number, expiry date, condition of device)
- clear arrangements for replacement
- a list of pupils who may be given the spare AAI
- an administration record

A spare AAI may only be used if:

- the pupil is known to be at risk of anaphylaxis, and
- their own AAI is unavailable or cannot be administered without delay, and
- both medical authorisation and written family consent have been provided

Consent and authorisation must be included in the pupil's Individual Healthcare Plan (IHP) and updated at least annually. All pupils with a diagnosed allergy requiring an AAI must have a written Allergy Management Plan.

9.3 Recognising and Responding to Anaphylaxis

Anaphylaxis is a medical emergency. 999 must be called immediately at the first sign of a severe allergic reaction. Signs include:

- **Airway:** persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- **Breathing:** noisy or difficult breathing, wheeze
- **Consciousness:** dizziness, pale/floppy appearance, sudden sleepiness, collapse

The pupil's own AAI should be used first if available. If not, the spare AAI must be administered without delay. Devices may be used through clothing and must be injected into the upper outer thigh.

After administering adrenaline:

- keep the pupil **lying down** with legs raised (unless breathing is difficult — then allow them to sit)
- **do not move or stand the pupil**
- call an ambulance immediately and provide key information (known allergy, possible trigger, time of administration)

If symptoms do not improve within **5–10 minutes**, a **second dose** should be given, and a second 999 call made.

Pupils with mild -moderate allergic symptoms should be monitored closely for escalation.

9.4 Registers, Training and Record -Keeping

Schools must maintain:

- an allergy register, noting known allergens, risk factors for an anaphylaxis and whether the pupil has been prescribed an AAI, and if so, the type and dose.
- written family and medical consent for use of the spare AAI
- records of every use of an AAI (own device or spare), with families informed the same day
- The school may wish to consider including photographs of pupils, to allow a visual check to be made.

Schools must ensure:

- a named individual oversees the spare AAI protocol and maintains the allergy register
- at least two trained staff members are responsible for supply, storage, checks and disposal
- staff receive appropriate training in recognising anaphylaxis and administering AAIs

9.5 Storage

AAIs must be:

- stored centrally in an unlocked but monitored location (e.g., office or staff room)
- accessible within **five minutes** from any part of the school
- kept at room temperature, away from direct sunlight or extreme temperatures
- stored separately from pupils' personal devices, with clear labelling

Monthly checks must be documented, and replacements ordered before expiry.

9.6 Disposal

AAIs cannot be reused. Used devices must be:

- handed to ambulance paramedics, **or**
- placed in a school sharps bin for council collection

10. Asthma

10.1 Asthma register

The school should keep a register of pupils that have been diagnosed with asthma or prescribed a reliever inhaler. The asthma register should be easy to access and designed to allow a quick check of whether a pupil is recorded as having asthma and consent has been given for an emergency inhaler to be administered. Consent should be updated regularly, ideally annually. The school may wish to consider including photographs of pupils, to allow a visual check to be made.

10.2 Access to inhaler

Pupils with asthma must always have access to their prescribed reliever inhaler. Wherever clinically appropriate and agreed with families, pupils will be encouraged and supported to self-manage their asthma, including carrying and using their own inhaler. Where a pupil is not yet able to self-manage safely, their inhaler must be stored in a location that is immediately accessible, and easy for staff to reach without delay.

Each School must maintain clear arrangements to ensure:

- every pupil with asthma has access to their prescribed inhaler when needed
- inhalers kept in school are labelled, in-date, and stored safely
- staff know where inhalers are located and who is responsible for monitoring them

10.3 Emergency Salbutamol Inhaler Kit

Schools should keep an emergency salbutamol inhaler, which can be used if:

- a pupil has been diagnosed with asthma or prescribed a reliever inhaler and
- written family consent has been provided via their IHP and
- their own inhaler is unavailable, empty, lost, or not working

The emergency kit should include:

- a salbutamol metered-dose inhaler
- at least two compatible single -use spacers
- manufacturer's instructions and user guidance
- a checklist of batch numbers and expiry dates with documented monthly checks
- clear arrangements for replacing inhalers and spacers
- the school's asthma register, listing pupils permitted to use the emergency inhaler
- an administration record outlining when and by whom the inhaler was used

The emergency salbutamol inhaler and spacers must be:

- kept in a central, accessible location known to all staff
- stored at room temperature, away from direct sunlight or heat
- separate from pupils' own inhalers and clearly labelled

Used spacers must not be re-used and should be given to the pupil to take home. The inhaler device must be cleaned after each use or replaced if there is any risk of contamination.

10.4 Recognising and Responding to Symptoms

Staff should be trained to recognise the signs of an asthma attack and respond quickly. During an asthma episode, staff should:

- stay calm and reassure the pupil
- encourage the pupil to sit up and slightly forward
- prompt the pupil to take **two separate puffs** of their own reliever inhaler via a spacer (if not available, use the emergency inhaler)
- if no improvement, continue administering two puffs every two minutes, up to a maximum of ten puffs, or until their symptoms improve.
- call **999 immediately** if the pupil shows signs of a severe attack (e.g., exhaustion, blue lips, inability to speak in full sentences, collapse) or if there is no improvement after ten puffs
- contact the pupil's family after the ambulance has been called
- give another 10 puffs in the same way if an ambulance does not arrive in 10 minutes
- accompany any pupil taken to hospital by an ambulance and stay with them until a family member arrives

11. Seizures

11.1 Seizure register

The school should keep a register of pupils that have been diagnosed with epilepsy or has had seizures but not yet received a diagnosis. The seizure register should be easy to access and designed to allow a quick check of whether a pupil is recorded as having seizures and if emergency medication has been prescribed. Pupils who are prescribed emergency medication should have a protocol issued by the hospital and dated within the last year. The school may wish to consider including photographs of pupils, to allow a visual check to be made.

11.2 Access to emergency Medication

Emergency medication for pupils with seizures must be kept close to the pupil. This should be in the designated medication cupboard in their classroom or in the orange medication bag when in other areas of the school. A copy of the pupil's protocol, a seizure form (APPENDIX D), gloves and a pen should also be kept with the medication. Medication should only be given by a trained member of staff, and a first aider must also be present.

11.3 Recognising and Responding to Symptoms

All classroom staff are trained in 'Epilepsy Awareness' and this supports staff to recognise and support pupils who are having a seizure. Further training is given to selected staff to enable them to administer emergency medication in the event of a pupil's seizure meeting the threshold for treatment within their medical protocol.

Staff should

- stay calm and check the time the seizure started
- monitor the pupil's breathing
- Call 999 at any point if
 - the pupil's breathing is of concern,
 - if they have any have an injury – especially a head injury
 - if emergency medication is given
 - if the seizure presents differently to normal
 - if there is no emergency medication and the pupil's IHP specifies to call 999
- move any obstacles out of the way of the pupil
- move other pupils out of the classroom if necessary
- trained staff to administer emergency medication in line with the pupil's protocol
- families to be contacted if an ambulance is called or if staff are concerned about the seizure.
- A seizure report form must be completed and a copy given to families. The original is to be filed in the red medical file.

12. Pupils with Health Needs Who Cannot Attend School

TMET is committed to ensuring pupils absent for medical reasons continue to access suitable education.

12.1 School responsibility

Schools will:

- Work with families and health professionals to understand the pupil's needs

- Ensure work is provided that is meaningful, accessible and appropriately challenging, including when a child is in hospital
- We will work with the relevant hospital school and provide information about the pupil to ensure their educational needs are known.
- Put in place temporary or adjusted timetables where medical evidence recommends this
- Keep contact with the pupil and family to support reintegration
- Refer to the Local Authority where absence exceeds 15 days because of health needs, or earlier where appropriate (whether consecutive or cumulative across the school year).

12.2 Local Authority involvement

When it is clear that a pupil will be, or has been, away from school for more than 15 days because of health needs, the school will work alongside the relevant Local Authority (see links below), healthcare partners and family to establish suitable ongoing provision. Work will continue to be provided during this period.

Schools in Leicester City should use the referral process that sits alongside the Policy for Supporting the Education of Children with Medical Needs (leicester.gov.uk/educationmedicalpolicy). Where appropriate, children's cases will be considered by a Medical Education Panel to identify appropriate provision.

Schools in Leicestershire should contact the Inclusion service to request support: [Get advice or make a referral to the Inclusion service | Leicestershire County Council](#)

Schools will cooperate fully with LA arrangements and reintegration planning.

12.3 Reintegration Planning

When pupils are ready to return to school following a period of medical absence, the following arrangements will take place:

- A reintegration plan will be agreed with families, healthcare professionals and the LA (if involved)
- Risk assessments will be reviewed and updated
- A phased timetable may be used where appropriate
- Pupils will be supported socially and academically

13. Trips and Off-Site Activities, including work experience

The school will make reasonable adjustments to ensure that pupils with medical needs can safely participate in trips, visits, off-site learning and work experience. A risk assessment will be completed for any pupil with medical needs, including those at risk of anaphylaxis, and will inform planning, staffing, emergency arrangements and access to medication. Staff supervising off-site activities must be aware of pupils' medical conditions, IHPs and emergency procedures, and families must provide up-to-date medical information on consent forms. Pupils should carry their own inhalers, AAI or other medication wherever possible; where this is not appropriate, a named member of staff will manage and administer medication as required. Copies of relevant IHPs will accompany the pupil, and additional arrangements may be required for residential or overseas trips (e.g., notes in the local language or consideration of spare AAIs).

For work experience placements and off-site provision, the school retains responsibility for ensuring that settings are suitable and that risk assessments reflect the pupil's medical needs. Medical information will be shared with providers on a confidential basis only with the consent of the family and the pupil.

Staff leading visits are made aware of any medical needs and relevant emergency procedures. Arrangements for a named person to take with them and administer medication are included in the planning for any visit.

Where appropriate, the school will endeavour to secure work experience placements that are suitable for a child with a medical condition and making any providers aware of a pupil's medical needs. If risk assessments are completed by an external agency (LEBC) this will be made known to them. Families and pupils will be asked to give their permission before any medical information is shared with employers or any third party.

14. Training

The school will ensure that staff supporting pupils with medical conditions receive appropriate training to carry out their roles safely and confidently, including the administration of medicines and emergency interventions such as the use of AAI and asthma inhalers.

Training requirements will be identified through Individual Healthcare Plans and reviewed regularly, with healthcare professionals providing specialist input where needed. All staff will receive general awareness training, so they understand the school's responsibilities, the basics of managing medical conditions, and how to respond in an emergency.

Training records will be maintained, and staff who volunteer to administer medication or undertake healthcare procedures will only do so once they are suitably trained.

The relevant healthcare professional will normally lead on identifying and agreeing with school, the type and level of training required and how this can be obtained.

Training will ensure staff are competent and confident to support pupils with medical conditions. This will include an understanding of the specific medical condition/s they are being asked to deal with, their implications and preventative measures.

15. Emergency Procedures

All staff must know how to respond to medical emergencies, including:

- When to call 999
- How to administer AAI and emergency inhalers (where trained)
- How to follow procedures in IHPs

A member of staff will always stay with a pupil until their family arrives, including accompanying them to hospital if required.

When emergency treatment is required, medical professionals or ambulance will always be called immediately. On those occasions where an injury is not life threatening, but staff consider that medical treatment is required, families will always be informed.

Emergency medication will be kept in the school for use in an emergency for an individual child.

Advice for school and setting staff about individual children may be provided by the nurse, health visitor, school doctor or General Practitioner on request at the outset of planning to meet the child's needs.

Emergency medications must be clearly labelled with the child's name, the action to be taken with the route, dosage and frequency and the expiry date.

If it is necessary to give emergency treatment, a clear written account of the incident will be given to the parents or guardians of the child, and a copy retained in school.

16. Liability and indemnity

Teachers and other School staff responsible for pupils have a common law duty to act as any reasonably prudent parent would, to ensure that pupils are healthy and safe while on School premises. In exceptional circumstances, this duty may extend to administering medicine and/or taking action in an emergency.

This duty also applies to teachers leading activities off the school site, such as educational visits, School outings or field trips. Section 3(5) of the Children Act 1989 provides scope for teachers to do what is reasonable in all the circumstances for the purpose of safeguarding or promoting a child's welfare. This provision offers legal protection to staff acting reasonably in emergency situations, including when off-site.

The Trust Board will ensure that appropriate insurance arrangements are in place to cover staff who support pupils with medical conditions, including liability cover for the administration of medication. The level of insurance will reflect the school's level of risk.

17. Unacceptable Practice

School staff should use their professional judgement and consider each case individually, with reference to the pupil's IHP. However, it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers or other medication, or from administering their medication when and where it is needed.
- Assume that all pupils with the same condition require identical treatment.
- Ignore the views of the pupil or their families.
- Disregard medical evidence or professional advice (although this may be questioned where appropriate).
- Send pupils with medical conditions home frequently or prevent them from taking part in normal school activities —including lunch —unless this is clearly outlined in their IHP.
- Send a pupil who becomes unwell to the office or medical room alone or accompanied by an unsuitable person.
- Penalise pupils for absence related to their medical condition (for example, hospital appointments).
- Prevent pupils from drinking, eating or taking toilet or other breaks when required to manage their condition.
- Require, or make families feel obliged, to come into school to administer medication or provide medical support, including toileting. No family should be expected to give up work because the school is failing to meet a pupil's medical needs.
- Restrict participation in aspects of school life, including trips or activities, or create unnecessary barriers such as requiring a parent to accompany the pupil.
- Administer, or ask pupils to administer, medication in school toilets.


18. Complaints

Should families or pupils be dissatisfied with the support provided to them in relation to their medical condition, they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure.

19. Monitoring arrangements

This unified policy will be reviewed and approved every two years by the TMET Executive Team and approved by the Trust 's Education Committee, or earlier if required by changes in legislation or statutory guidance. Schools must review their local arrangements annually

20. APPENDIX A - Medication Permission Form

Medicine Permission Form Please can you administer the following medication to my child			
Name of Child			
Date of Birth			
Reason for medication (name of illness or condition)			
Name of Medication			
Strength of Medication			
Dosage			
Time(s) medicine is to be given			
Is medicine given every day or only as required? (please tick)		Everyday	As required
Date Medicine is to start			
Date Medicine is to finish (please mark as 'long term' if no end date)			
How medicine is to be given (please circle)			
Orally	Ears	Eyes	Nose
Syringe	Left	Left	Left Nostril
Spoon	Right	Right	Right Nostril
Tablets	Both	Both	Both Nostrils
			Feed Tube
			Size of flush?(mls)
			Before
			After
PLEASE CHECK THAT THE MEDICINE AND THE INFORMATION ON THIS FORM IS THE SAME. THE FOLLOWING DETAILS MUST BE CLEARLY MARKED ON THE PRESCRIPTION LABEL			
Child's Name	Medication Name		Strength of Medication
Dosage	Expiry Date (on packet or bottle)		Batch Number (on tablet box)
If medication (tablets) requires crushing before administering then this needs to be written on the prescription label.			Please tick (✓)
YES the medicine needs crushing - it is on the label			
NO the medicine does not need crushing – my child can take it whole			
I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medication. I understand that the school is not responsible for loss or damage to any medication.			
I undertake to update the school with any changes in administration for routine or emergency medication and to maintain an in-date supply of the medication.			
Phone Number (Mobile)			
Phone number (Home/Work)			
Parent/Carer Name		Date	
Signed			

21. APPENDIX B – AAI Action Plan

This young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:
Loratadine 5mg
(If vomited, can repeat dose)
- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie flat with legs raised (if breathing is difficult, allow person to sit)



- 2 Use Adrenaline autoinjector **without delay** (eg. JEXT®) (Dose: mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up**. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:



2) Name:



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

How to give JEXT®



Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



PLACE BLACK END against outer thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:



Date:

22. APPENDIX C – AAI Administration Report Form

NAME OF CHILD:	DOB:
DATE OF ALLERGIC REACTION:	
TIME REACTION STARTED:	
TRIGGER:	
DESCRIPTION OF SYMPTOMS OF REACTION:	
TIME ADRENALINE INJECTION GIVEN:	
DEVICE USED (please circle): EPIPEN / EPIPEN JUNIOR / ANAPEN / ANAPEN JUNIOR	
SITE OF INJECTION:	
GIVEN BY:	
ANY DIFFICULTIES IN ADMINISTRATION:	
TIME AMBULANCE CALLED:	
TIME AMBULANCE ARRIVED:	
ANY OTHER NOTES ABOUT INCIDENT (e.g. child eating anything, other injuries to child):-	
WITNESSES:	
FORM COMPLETED BY:	
NAME (print):	SIGNATURE:
JOB TITLE:	CONTACT TEL. NO:
DATE:	

Original to Child's School Record

c.c. Hospital with child (where possible)

c.c. family

23. APPENDIX D – Seizure Report Form

SEIZURE REPORT			
DATE:	PUPIL NAME:		
	DATE OF BIRTH:		
LOCATION			
TIME SEIZURE BEGAN			
DURATION			
WHAT WAS PUPIL DOING AT THE TIME?			
PERSON(S) ATTENDING PUPIL, I.E. FIRST AT SCENE			
NAME OF FIRST AIDER ATTENDING			
DESCRIBE SEIZURE – DID PUPIL SLEEP AFTER SEIZURE? WAS THERE ANY JERKING/TWITCHING? WHICH PARTS OF THE BODY WERE AFFECTED? WAS PUPIL INCONTINENT?			
WAS VNS DEVICE SWIPED (IF FITTED)			
DID PUPIL SUFFER ANY INJURY DURING SEIZURE?			
WAS EMERGENCY MEDICATION GIVEN?	YES	NO	
IF 'NO', WHAT HAPPENED TO PUPIL?	STAY IN SCHOOL	GO HOME	GO TO HOSPITAL
IF 'YES', NAME OF MEDICATION GIVEN			
TIME MEDICATION GIVEN	DOSE GIVEN	ML(S)	GIVEN BY
ANY DIFFICULTIES IN ADMINISTRATION			
IF EMERGENCY MEDICATION IS GIVEN PLEASE COMPLETE FORM ON REVERSE			
FORM COMPLETED BY			
NAME (Print):	SIGNATURE:		
JOB TITLE:	DATE:		
WITNESS:	SIGNATURE:		
NAME (Print)			