Grove House
Nursery School

Supporting Pupils with Medical Conditions Policy

Approved by Grove House Nursery School Full Governing Body	**Approval Date**	September 2026
	Review Date	September 2027

Grove House Nursery School's Supporting Pupils with Medical Conditions Policy is based on the Ealing Council policy of the same name and has been adapted to reflect the needs of our setting.

Introduction

This school 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 school's legal duties under the Children and Families Act 2014 to plan to support pupils with medical conditions, as well as its duties under the Equality Act 2010. This policy details the school's 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 regulations. The effectiveness of these procedures will be monitored by the governing bobdy 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/ (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. *The school identifies all children with medical conditions*

1.1. The school asks 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 school follows the procedure detailed in Appendix 3 to ensure that every child with a medical condition has an individual healthcare plan in place (some allergies will not require an individual health care plan, refer to Appendix 3) before they start school (see section 3). The child cannot be left in school if a healthcare plan is not available. 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. This may include information being provided via an 'undiagnosed' individual healthcare plan where the child is suspected of suffering from a medical condition but has not yet received a diagnosis.

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

2. *The school keeps a record of all children with medical conditions*

2.1. The school keeps 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 school ensures 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 school recognises 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 school recognises 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 the school 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 school 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). All medicine type and dosage will be checked by 2 first aiders before it is administered to a child.

4.3. The school keeps 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.

4.4. On registration the school seeks permission from parents to administer Calpol to children. Where consent is given, Calpol will be administered to children when necessary, for example, in case of high fever. Where Calpol needs to be administered parents are informed by phone and records are kept, including dose, time, date and supervising staff (Appendix 7). Parents of children attending for extended day care are asked to provide Calpol for use by their child if necessary.

5. *The school supports staff who administer medication*

5.1. The school 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 body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

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

6.1. The school ensures that all medication is stored safely, and that staff know where they are at all times, and who holds the key to the storage facility if relevant.

6.2. The school ensures 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.

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

6.4. Parents/carers must collect all medication/equipment annually, and to provide new and in-date medication at the start of the academic year.

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

7. Emergency inhalers emergency and adrenaline devices

7.1 As an early years setting, the school does not hold spare inhalers or adrenaline devices, in line with current guidance.

Training

The school promotes staff training in supporting pupils with medical conditions

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

8. 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.

8.1. The school ensures 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 will be required to sign up to this policy. This will be recorded in the staff file.

8.2. 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.

8.3. The school has posters on display in the staff room and school office that reiterates the steps to take during an emergency.

8.4. The school encourages all staff to undertake awareness raising opportunities as part of its 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). The school keeps a record of staff training.

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

9.1. The school ensures 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.

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

10.1. The school has a named member of staff who is 'Medical Conditions Co-ordinators/ Leaders (Champions)', a role that should be recognised in their job description. This staff member is trained on managing medical emergencies and supporting the implementation of this 'Supporting Pupils with Medical Conditions' policy. This staff member is 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. The school ensures that this training is provided by appropriate professionals (see supporting document- levels of training guidance on Ealing Grid for Learning).

10.3. The school ensures 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 school 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 school's bullying policy, to help prevent and deal with any issues.

11.3. The school promotes awareness and understanding of medical conditions through an inclusive curriculum, including the use of storybooks and learning about our bodies within Physical Development (PD), Understanding the World (UW), and Personal, Social and Emotional Development (PSED). The school recognises 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 school ensures that arrangements are made for pupils with medical conditions to participate in all aspects of the curriculum where reasonably possible*

12.1. The school ensures 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 school understands 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 experiences 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 school makes 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. The school uses *Ealing's educational visits policy* with relevant health and safety templates to complete.

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

13.1. School 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 school 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.

14. *The school learns from incidents/ complaints*

14.1. The school reports and investigates 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 school governors, staff and others as required.

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

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

15.1. The school nurse supported by the school as required should carry out an annual audit based on the checklist in Appendix 1 to ensure that this policy is being followed.

16. *Asthma Friendly School (AFS)*

16.1. Having implemented this policy, the school nursing team can assist the school in becoming certified as an asthma friendly school. This is encouraged by the local authority.

Appendix 1: Supporting pupils at school with medical conditions checklist

Area	In place	Needs 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 school 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)				

Area	In place	Needs work	Not in place	Named person responsible for
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 school 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

A CYP comes onto roll of school, college or EY setting. Parents or the young person identify they have allergy. Advice and instruction from relevant healthcare professionals (e.g. Allergy Action Plan) is provided.

OR

A CYP already on the roll of the school, college or EY setting is identified as having a allergy (including a new diagnosis) or develops an allergy.



School, college or setting considers the advice or instruction provided by relevant healthcare professionals. They meet the CYP and their parents to discuss the circumstances, the impact of the allergy and consider whether an Individual Healthcare Plan (IHP) is required. If necessary, the school, college or setting seeks advice from relevant healthcare professionals.



If the allergy has a functional impact on the CYP or poses a risk to them, the school, college or EY setting should discuss what supportive arrangements may be required with the CYP and their parents and should draw up an IHP to specify them.

If healthcare professionals have provided advice or instruction (e.g. an Allergy Action Plan, their IHP will refer to it.



IHP is shared with the CYP, their parents and those staff who need to be aware of its contents.



School, college or setting delivers the arrangements set out in the IHP.



IHP is reviewed at least annually. Any serious incident, "near miss" or change in circumstances (including changes in instructions or advice from relevant healthcare professionals such as changes to care plan, action plan or medication) should prompt review of the IHP.



Amended IHP is shared with the CYP, their parents and those staff who need to be aware of its contents. School, college or setting delivers the revised arrangements.

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://healthconditionsinschools.org.uk/Resources.html###

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

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	
Group/class/form	
Name and strength of medicine	
Reason for use	
Expiry date	
How much to give (i.e. dose to be given)?	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

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

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 school's policy. I will inform the school 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			
Names of members of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Names of members 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	Signatures of staff	Print names
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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.

Early years settings are not permitted to hold spare adrenaline devices.

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

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' (including allergy) (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/