



Pupils with Medical Needs

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Rights Respecting
Schools linked
article:



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Introduction

At Grand Avenue Primary and Nursery School we are committed to the care and well being of all our pupils. Children with ongoing medical needs are welcomed to our school. The school acknowledges that many ongoing medical conditions may affect quality of life and have an impact on a child's ability to learn. This policy sets out our procedures and guidelines should a child become unwell or become injured whilst at school. It also sets out our procedures regarding pupils with ongoing medical conditions.

The school is informed of medical conditions through admissions procedures, with parents/carers asked to complete a section on the admissions document relating to medical needs and also throughout the school year. All staff are made aware of any pupil in their care who may need specific medication for a serious medical condition. The receptionist and office manager takes on this responsibility. Class teachers are responsible for passing this information onto other adults teaching their class, e.g. supply staff and intervention groups.

Further information regarding this policy is available from DfEs document 'Supporting Pupils at school with medical conditions' (September 2014)

Aims

We will:

- Provide the appropriate medical care for the individual needs of the child
- Provide a designated medical room
- Ensure trained first aiders and paediatric first aiders are available to support an unwell or injured child
- Record all incidents accurately
- Keep accurate records of all medicines administered by school staff to pupils
- Inform parents as soon as possible should their child become unwell or be hurt at school
- Provide a safe place for medicines to be kept in school.
- Keep up to date emergency contact details for every pupil
- Keep records of staff who are first aid trained
- Ensure arrangements are in place for pupils with ongoing medical conditions

Administering Medicines in School

There is no contractual duty for staff to administer prescription medicines. Prescription and non-prescription medicines will only be administered at school when it would be detrimental to the pupil's health or school attendance not to do so **and** where we have parents' written consent

Medicines such as an asthma inhaler and EpiPen will be administered by a qualified first aider. If a first aider is not available, a member of SLT can take this responsibility.

All medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. They will be kept in the medical room and will be labelled clearly by the parent/carer with: the child's name; the dosage required; the method of administration; time and frequency of administration; any side effects the medication may have and the expiry date.

Children who have a life threatening condition e.g. asthma, diabetes and allergies are made known to staff and a photograph and a description of the child's condition is put on their individual health care plan which is held in the child's classroom and medical room.

Should a child need antibiotics throughout the day a parent/carer will need to visit school to administer the medicine. These medicines are the responsibility of the parent/carer. In some cases, the office will administer prescribed medication that are required at spaced intervals during the school day, which will be stored in a locked fridge located in the school medical room.

Over the counter, 'non-prescriptive' medicines are not kept by the school and staff are not permitted to administer any medication to pupils that has not been prescribed by a qualified medical practitioner. The school does however administer Calpol or Nurofen, with the parents' permission.

Illness at school

Children becoming unwell during the school day are cared for by the office staff and/or first aider. A designated medical room is available to support the needs of these pupils. Parents/carers will be contacted and asked to take the child home. Should a parent not be available, the emergency person named on each child's contact details will be contacted.

Grand Avenue has a number of trained paediatric first aiders on site during the school day.

Illness at home

Parents are advised that children who are unwell should not be sent to school. Children need to be well enough to take part in all activities throughout the school day, including PE and swimming. The following advice is given with regards to keeping a child at home should the child display the following:

Illness	Keep child at home for:
Sickness and /or diarrhoea	48 hours after symptoms cease
High temperature	24 hours after temperature is normal
Chickenpox	6 days from onset of rash
German measles	6 days from onset of rash
Measles	6 days from onset of rash

Injured children

Should a child have an accident at school a first aider will assess the situation. Appropriate first aid will be administered. Sterile dressings will be used on open wounds. Should the injury be deemed severe the child may be taken to hospital or an ambulance called (See Appendix E for further guidance). Parents will be informed of the actions taken by the school as soon as possible.

A child with a minor injury will be cared for by staff. Children in Nursery, Reception and Key Stage 1 will be given a sticker to wear to alert parents that a minor injury has happened that day at school e.g. grazed knee.

Details of the injury are recorded electronically on SIMs. If a child has an injury to their head, it is school policy that parents are informed, even if the child is well enough to stay in school.

Staff responsibilities

The class teacher will send any child displaying symptoms of being unwell to the office. The child will be assessed by a qualified first aider and either asked to return to class or parents will be contacted to take the child home.

Staff will promote hygienic practices within their classrooms to reduce the spread of infection e.g. tummy bugs/coughs.

All head injuries will be reported to the first aiders in the school office.

Food Distribution: Allergens and Safety:

- Staff are not able to distribute food items that have been prepared at home to whole classes. This policy is necessary because the school is unable to guarantee that homemade items were prepared in an environment free from common allergens.
- When parents wish to bring in food items (e.g., for celebrations), the parent/guardian must be responsible for distributing the item to other parents/guardians.
- The recommended procedure is for the distributing parent to offer the items at the classroom door/green gates at the end of the school day.
- This approach ensures that parents can make informed choices about what their child receives.
- Advisory Best Practice: We strongly advise that all food items being distributed are individually wrapped and include an ingredient label so that receiving parents are fully informed of the contents before accepting the item for their child.

Training

Training will be provided of a suitable standard for staff to ensure they are competent to administer medicines safely.

Staff who agree to administer the EpiPen will attend a training session. This will include a description of the symptoms of anaphylaxis and the procedure to follow in the event of an emergency. EpiPen training sessions are arranged by the school and led by the First Aid provider.

Other specific training will be undertaken by staff should the need arise e.g. Insulin or Diazepam.

First aid training is available through the school for staff willing to take on this responsibility (subject to numbers). Paediatric first aid training is also available. The school keeps a record of those trained and this is displayed clearly throughout the school.

Ongoing medical needs

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. The staff will ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school will take an active and continuing role in the educational, social and emotional progress of any child absent for prolonged periods of time due to illness. The school will work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Children with a medical condition may be considered disabled and should this be the case, all statutory requirements will be met (Equality act 2010)

For any pupil with an ongoing medical condition the office first aider will create an Individual Healthcare Plan and share this with parents/carers. This plan will be reviewed regularly and at least annually.

In creating the plan the school will consider

- The medical condition
- The pupil's needs
- Specific required support for academic, social and emotional needs
- Level of support required
- Who will provide the agreed support and cover arrangements
- Who in the school needs to be aware of the child's condition (confidentiality)
- The need for written permission from parents regarding administration of medication
- Arrangements and procedures for school trips and activities outside the school timetable, including risk assessments
- An emergency healthcare plan created by a healthcare professional
- What the school needs to do in the case of emergency

The School Business manager will ensure that sufficient staff have received suitable training and are competent and confident to take responsibility to support a child with medical conditions. This includes administering prescription medicines.

Medication for a child with medical condition will be kept secure in dedicated medical room. It will be clearly labelled with the child's name and dosage required. Records will be kept if medication is administered.

Should there be cause for complaint regarding the care of a child with medical needs the school complaints policy will be adhered to.

The school may seek the assistance of the Tuition Service for pupils who are temporarily unable to attend classes (see Appendix C).

Children with health needs who cannot attend school

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

If the school cannot make suitable arrangements, or if it is clear that a child will be away from school for 15 days (consecutive or over the course of the year) or more because of their health needs, the Royal Borough of Kingston upon Thames will become responsible for arranging suitable education for these children.

When the local authority arranges alternative education, the education should begin as soon as possible, and at the latest by the 6th day of the child's absence from school.

Where full-time education is not in the child's best interest for reasons relating to their physical or mental health, the local authority must arrange part-time education on whatever basis it considers to be in the child's best interests

In cases where the local authority makes the arrangements, our school will provide full details to the LA as well as working with them to ensure best outcome for child.

Staff Indemnity

The Royal Borough of Kingston provides staff indemnity for any school staff who agree to administer medication to a pupil in school given the full agreement of the parents and school.

RBK fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training and are following the agreed guidelines as outlined in this policy. For purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. The indemnity would cover the legal liability that might arise where an incorrect dose is inadvertently given or where, by a member of staff's negligence, the medication is overlooked or incorrectly administered. Legal action would always be leveled against the Royal Borough of Kingston, not individual members of staff.

A public liability policy is in place, through RBK's insurance department with Zurich Municipal, which states 'The policy covers the insured, school governing body, teachers and other employees and volunteers should a claim be made against them from a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment'

Concluding statement

- Grand Avenue Staff will remain vigilant regarding pupils becoming unwell at school.
- All activities will be risk assessed to minimise the chance of any accidents resulting in injury.
- Pupils with medical conditions will be supported to enable them to have full access to education including trips and physical education.
- All pupils requiring medical attention will be treated fairly in accordance with our equal opportunities policy.
- All staff will treat any severe allergic reaction competently and we endeavour to minimise the risk of allergic reactions for all children
- . This policy should be read alongside the school's First Aid Policy, Health & Safety Policy and Safeguarding Policy.

Allergic Reaction – Procedures

In the event of a pupil showing any physical symptoms of an allergy for which there is no obvious explanation, or if they suddenly appear unwell for no apparent reason, the following plan should be put into action. If there is time, the pupil should be taken to the school office immediately.

Immediate Steps

1. **Contact Emergency Services and Family:** A member of staff will contact the following in direct order of priority:
 - Ambulance
 - Parent or other family member
2. **Position the Pupil:**
 - The pupil should be lying down in the most comfortable position.
 - If breathing is difficult, allow them to sit.
 - If they have vomited or feel sick, gently turn them on their side.
 - The person should remain still and lying down until the ambulance arrives, and **should not** stand up or walk around.
3. **Administer Adrenaline Auto-Injector (AAI):**
 - Administer an AAI without delay. If you are in doubt that it is anaphylaxis but one or more ABC (Airway, Breathing, Circulation) symptoms are present, give the AAI.
 - Two members of staff will be required: one to administer the EpiPen and one to support and reassure the child.
 - The EpiPen will be given in the **upper outer aspect of the thigh** with the EpiPen vertical to the thigh.
 - For EpiPen, jab firmly into the outer thigh at a right angle and hold firmly for **10 seconds** (as per label).
 - The pupil will be carefully observed, noting that he/she can breathe easily.
4. **Second AAI Dose:**
 - If there is **no improvement in 5 minutes**, a second AAI will be used.
5. **CPR:**
 - If the pupil's condition deteriorates, resuscitation (CPR) may be necessary.
 - If there is no sign of life, start CPR immediately until help arrives.
6. **Handover:**
 - On the arrival of the Ambulance crew, the person in charge will hand over the medication used.
 - A member of staff will need to accompany the pupil to the hospital in the absence of a family member.

2. Responsibilities of the School

- **Training & Information:**

- The Head Teacher will arrange for teachers and other school staff to be briefed regularly about the condition and arrangements. Regular training will be provided. Training includes a practical session.
 - Staff will familiarise themselves with these guidelines.
 - All staff should complete appropriate anaphylaxis training and be confident to respond to an allergy emergency.
 - The school will inform and regularly remind parents that the school is a nut-free zone.
- **Medication Management:**
 - The school will hold appropriate medication clearly marked for use by designated school staff and showing an expiry date.
 - Two Epipens are stored in the school medical room, which is easily accessible to staff.
 - The school may purchase and store spare AAls.
 - Medication should be stored in a suitable rigid box and clearly labelled with the pupil's name and a photograph (younger children's kits should be kept safely, not locked away, and accessible to all staff).
 - A member of staff should monitor the use of all AAls to ensure they are within the expiry date and are of the correct dosage.
- **Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs):**
 - Each class holds copies of individual children's healthcare plans confirming allergic reactions and procedures to follow.
 - The school should ensure the involvement of healthcare professionals, staff, parents/carers, and the pupil when establishing IHPs.
 - Parents/carers should be encouraged to provide AAPs completed and signed by a healthcare professional to be kept with their medication.
- **Food & Curriculum Activities:**
 - Staff will take all reasonable steps to ensure affected pupils do not eat any food items unless prepared/approved by their parents.
 - The school adheres to a nut-free policy. Should food containing nuts be found in a child's lunchbox, a call is made to the parent or a note is sent home.
 - Whenever the planned curriculum involves cookery or experimentation with food items, prior discussions will be held between the school and parents to agree measures and suitable alternatives.
 - The school adheres to the Food Information Regulations 2014, and catering staff must have access to up-to-date allergy information for pupils.
- **Off-site Activities:**
 - If pupils leave the school site, prior discussions will be held with parents to agree appropriate provision and safe handling of medication.
 - At least one member of staff with first aid training and knowledge of the child's health care plans will be present on school trips or residential visits.
 - An adequate risk assessment should be undertaken prior to any school trips or off-site activities for pupils who have allergies.
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3. Responsibilities of Parents/Carers

- **Communication & Documentation:**

- Notify the school of the pupil/student's allergies and inform the school of any changes as soon as they are known.
- Provide an **Allergy Action Plan (AAP)** completed by a healthcare professional where possible.
- Contribute to the provision of an **Individual Healthcare Plan (IHP)** where required.

- **Medication:**

- Provide sufficient medication—**two EpiPens**—for use in school, accompanied by a GP's prescription.
- Ensure the medication is in-date and of the correct dosage.
- Be responsible for checking expiry dates.
- Be responsible for replacing any used or expired medication as soon as possible.

- **Food:**

- Provide a suitable packed lunch or liaise with the office to ensure allergy is catered for within the kitchen.
- Provide suitable food for special occasions (e.g., Christmas and history days).
- Remind their children regularly of the need to refuse any food items which might be offered by other pupils.
- Talk with their child about allergy self-management, including avoidance strategies, how to spot symptoms, and when to tell an adult.

Food Distribution: Allergens and Safety

- Staff are not able to distribute food items that have been prepared at home to whole classes. This policy is necessary because the school is unable to guarantee that homemade items were prepared in an environment free from common allergens.
 - When parents wish to bring in food items (e.g., for celebrations), the parent/guardian must be responsible for distributing the item to other parents/guardians.
 - The recommended procedure is for the distributing parent to offer the items at the classroom door/green gates at the end of the school day.
 - This approach ensures that parents can make informed choices about what their child receives.
 - Advisory Best Practice: We strongly advise that all food items being distributed are individually wrapped and include an ingredient label so that receiving parents are fully informed of the contents before accepting the item for their child.
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4. Key Allergy Information

Top 14 Allergens

The most common causes of food allergies include:

- Cereals containing Gluten
- Celery
- Crustaceans
- Eggs
- Fish

- Soya
- Milk
- Nuts (Tree Nuts)
- Peanuts
- Mustard
- Sesame Seeds
- Sulphur dioxide/Sulphites
- Lupin
- Molluscs

Severe Symptoms

Severe symptoms of an allergic reaction (anaphylaxis) include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

APPENDIX B

Asthma

Our school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at school. We positively welcome all pupils with asthma.

When a child joins our school parents are required to inform the school of any medical conditions on their admission form, this includes asthma. Parents are also required to inform the school should their child develop asthma during their time with us. The school is aware of its need to provide a safe environment which is favourable to pupils with asthma e.g. non- smoking classrooms.

All class teachers, support staff and visiting teachers are made aware of pupils who have severe asthma. Parents are required to provide the school with a labelled inhaler to be kept in school. Children are encouraged to ask for their inhaler should they need it during school time. The school has made provision for immediate access to reliever medicines.

School staff are not required to administer asthma medicines except in an emergency. However school staff will supervise and record when children use their inhalers. If use is deemed excessive parents are informed.

Pupils with asthma are encouraged to fully participate in all PE lessons (including swimming). Staff will remain vigilant during PE and breaktimes, advising children as necessary. Pupils will ALWAYS be allowed to leave any lesson to use an inhaler.

Children in the same class as the pupil with asthma may be introduced to asthma in a way they understand. This will ensure they are not frightened should they witness a pupil having an attack. The school may seek advice and support from the school office first aider.

Our school recognises that epilepsy is a common condition affecting pupils. We positively welcome all pupils with epilepsy.

When a child joins our school, parents are required to inform the school of any medical conditions on their admission form, this includes epilepsy. Parents are also required to inform the school should their child develop epilepsy during their time with us. The school is aware of its need to provide a safe environment which is favourable to pupils with epilepsy e.g. facing pupils forward to allow teachers to monitor seizures, medical room with a bed should a child need rest after a seizure.

All class teachers, support staff and visiting teachers are made aware of pupils who have epilepsy. An individual health plan will be created stating the type of medication required, members of staff qualified to administer medication, how to contact these staff and signs and symptoms of a possible seizure. Parents are required to provide the school with medication to be kept in school. The school has made provision for immediate access to epilepsy medication.

Pupils with epilepsy are encouraged to fully participate in all lessons (including swimming). Staff will remain vigilant during, advising children as necessary. Pupils will ALWAYS be allowed to leave any lesson should they feel the need to do so.

Children in the same class as the pupil with epilepsy will be introduced to epilepsy in a way they understand. This will ensure they are not frightened should they witness a pupil having a seizure. The school may seek advice and support from the school nurse.

Aims of Tuition service

The aim of the Tuition Service will be to support the school in its work to re-integrate pupils who are unable to attend school due to medical reasons, into full time education at school at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education. The school will continue to maintain contact with a pupil who is unwell and not attending and will contribute to their IEP in order that they may enjoy a continuous and high level of education and support from the school during their period of absence. This may include:

- providing to the Tuition Service relevant information about the child
- helping to maintain contact with parents
- assisting with and guiding the work of the child
- support in taking part in National Curriculum tests
- providing emotional support
- maintaining links with appropriate agencies including the Social Inclusion Service, the Educational Welfare Service and the Educational Psychology Service.

When to call 999- advice from NHS services

ped@londonambulance.nhs.uk

ppi@lond-amb.nhs.uk

Life-threatening emergencies

When someone has a medical emergency and is seriously ill or injured and their life is at risk 999 needs to be called. Medical emergencies include:

- loss of consciousness
- an acute confused state
- fits that aren't stopping
- chest pain
- breathing difficulties
- severe bleeding that can't be stopped
- severe allergic reactions
- severe burns or scalds
- heart attack
- stroke

Head injury and concussion

Most head injuries are not serious. 999 needs to be called if someone has hit their head and has:

- been knocked out and has not woken up
- difficulty staying awake or keeping their eyes open
- a fit (seizure)
- problems with their vision
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind their ears
- numbness or weakness in part of their body
- problems with walking, balance, understanding, speaking or writing

A patient needs to be taken to A&E after a head injury if they have:

- been knocked out but have now woken up
- been vomiting since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable
- problems with memory
- been drinking alcohol or taking drugs just before the injury
- a blood clotting disorder (like haemophilia) or take blood-thinners (like warfarin)
- had brain surgery in the past

NB Symptoms of concussion usually start within 24 hours, but sometimes may not appear for up to 3 weeks.

Paediatric Medical Emergency Symptoms

- Severe headache or vomiting, especially following a head injury
- Uncontrolled bleeding
- Inability to stand up or unsteady walking
- Unconsciousness
- Abnormal or difficult breathing
- Skin or lips that look blue or purple or gray
- Feeding or eating difficulties
- Increasing or severe, persistent pain
- Fever accompanied by change in behavior (especially with a severe, sudden headache accompanied by mental changes, neck/back stiffness)
- Any significant change from normal behavior:
 - Confusion or delirium
 - Decreasing responsiveness or alertness
 - Excessive sleepiness
 - Irritability
 - Seizure
 - Strange or withdrawn behavior
 - Lethargy

Emergency medical assistance needs to be sought for a head injury if a child :

- Exhibits any of the danger signs listed above
- Won't stop crying.
- Can't be consoled.
- Refuses to eat or nurse.
- In infants, exhibits bulging in the soft spot on the front of the head.
- Shows any sign of skull trauma or obvious abnormality of the skull, such as bruising on the scalp or a depressed area at the location of the injury.

Parents and caretakers should note that vomiting is more common in young children, and they should only seek medical attention for a suspected head injury if a child vomits repeatedly in a brief period of time (e.g., more than once or twice within an hour) after a head injury.

Call 999 if patient cannot get to A&E safely

First aiders may choose to call 111 for further advice when dealing with injuries

Should an ambulance be called the first aider dealing with the incident will ensure that the form in Appendix F is completed.

Information for A and E

Name of child	DOB	Date
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Description of incident Including body part injured	
Time Time Time	Details of First aid administered

	yes/no	Notes/timing etc..
Ambulance called		
Parents contacted		
Allergies		

Signed by school first aider

DigiBete Diabetes Guidance

Our school uses the DigiBete Diabetes platform to support pupils with Type 1 Diabetes. DigiBete provides NHS-approved resources, videos and guidance for schools, families and children to help manage diabetes in everyday situations.

Staff should:

- **Familiarise themselves with a child's Individual Healthcare Plan (IHP). The Digibete app is intended to supplement not replace the IHP.**
- **Follow all agreed procedures for insulin administration, blood glucose monitoring, and management of hypos/hypers.**
- **Use DigiBete resources for practical guidance:
www.digibete.org**
- **Seek advice from the School Nurse or Diabetes Specialist Nurse if unsure.**

Note: This appendix should be read alongside NHS guidance on diabetes in children and young people and the Royal Borough of Kingston's Health Service protocols

Hypoglycaemia

When blood glucose levels drop to 3.9mmol/L or below, this is called hypoglycaemia, also known as a 'hypo' or 'low'.

It's important to be aware that each child or young person will have individual targets and numbers for hypoglycaemia. It's important for all staff to have an awareness of the individuals treatment and management of hypoglycaemia by reviewing the health care plan.

Symptoms

Some common symptoms of hypoglycaemia can be:

Sweating

Shaking

Hunger

Feeling anxious

Blurry vision

Dizziness

Difficulty concentrating

Feeling tired

Symptoms can vary from person to person and can be quite subtle, please refer to the child or young persons care plan for specific symptoms to look out for.

Treatment

Hypoglycaemia should be treated immediately with a fast acting carbohydrate. The aim of a hypo treatment is to raise the glucose level to a normal value.

Some common treatments include:

Glucose/Dextrose tablets

Original Coke or processed fruit juice

Jelly Babies

Glucose shot drink

Lucozade original energy

Each child or young person's treatment type and treatment amounts will be different and these will be stated in the health care plan.

If after 15 minutes (using a blood glucose value) or 20 minutes (using the CGM glucose value) a normal level is not reached, then the hypo treatment needs to be repeated.

Repeat and re-check as needed.