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Signed by Executive Headteacher	
Signed by the Chair of Governors	
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## Shared Vision

An exciting school where children are healthy and safe in a caring and supportive environment.

A happy, welcoming and inclusive school where communication is highly valued and everyone has a voice.

A school focused on high expectations of pupils' learning and achievements.

This policy was developed from the DfE statutory guidance for supporting pupils with medical conditions in April 2014 and reviewed annually.

It should be read in conjunction with the following:

- Section 100 of the Children and Families Act 2014
- The Equalities Act 2010
- SEND Code of Practice DfE 2014

This policy was developed with members of the Coastal Alliance, parents/carers (including parents of pupils with medical conditions), representatives from the Governing Body and school staff representatives and will be reviewed annually.

## Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types: -

Short-term effect on their participation at school because they are on a course of medication or have a short term medical impairment.

Long-term potentially limits access to education and requires ongoing support, medicines or care, including monitoring and intervention in emergencies.

This refers equally to both physical and mental health.

Some children with medical conditions may be considered disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP).

## Policy statement

- This school is an inclusive community that aims to support and welcome pupils with medical conditions.
- This school aims to provide all pupils with medical conditions the same opportunities as others.
- The school ensures that staff understand their duty of care to children and young people in an emergency.
- Staff feel confident in knowing what to do in an emergency.
- This school understands that certain medical conditions are severe and potentially life-threatening, particularly if ill-managed or misunderstood.
- This school understands the importance of medication being taken as prescribed.

- Staff understand the common medical conditions that affect children at this school. In addition, staff receive training on the impact of medical conditions on pupils.

### Key Points

- Pupils at school with medical conditions should be adequately supported to have full access to education, including school trips and physical education.
- The Governing Body ensures that arrangements are in place in school to support pupils with medical conditions relating to physical and mental health.
- School leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- The Governing Body ensures that its arrangements include details on how the school's policy will be implemented effectively.
- The overall responsibility for the implementation of this policy is given to the Headteacher. They will be responsible for ensuring that sufficient staff are trained and will endeavour to have cover arrangements in cases of staff absences.
- The School Business Manager will be responsible for briefing supply teachers and organising risk assessments for school visits and activities outside the regular timetable.
- In conjunction with parents/carers, the Inclusion Leader will be responsible for drawing up, implementing and keeping under review the individual healthcare plan for each pupil, ensuring relevant staff are aware of these plans and monitoring individual healthcare plans.
- All staff members are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy.

### Procedure to be followed when notification is received that a pupil has a medical condition:

For children starting at Swalecliffe, arrangements should be in place for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Swalecliffe mid-term, every effort should be made to ensure arrangements are put in place within two weeks. In some instances, this might delay the child starting school to ensure everything is fully in place. Procedures are in place to cover any transitional arrangements between schools, the process to be followed upon reintegration when a pupil needs change and arrangements for staff training or support.

### Individual healthcare plans

Individual healthcare plans help to ensure that school effectively supports pupils with medical conditions. They clarify what needs to be done, when and by whom. However, not all children will require one.

Plans are drawn up in partnership between the school, parents, and a relevant healthcare professional, where available. They will be reviewed at least annually. See appendix A for the process and Appendix B for the template.

The required forms for children who use an EpiPen are shown in appendix C and appendix D.

The Governing Body ensures that the roles and responsibilities of all those involved in their arrangements to support pupils at school with medical conditions are identified. These are set out in the statutory guidance.

### Staff training and support

There are two levels of training. One is at a whole staff level, which constitutes an awareness raising of severe or life-threatening conditions a child at Swalecliffe may have. This would be provided annually in September and as part of the induction process for all new staff. The second would be more detailed and specific for the staff who need a greater depth of training because they are working or going to work with the child or children concerned.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, whether relating to mental health or physical health, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect individual healthcare plans).

### Administration of Emergency Medication

The child's role in managing their medical needs: all pupils at this school with medical conditions have easy access to emergency medication. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be readily available in the classroom cupboard marked with a green cross and not locked away. Asthma inhalers should be marked with the child's name. There are also two bags of spare EpiPens in the staffroom in clearly labelled clear bags, with the correct dosage to be given to the children clearly named on each bag.

After discussion with parents, competent children should be encouraged to take responsibility for managing their medicines and procedures under supervision from staff.

### Managing medicines on school premises

The Governing Body ensures that the school's policy is clear about the procedures for managing medicines. Medicines will only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. The school will only accept medicines prescribed by a doctor, nurse, dentist or pharmacist prescriber. The medicines will be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. Where appropriate, medicines should be prescribed in dose frequencies,

enabling them to be taken outside of school hours. It should therefore be only necessary for one dose to be administered in school.

We will keep all medicines that have been prescribed for a pupil securely stored in a cabinet in the classroom. The main office keeps a list of all medicines on the school site.

## Record keeping

Written records are kept of all medicines administered to children.

## Emergency procedures

The Governing Body ensures that the school's policy sets out what should happen in an emergency situation. As part of general risk management processes, the school have arrangements in place for dealing with emergencies.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency systems and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. Children with severe allergies have an emergency plan (as per appendix C)

If a child needs to be taken to the hospital, staff should stay with the child until the parent arrives or accompany the child taken to the hospital by ambulance. School staff must ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Recorded.

## Day trips, residential visits and sporting activities

The school will ensure that their arrangements are unambiguous about supporting pupils with medical conditions to participate in school trips, visits, or sporting activities and not prevent them from doing so. This will involve adapting arrangements at the planning stage wherever possible to ensure all inclusion, regardless of medical conditions. In addition, all documentation regarding such activities will alert parents to the school's openness to adapt the trip or event to cater for their child should they still have concerns.

It will read: "If your child has any specific needs (e.g., food allergies) that the plans may impact we have laid out, please contact [office@swalecliffe.kent.sch.uk](mailto:office@swalecliffe.kent.sch.uk) so that we can call you to discuss this. We wish to ensure all our children feel both included and safe."

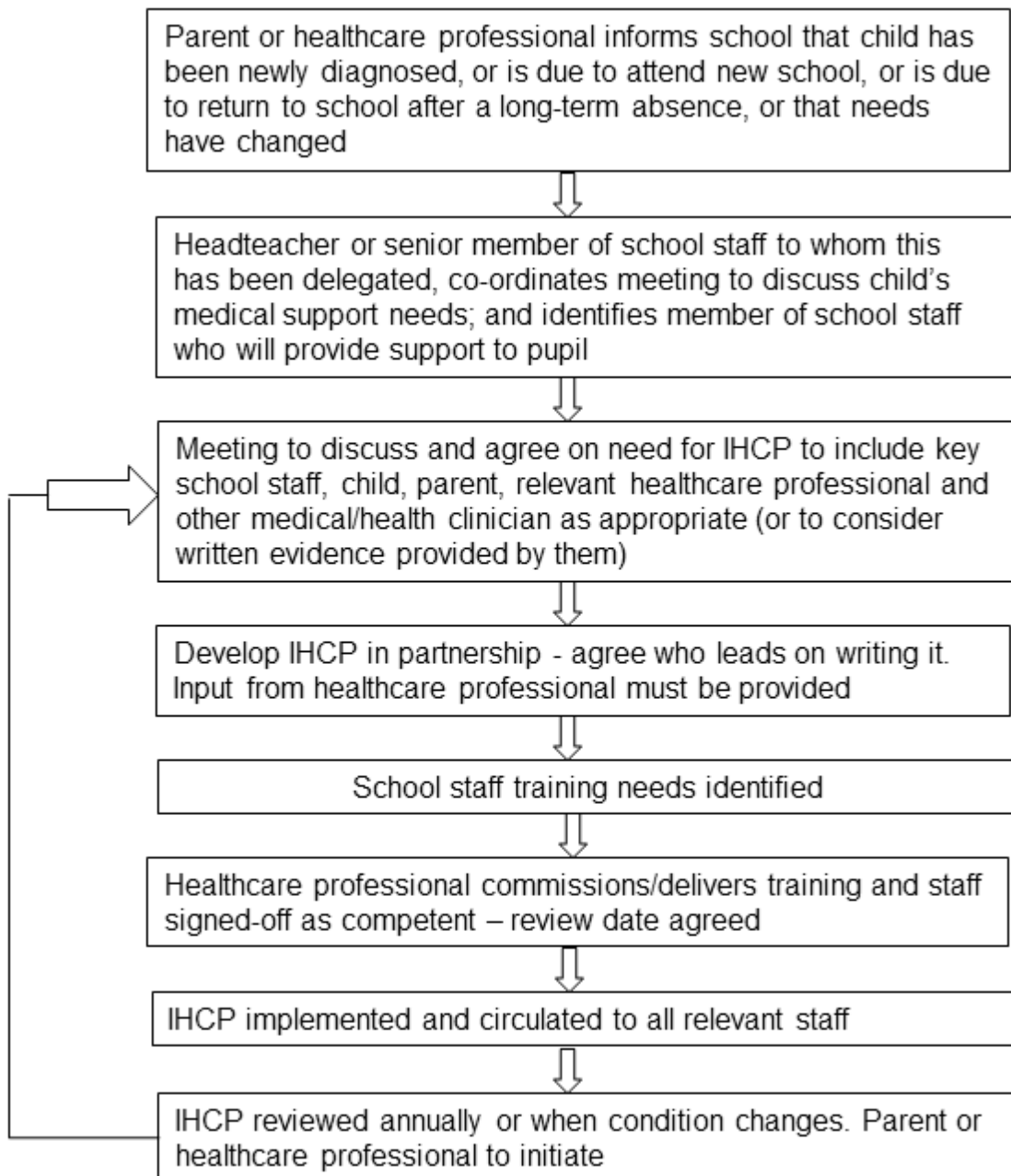
## Liability and Indemnity

The Governing Body ensures that the appropriate level of insurance is in place and appropriately reflects the level of risk.

## Review of Policy

This policy is effective from its review date, and the Governing Body will ensure the policy is reviewed to take account of any statutory regulation or associated guidance or changes in policy by Kent County Council's policy.

## Appendix A: Model process for developing individual healthcare plans



## Appendix B: individual healthcare plan

Name of school/setting	Swalecliffe Community Primary School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of the child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Appendix C: Allergy Care Plan

Allergy Care and Action Plan	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>Insert Pupil's Photo</p> </div>
Name of school/setting	Swalecliffe Community Primary School
Child's name	
Hospital No	
Class	
Date of birth	
This child has the following allergies	
If the child comes into contact with or eats the above by mistake, the following signs appear:	
Mild/Moderate reaction	Rash, hives, ears may turn red, facial swelling, puffy eyes, tingling/itchy mouth, abdominal pain or vomiting
Action	<p>a) Give antihistamine – dose =</p> <p>b) Locate EpiPen</p> <p>c) Phone parent</p> <p>d) Stay with the child and monitor carefully</p>
Life-threatening reaction	Difficulty in swallowing, swelling in the throat or inside the mouth, difficulty in breathing, paleness, drowsiness, child collapses and loses consciousness
Action	<p>a) Give EpiPen immediately into the outside of the thigh, midway between the knee and hip.</p> <p>b) Call an ambulance and a message to be given "anaphylaxis."</p> <p>c) Contact parents.</p> <p>d) If the child still has symptoms 5 minutes after the first EpiPen is given, the second one should be given</p>
Medication	Medication is kept in a medical cupboard in the classroom. Parents will supply two EpiPens and accept responsibility for maintaining appropriate date medication.
Arrangements for school visits/trips	Take medication and care plans
Any other information	Coconut is in almost all cosmetics, i.e. soap, hand cream, and shaving foam.

	Beware when making playdough – do not add allergens.  Please do not use egg boxes or packaging that contains nuts in creative play.
Family Contact Information	
Name	
Relationship to child	
Phone no. (mobile)	
(home)	
(work)	
Name	
Relationship to child	
Phone no. (mobile)	
(home)	
(mobile)	
Other Emergency Contacts	
G.P.	
Name	
Address	
Phone no.	

Parent and School Agreement

To the best of our knowledge, the above information is correct. The staff, in agreement, will do their best to support and care for medical and emergency needs.

Parent's signature: .....	Date .....
School staff signature: .....	Date .....

# Appendix D: Allergy Action Plan

This child has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

**Mild/moderate reaction:**

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

**Action to take:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s) • **Give antihistamine:**

(If vomited, \_\_\_\_\_ can repeat dose) •

Phone parent/emergency contact \_\_\_\_\_




**● Watch for signs of ANAPHYLAXIS**  
(life-threatening allergic reaction)

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

<p><b>A AIRWAY</b></p> <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul>	<p><b>B BREATHING</b></p> <ul style="list-style-type: none"> <li>• Difficulty or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul>	<p><b>C CONSCIOUSNESS</b></p> <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul>
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**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

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

- 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (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 until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

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: \_\_\_\_\_

**How to give EpiPen®**

-  PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: “blue to sky, orange to the thigh”
-  Hold leg still and PLACE ORANGE END against mid-outer thigh “with or without clothing”
-  PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

**Additional instructions:**

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

**Parental consent:** I hereby authorise school staff to administer the medicine listed on this plan, including a ‘spare’ back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**For more information about managing anaphylaxis in schools and “spare” back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)**

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This is a medical document that can only be completed by the child’s health care 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 authorisation to travel with emergency medications has been prepared by:**

Sign & print name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Date: \_\_\_\_\_