# Willow School Policy

# Supporting Pupils with Medical Conditions Policy

Date: November 2026

Review Date: November 2027

## Aims

Willow School is committed to making sure that pupils with medical conditions are safe, included and able to take a full part in school life. Many of our pupils have complex needs, including communication differences, sensory needs and periods of dysregulation, which can make it harder for them to tell an adult they feel unwell or to manage their own condition. This policy is written with that in mind.

This policy aims to make sure that:

- Pupils, staff and parents and carers understand how the school supports pupils with medical conditions
- Pupils with medical conditions are properly supported so that they can access the same education as other pupils, including school trips, Local Area Visits and sporting activities
- Enough staff are suitably trained, and there are cover arrangements so that someone trained is always available to support each pupil, on every site
- Staff, including supply and temporary staff, know which pupils have medical conditions and what to do in an emergency
- Individual Healthcare Plans (IHPs) are developed, shared, followed and reviewed
- Medicines are received, stored, administered and recorded safely
- Medical incidents, including seizures, are recorded, shared with parents and carers and used to keep each pupil's support up to date

The named person with overall responsibility for implementing this policy is the Headteacher. Day-to-day responsibility for IHPs is delegated to the Assistant Headteacher and SENCo.

## Legislation and Guidance

Section 100 of the Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements for supporting pupils with medical conditions. It does not apply directly to independent schools. Willow School follows the duty, and the statutory guidance that goes with it, as good practice.

This policy is based on the following legislation:

- The Education (Independent School Standards) Regulations 2014 – paragraph 7 (safeguarding and welfare), paragraph 13 (first aid) and paragraph 24 (accommodation for the medical and therapy needs of pupils)
- The Equality Act 2010, including the duty to make reasonable adjustments for disabled pupils. Many long-term medical conditions, including epilepsy, are a disability under the Act
- The Human Medicines Regulations 2012 (as amended)
- The Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 (controlled drugs)
- The Health and Safety at Work etc. Act 1974
- UK GDPR and the Data Protection Act 2018

It also takes account of the following guidance:

- DfE: Supporting pupils at school with medical conditions (December 2015)
- DfE: Allergy safety in schools (July 2026), followed as good practice (see Allergy Safety Policy)
- DHSC: Guidance on the use of emergency salbutamol inhalers in schools (2015) and Using emergency adrenaline auto-injectors in schools (2017)

- DfE: First aid in schools, early years and further education
- DfE: Keeping Children Safe in Education
- Epilepsy Action and Young Epilepsy guidance on supporting pupils with epilepsy in school

Key Contacts

| Role | Name | Medical Conditions Responsibility |
|---|---|---|
| Overall Responsibility | Headteacher (Mrs Miller) | Implementation of this policy, sufficient trained staff, final decisions where there is disagreement |
| IHPs and Medical Register | Assistant Headteacher and SENCo (Miss McNeil) | Developing and reviewing IHPs with families and healthcare professionals, keeping the Medical Register up to date, reviewing seizure and medical incident records |
| Medication, Consent and Records | School Office (Mrs Pearson) | Consent forms, receiving and checking medication, monthly expiry checks, Bromcom, contacting parents and carers about supply |
| First Aid | First Aid Co-ordinator (Mrs Coleman) | First aid kits and the Going Out Bag (see First Aid Policy) |
| Safeguarding | Designated Safeguarding Lead (Miss Hemming) | Any medical concern that may indicate neglect or harm |

Roles and Responsibilities

The Proprietors

Willow School is proprietor-led and does not have a governing board. The Proprietors:

- Make sure this policy, and the arrangements behind it, are in place and sufficient to support pupils with medical conditions on every site
- Make sure employers' liability and public liability insurance covers staff supporting pupils with medical conditions, including administering medication and emergency rescue medication
- Include risks relating to medical conditions on the school's risk register
- Receive a termly summary of medical incidents, including seizures and use of emergency medication, as part of the termly accident and incident analysis
- Approve this policy annually

The Headteacher

- Has overall responsibility for implementing this policy and for the development of IHPs, which is delegated to the SENCo
- Makes sure all staff are aware of this policy and understand their role in implementing it
- Makes sure enough staff are trained and available to deliver every IHP, including in emergencies, on every site and during trips, and that there is cover when trained staff are absent

- Considers recruitment and deployment needs to make sure pupils with medical conditions are properly supported
- Contacts the relevant healthcare professional where a pupil needs support that has not yet been identified
- Makes the final decision where there is disagreement about the support a pupil needs

Assistant Headteachers

- Share medical information, procedures and IHPs with new staff during induction, and make sure staff sign the IHP section of the staff handbook
- Make sure medical needs are included in risk assessments for trips, Local Area Visits and events in their areas of responsibility
- Support the Headteacher in reviewing medical incidents

Assistant Headteacher and SENCo

- Arranges IHP meetings with parents and carers, healthcare professionals, the pupil (where appropriate) and relevant staff, and writes and reviews IHPs
- Makes sure medical plans from healthcare professionals (for example seizure care plans, Allergy Action Plans and asthma plans) are attached to IHPs
- Keeps the Medical Register up to date and shares changes with staff the same day
- Makes sure medical needs are reflected in the pupil's EHCP, behaviour support plan and pupil risk assessment
- Reviews every seizure and medical incident record on Tapestry within one school day and acts on any change
- Identifies the training staff need for each IHP and arranges it with the relevant healthcare professional

School Office

- Sends and collects medical information and consent forms, including the Administering Medication Parental Agreement (Appendix 2)
- Receives, checks and records medication brought into school (Appendix 3)
- Records medical information on the pupil's Bromcom profile
- Checks the expiry dates of all medication held in school, including pupils' own rescue medication, AAIs and inhalers, monthly, and contacts parents and carers about any due to expire within the next two months
- Contacts parents and carers when supply is running low
- Approves medical Incident records on Tapestry on the same day (see First Aid Policy)

All Staff

- Know which pupils they work with have medical conditions, what their IHP says and where their medication is kept
- Know what to do and act quickly when a pupil with a medical condition needs help, including in an emergency
- Consider the needs of pupils with medical conditions when planning lessons, activities and trips
- Administer medication only if they have been trained and authorised to do so. Staff are not required to administer medication, but those who agree to do so are supported and trained
- Record any medical incident on Tapestry as an Incident, and any medication given on the Record of Administered Medication, on the same day

## Parents and Carers

- Provide the school with sufficient and up-to-date information about their child's medical needs, including any change, and any seizure or medical episode that happens outside school
- Take part in developing and reviewing their child's IHP
- Provide medicines and equipment, in date and correctly labelled, and complete consent forms
- Make sure they, or another nominated adult, can be contacted at all times

## Pupils

In line with their age, understanding and communication needs, pupils will be supported to:

- Take part in discussions about their medical support and contribute to their IHP
- Tell or show an adult if they feel unwell
- Manage their own medication where their IHP agrees they are able to

## Healthcare Professionals

Healthcare professionals, such as GPs, paediatricians, epilepsy specialist nurses and the school nursing service, notify the school when a pupil has a medical condition that will need support in school, wherever possible before the pupil starts. They advise on IHPs, provide care plans (for example seizure care plans), and train staff and confirm their competence in specific procedures and in giving medication.

## Equal Opportunities

The school actively supports pupils with medical conditions to take part in school trips, Local Area Visits, PE and other activities, and does not prevent them from doing so. Reasonable adjustments are made so that these pupils can take part fully and safely and are recorded in their IHP.

Risk assessments are carried out so that planning takes account of the steps needed to include pupils with medical conditions. Pupils, their parents and carers and relevant healthcare professionals are consulted.

## Being Notified That a Pupil Has a Medical Condition

When the school is notified that a pupil has a medical condition that needs support in school, the SENCo arranges a meeting with parents and carers, relevant healthcare professionals and the pupil (where appropriate) to decide whether an IHP is needed. The process is set out in Appendix 1.

- The school does not wait for a formal diagnosis before providing support. Where a pupil's medical condition is unclear, or there is a difference of opinion about what support is needed, the Headteacher makes a judgement based on all available evidence, including medical evidence and consultation with parents and carers
- For a pupil starting in September, arrangements are in place before their first day, informed by their previous setting
- Where a pupil joins mid-term or a new diagnosis is received, arrangements are discussed at the pre-admission meeting and the IHP is in place within two weeks
- Interim arrangements apply from the pupil's first day while the IHP is completed: the pupil is added to the Medical Register, the information from parents and carers and any healthcare plan is shared with staff working with them, and their emergency medication is in school

## Individual Healthcare Plans

The Headteacher has overall responsibility for IHPs. Their development is delegated to the SENCo. IHPs are drawn up in partnership with parents and carers and a relevant healthcare professional, with the pupil involved wherever appropriate. They are linked to, or become part of, the pupil's EHCP.

Not all pupils with a medical condition need an IHP. Whether an IHP is needed is agreed with parents and carers and a healthcare professional, based on evidence. If there is no agreement, the Headteacher makes the final decision. An IHP will always be put in place for a pupil who is prescribed emergency medication (for example rescue medication for seizures or adrenaline auto-injectors), or whose communication needs mean they cannot reliably tell an adult they are unwell.

### What the IHP Includes

The level of detail depends on the complexity of the pupil's condition. The IHP sets out what needs to be done, when and by whom, and covers:

- The medical condition, its triggers, signs, symptoms and treatments
- How the pupil communicates or shows that they are unwell
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements and environmental issues
- Specific support for the pupil's educational, social and emotional needs, for example how absences will be managed, rest periods and support to catch up with learning
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this is clearly stated with arrangements for monitoring
- Who will provide the support, their training, confirmation of their competence from a healthcare professional, and cover arrangements when they are unavailable
- Who in school needs to be aware of the pupil's condition
- Written consent from parents and carers for medication to be administered by staff or self-administered by the pupil
- Arrangements for trips, Local Area Visits, PE and transport so that the pupil can take part
- How and when parents and carers will be informed of medical incidents, such as routine seizures, in addition to the phone call requirements in the First Aid Policy
- Where confidentiality issues are raised by the parent or pupil, the named individuals to be trusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

Condition-specific information is added where relevant: Appendix 6 sets out what to include for a pupil with epilepsy, and the Allergy Safety Policy sets out what to include for a pupil with an allergy.

### Storing and Sharing IHPs

- IHPs are stored digitally on the One Drive Staff Share Folder, in the pupil's file under Care Plans and in the pupil's paper SEN file
- A printed copy is kept in the pupil's classroom, and a copy of any emergency plan (for example a seizure care plan) is kept with the pupil's emergency medication
- Key medical information is recorded on the pupil's Bromcom profile
- Staff sign the IHP section of the staff handbook at induction to confirm they have been told about pupils' IHPs

## Reviewing IHPs

IHPs are reviewed at least annually and also when the pupil's condition, medication or care plan changes, after any significant medical incident (for example a seizure needing rescue medication or a hospital visit), when a pattern of incidents changes, and when the pupil moves site or class.

## Managing and Administering Medicines

Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

- Pupils under 16 are not given prescription or non-prescription medicines without their parents' or carers' written consent
- No pupil under 16 is given medicine containing aspirin unless prescribed by a doctor
- Pain relief is not given without first checking when the previous dose was taken and the maximum dose allowed

The school only accepts medicines that are in date, labelled, in their original container and include instructions for administration, dosage and storage. The only exception is insulin, which must be in date but may be provided in an insulin pen or pump.

## Non-Prescription Medicines

Parents and carers have the prime responsibility for their child's health. To support full attendance, the school will consider administering non-prescription medicines following a request and written consent from parents and carers, using the same care, processes and records as for prescription medicines. Pupils and parents are not expected to obtain a prescription for over-the-counter medicines. The school also makes sure that:

- Non-prescription medicines are not given for longer than recommended on the packaging
- Medicines are supplied in their original container, with instructions, and in date. The pupil's name is written on the container if this helps with identification
- Only trained and authorised staff administer them

If a pupil is too unwell to be in school, parents and carers are asked to keep them at home or to collect them.

## Procedure for Receiving Medication

### Notification and Consent

- Following the creation of an IHP, or where a medical need is identified, parents and carers inform the School Office in writing by email, with enough information to support their child safely
- The School Office provides the Administering Medication Parental Agreement Form (Appendix 2), electronically or on paper
- No medication is accepted or administered without a fully completed and signed consent form. A new form is completed whenever the medication, dose or instructions change

### Supply and Handover

- Parents and carers tell the School Office in advance when medication will be brought in
- Medication is handed directly to the School Office by the parent, carer or designated adult (for example the taxi driver). Pupils do not transport medication themselves unless agreed in their IHP (for example inhalers)
- Medication must be in its original container and labelled as set out in this policy

## Checking and Recording

When medication is received, the School Office:

- Completes the Record of Medication Received (Appendix 3)
- Checks the medication matches the consent form and prescribed instructions
- Records the quantity received, and signs and dates the record
- Marks the pupil's initials clearly on the packaging
- Tells the designated member of staff that the medication has arrived

## Storing Medication

- Medication is stored safely and securely in line with its storage instructions. Medication needing refrigeration is kept in a designated fridge
- Emergency medication (rescue medication for seizures, adrenaline auto-injectors and reliever inhalers) is never locked away. It is kept with or near the pupil, as set out in their IHP, so that it can be reached immediately on and off site
- Pupils are told where their medication is kept, in a way they understand
- When medication is no longer needed, it is returned to parents and carers for safe disposal. Medication is never sent home with a pupil. Sharps boxes are used for needles and other sharps

## Controlled Drugs

Some medicines are controlled drugs (for example methylphenidate for ADHD, and buccal midazolam, which is used as seizure rescue medication).

- Controlled drugs given routinely (for example ADHD medication) are kept in a locked, non-portable container. Only named staff hold the key
- Controlled drugs used in an emergency (for example buccal midazolam) are kept readily accessible with the pupil's emergency kit, as set out in their IHP, and are not locked away
- A record is kept of the quantity of each controlled drug held and every dose given, checked against the stock at the monthly check
- Staff may give a controlled drug only to the pupil for whom it has been prescribed, in line with the prescriber's instructions

## Administering Medication

- Medication is only given by trained and authorised staff, strictly in line with the written instructions from parents and carers and the prescriber
- Before giving any medication, staff check the pupil's identity, the medicine, the dose, the time, the expiry date and when the last dose was given
- Every dose is recorded on the Record of Administered Medication (Appendix 4), signed by the member of staff who gave it and a second member of staff as witness. For emergency rescue medication, the witness may sign as soon as it is safe to do so
- Staff do not force a pupil to take medication. If a pupil refuses, staff follow the IHP, record the refusal and inform parents and carers the same day
- When five doses remain, the designated member of staff tells the School Office, who contacts parents and carers for a further supply
- Any concern, error, refusal or change in the pupil's condition is recorded and shared with parents and carers promptly. A medication error is recorded in the Near Miss Log (or as an incident if the pupil was given the medication) and reviewed by SLT

## Pupils Managing Their Own Needs

Pupils who are able are encouraged to take responsibility for managing their own medicines and procedures. This is agreed with parents and carers and recorded in the IHP. Where agreed, pupils carry their own medicines and devices. Staff continue to supervise as set out in the IHP.

## Pupils with Asthma

- Pupils with asthma have their reliever inhaler available at all times. Inhalers are kept in the classroom, or carried by the pupil where their IHP agrees, and go with the pupil to PE, Local Area Visits and trips
- Inhalers must be labelled with the pupil's name and include instructions for use
- All pupils with asthma have an Asthma + Lung UK Child Asthma Action Plan (Appendix 5), completed by parents and carers with their child's healthcare professional. It is updated after every asthma review, and at least annually. A copy is attached to the IHP and kept with the inhaler
- Where a pupil does not yet have an action plan, the School Office asks parents and carers to request one at their child's next asthma review. In the meantime, the IHP records the information given by parents and carers
- Consent for the school's emergency salbutamol inhaler is collected in the admissions paperwork (Appendix 8) and checked with parents and carers each year
- Parents and carers are responsible for making sure inhalers are in date and not empty. The School Office checks expiry dates at the monthly check
- An emergency salbutamol inhaler and spacers are held with the spare AAIs on each site. It is used only for pupils diagnosed with asthma and prescribed a reliever inhaler, whose parents and carers have given written consent (Appendix 8). Parents and carers are phoned on the same day and told in writing whenever it is used
- Where a pupil with a food allergy develops sudden breathing difficulty, staff treat it as anaphylaxis and give adrenaline first (see Allergy Safety Policy)

## Pupils with Allergies

Arrangements for pupils with allergies, including spare adrenaline auto-injectors and the response to anaphylaxis, are set out in the Allergy Safety Policy. Advance consent for a spare AAI is requested from all parents and carers in the admissions paperwork (Appendix 8), and from parents and carers of pupils with a known allergy on the Pupil Allergy Information form in the Allergy Safety Policy. Consent is not needed to give adrenaline in an emergency.

## Pupils with Epilepsy

Epilepsy is more common in pupils with learning disabilities and autism than in the general population, and some of our pupils may not be able to tell staff that they have had, or are about to have, a seizure. Every pupil with epilepsy has an IHP with their seizure care plan attached.

## The Seizure Care Plan

The seizure care plan is written by the pupil's epilepsy specialist nurse or paediatrician. The school does not write or change it. It sets out:

- The type of seizures the pupil has and what they look like
- Any warning signs and known triggers
- How long the pupil's seizures usually last and how they usually recover

- Whether rescue medication is prescribed, which medication and dose, and exactly when it should be given
- When to call 999

Where a pupil does not yet have a seizure care plan, the school asks parents and carers to request one from their child's epilepsy team. In the meantime, the IHP records the information given by parents and carers and staff follow the general seizure procedure below, calling 999 for any seizure lasting more than five minutes.

### Recognising Seizures

Not all seizures involve falling or jerking. Some pupils have seizures that can look like daydreaming, staring, confusion, repetitive movements or a sudden change in behaviour. Staff working with a pupil with epilepsy must:

- Know what that pupil's seizures look like, using their IHP
- Consider whether a sudden change in behaviour, unresponsiveness or confusion may be a seizure, and not assume it is dysregulation or behaviour
- Tell the SENCo and parents and carers about anything new or different they notice

### Responding to a Seizure

| Step | Action |
|---|---|
| 1. Time It | Note the time the seizure starts. Stay with the pupil and send another adult for help and for the pupil's emergency medication. |
| 2. Keep Them Safe | Move hard or sharp objects away. Cushion their head. Do not hold them down, move them unless they are in danger, or put anything in their mouth. Calmly move other pupils away with a familiar adult, to give the pupil space and privacy. |
| 3. Follow the Plan | Follow the seizure care plan. If rescue medication is prescribed, a trained member of staff gives it at the time the plan states. Note the time it is given. |
| 4. Call 999 If | The seizure lasts longer than 5 minutes (or the time set in the care plan), it is the pupil's first seizure, one seizure follows another without the pupil recovering in between, the pupil is injured, breathing does not return to normal, the seizure happens in water, or the care plan says to. Send an adult to meet the ambulance. |
| 5. Recovery | When the seizure stops, put the pupil in the recovery position and stay with them until they are fully recovered. Check their breathing. Note the time it stopped. Let them rest somewhere quiet and private (see First Aid Policy). Provide any personal care sensitively, in line with the Intimate Care Policy. |
| 6. Inform | Contact parents and carers in line with the IHP and the First Aid Policy. Inform the Headteacher or most senior member of staff on site if 999 was called or rescue medication was given. |
| 7. Hospital | If the pupil goes to hospital and parents and carers are not present, a member of staff who knows the pupil goes with them, taking the IHP, seizure care plan, and the times of the seizure and any medication given. |

A pupil is not sent home after a seizure as a matter of course. Whether they return to learning, rest in school or go home is decided in line with their IHP and in discussion with parents and carers.

## Rescue Medication

- Rescue medication is only given by staff who have been trained by a healthcare professional, such as the epilepsy specialist nurse, and whose competence has been confirmed
- There are at least two trained members of staff for each pupil prescribed rescue medication on the site where they are taught, and a trained member of staff goes on every trip or Local Area Visit the pupil attends
- Rescue medication travels with the pupil around the site and off site, in a labelled bag with their seizure care plan, and is never locked away
- Every dose is recorded on the Record of Administered Medication (Appendix 4), with a witness signature, and noted on the Tapestry Incident record
- Any use of rescue medication is a Level 2 incident under the First Aid Policy. Parents and carers are phoned, the placing local authority is informed, the IHP is reviewed and parents and carers are asked to replace the dose

## Recording Seizures

Every seizure is recorded on Tapestry as an **Incident**, not an Accident, on the same day, using the process in the First Aid Policy (Appendix 5). A seizure is a medical episode, not an accident. Recording it as an Incident keeps the accident record accurate and lets the school and the pupil's epilepsy team see patterns over time.

- The record includes the start and end time, what staff saw before, during and after the seizure, any rescue medication given, whether 999 was called and how the pupil recovered
- If the pupil was injured, an Accident record is also completed and each record notes the other
- The record is approved by the School Office and released to parents and carers on the same day
- A phone call is always made in addition when rescue medication is given, 999 is called, the seizure is longer than the IHP threshold, it is a first or different seizure, or the pupil is injured
- How parents and carers are told about routine seizures is agreed with them and recorded in the IHP
- The SENCo reviews every seizure record within one school day. With parents' and carers' consent, the records can be shared with the pupil's epilepsy team
- If Tapestry is unavailable, the Seizure Record (Appendix 7) is completed and entered on Tapestry within 24 hours

## Reducing Risk

Activities are adjusted, not avoided. Each pupil's IHP and risk assessments consider:

- Water: swimming and water-based activities need one-to-one supervision by a member of staff who can recognise a seizure, in line with the IHP and the activity risk assessment
- Heights: climbing, apparatus and outdoor equipment are risk assessed for the pupil
- Known triggers, such as tiredness, illness, missed meals, heat or, for a small number of pupils, flashing lights
- Transport: with parents' and carers' consent, the seizure care plan is shared with the transport provider, and rescue medication travels with the pupil
- Parents and carers tell the school about seizures at home, changes in medication and missed doses, as these can affect the pupil's day

## Unacceptable Practice

Staff use their judgement in each case with reference to the pupil's IHP, but it is not acceptable to:

- Prevent pupils from easily accessing their inhalers, rescue medication or other medication, and taking it when and where needed
- Assume that every pupil with the same condition needs the same treatment
- Ignore the views of the pupil or their parents and carers, or ignore medical evidence or opinion (although this may be challenged)
- Send pupils with medical conditions home frequently, or stop them staying for normal school activities, unless this is set out in their IHP
- Send a pupil who becomes ill to the School Office or first aid room alone or with someone unsuitable
- Penalise pupils for absence related to their medical condition, for example hospital appointments
- Prevent pupils from eating, drinking, or taking toilet or other breaks they need to manage their condition
- Require parents and carers, or make them feel obliged, to attend school to give medication or provide medical support, including with toileting. No parent or carer should have to give up work because the school is failing to support their child's medical needs
- Prevent or create unnecessary barriers to pupils taking part in any part of school life, including trips, for example by requiring parents and carers to come with their child
- Administer, or ask pupils to administer, medicine in school toilets

## Emergency Procedures

Each pupil's IHP sets out what counts as an emergency for them and what to do. Staff follow the school's emergency procedures in the First Aid Policy and the First Aid Procedures poster displayed by every first aid kit.

- Anaphylaxis: staff give adrenaline first, using the pupil's own AAI or a spare AAI, and then call 999. Staff never wait for a 999 call handler to tell them to give adrenaline (see Allergy Safety Policy)
- Seizures: staff follow the seizure care plan and the procedure in this policy
- Spare adrenaline auto-injectors and an emergency salbutamol inhaler are held with the first aid kit on each site
- If a pupil needs to go to hospital, staff stay with them until parents and carers arrive, or go with them in the ambulance, taking their IHP

## Training

| Training | Who | When | Provided By |
|---|---|---|---|
| **Awareness of This Policy** | All staff, including supply staff and regular volunteers | At induction and when the policy is updated | SLT |
| **First Aid** | All staff | Every three years | Accredited provider |
| **Allergy and Anaphylaxis** | All staff | Annually | See Allergy Safety Policy |

| Training | Who | When | Provided By |
|---|---|---|---|
| Epilepsy and Seizure Awareness | All staff | Annually and at induction | Epilepsy specialist nurse, school nursing service or accredited provider |
| Rescue Medication | At least two named staff per pupil on each site, when a pupil is prescribed rescue medication | Before supporting the pupil, then as advised (usually annually) | Epilepsy specialist nurse or healthcare professional, who confirms competence |
| Pupil-Specific Briefing | Staff working with the pupil | When the IHP is written or updated | SENCo |
| Administering Medication | Staff authorised to give medication | Before giving medication, refreshed regularly | SLT or healthcare professional |

- Training needs are identified when the IHP is developed or reviewed. Healthcare professionals lead on the type and level of training and agree it with the SENCo
- Training makes sure staff are competent and confident, meets the requirements of the IHP, and helps staff understand the condition and how to prevent and respond to emergencies
- Supply and temporary staff are briefed on arrival about pupils with medical conditions, the emergency procedures and where emergency medication is kept
- Where there is a gap in trained staff, the Headteacher makes sure a trained member of staff is with the pupil until it is addressed
- Training is recorded in the training log on the Admin Drive

## Record Keeping

- Written records are kept of all medicines received and administered for as long as the pupil is at the school, and then in line with the school's retention schedule
- Medical incidents, including seizures, are recorded on Tapestry as Incidents and exported before a pupil's account is deleted
- Parents and carers are informed if their child has been unwell at school
- Medical information is special category data under UK GDPR. It is shared only as far as needed to keep the pupil safe, in line with the Data Protection Policy, and is shared with transport providers, venues and placing local authorities with parents' and carers' consent, unless needed in an emergency

## Liability and Indemnity

The Proprietors make sure the appropriate level of insurance is in place and reflects the school's level of risk, including staff administering medication and emergency rescue medication. The school's insurer is Markel (UK) Ltd. The cover is checked whenever a pupil joins with a new medical procedure.

## Complaints

Parents and carers with a concern about the support for their child's medical condition should discuss it with the SENCo in the first instance. If it is not resolved, they should contact the Headteacher. If it is still not resolved, parents and carers can use the school's Complaints Policy and Procedure.

## Monitoring Arrangements

This policy is reviewed annually by the Headteacher and approved by the Proprietors. It is also reviewed after any serious medical incident, when a new site opens and when the DfE publishes revised guidance on supporting pupils with medical conditions.

## Links with Other Policies

- First Aid Policy
- Allergy Safety Policy
- SEND Policy
- Health and Safety Policy
- Reporting of Incidents, Accidents and Dangerous Occurrences Policy
- Intimate Care Policy
- Local Area Visits Policy
- Attendance Policy
- Accessibility Plan
- Admissions Policy
- Child Protection and Safeguarding Policy
- Data Protection Policy
- Complaints Policy and Procedure

Appendix 1: Being Notified That a Pupil Has a Medical Condition

| Step | What Happens | Who |
|---|---|---|
| 1. Notification | Parent, carer, healthcare professional or previous setting tells the school about the medical condition. Information is passed to the SENCo the same day. | School Office |
| 2. Interim Arrangements | Pupil added to the Medical Register. Information shared with staff working with the pupil. Emergency medication in school with consent form. | SENCo and School Office |
| 3. Meeting | Meeting with parents and carers, healthcare professional and the pupil where appropriate, to agree whether an IHP is needed and what support is required. | SENCo |
| 4. Write the IHP | IHP drafted, with any healthcare plan attached (for example seizure care plan). Training needs identified. | SENCo with parents, carers and healthcare professional |
| 5. Training | Staff trained and competence confirmed before the plan is relied on. | Healthcare professional and SENCo |
| 6. Share | IHP stored and shared (see Storing and Sharing IHPs). Staff briefed. Bromcom updated. | SENCo and School Office |
| 7. Review | At least annually, and after any change or significant incident. | SENCo |

For a pupil starting in September, steps 1 to 6 are completed before their first day. For a pupil joining mid-term, the IHP will be discussed as part of the pre-admissions meeting and subsequent meeting will be arranged to ensure sufficient support is in place. Following a new diagnosis, an IHP is agreed and written within 2 weeks.

Appendix 2: Administering Medication Parental Agreement

The school will not give your child medication unless you complete and sign this form.

| Pupil Details | |
|---|---|
| Name of Pupil | |
| Date of Birth | |
| Class / Site | |
| Medical Condition or Illness | |

| Medication | |
|---|---|
| Name / Type of Medication (As Described on the Container) | |
| Expiry Date | |
| Dose, Method and Frequency (As Described on the Container) | |
| Timing (At Break or Lunchtime Wherever Possible) | |
| Special Precautions / Other Instructions | |
| Side Effects the School Needs to Know About | |
| Self-Administration (Yes / No) | |
| Procedure in an Emergency | |
| Quantity Sent In | |

Medicines must be in the original container as dispensed by the pharmacy.

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

| Parent / Carer | |
|---|---|
| Name | |
| Signature | |
| Date | |

Appendix 3: Record of Medication Received

| Medication Received | |
|---|---|
| Name of Pupil | |
| Medication Name and Strength | |
| Date Received | |
| Quantity Received | |
| Expiry Date | |
| Received From (Parent, Carer or Designated Adult) | |
| Do the Medication Name, Dose and Pupil Name Match the Consent Form? (Yes / No) | |
| Controlled Drug? (Yes / No) | |
| To Be Kept in the Fridge? (Yes / No) | |
| Staff Signature and Date | |

| Medication Returned | |
|---|---|
| Quantity Returned to Parent / Carer | |
| Date Returned | |
| Returned To (Print Name) | |
| Signature of Parent / Carer | |
| Signature of Staff | |

Medication must never be sent home with a pupil. If collected by taxi driver, this should be handed directly to the driver or assistant.

Appendix 4: Record of Administered Medication

Name of Pupil: _____ Medication and Strength: _____

| Date | Time | Dose Given | Doses Remaining | Given By (Print and Initials) | Witnessed By (Print and Initials) | Notes |
|---|---|---|---|---|---|---|
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## Appendix 5: Child Asthma Action Plan and Emergency Inhaler Consent

Parents and carers complete the Asthma + Lung UK Child Asthma Action Plan with their child's healthcare professional (GP or asthma nurse) and give a copy to the School Office. It is updated after every asthma review and at least annually. A copy is kept with the pupil's inhaler and attached to their IHP.

Consent for the school's emergency salbutamol inhaler is collected separately, in the admissions paperwork (Appendix 8).

This plan is for children who use separate preventer and reliever inhalers.

## My asthma triggers

**Tick the triggers that make your asthma worse:**

- ☐ Pollen
- ☐ Exercise
- ☐ Cold/flu
- ☐ Stress
- ☐ Weather
- ☐ Air pollution
- ☐ Other (please list here):

> "Always keep your blue reliever inhaler and your spacer with you. You might need them if your asthma gets worse."
>
> **Dr Andy Whittamore**
> Asthma + Lung UK's GP

**Book your child's asthma review**

You should book an asthma review at least once a year, or more if your child needs it. If your child has been to A&E, or been prescribed steroid tablets or liquid, you should book an asthma review straight away. Remember to bring:

- their action plan, to see if it needs updating
- any inhalers and spacers they have, to check they're using them in the best way
- their peak flow meter if they use one
- any questions about their asthma and how to manage it.

**Date of next asthma review:**

**Healthcare professional contact details:**

Asthma and Lung UK is a charitable company limited by guarantee with company registration number 01863614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man.

Trusted Information Creator
Patient Information Forum

## Parents and carers

As well as wheezing, coughing and a tight chest, your child might have their own unique symptoms that tell you their asthma is getting worse. You can list them here:

**Does your child tell you when they need their asthma inhaler?**

☐ Yes ☐ No

**Does your child need help taking their asthma medicines?**

☐ Yes ☐ No

**Get the most from your child's action plan:**

- take a photo and keep it on your phone, and on your child's phone if they have one
- stick a copy on your fridge door
- share your child's action plan with their school, holiday club or grandparents – whoever is caring for your child.

Learn more about what to do during an asthma attack:

**www.asthmaandlung.org.uk/asthma-attacks**

Get advice, support and information at **AsthmaAndLung.org.uk** or find us on social media:

**Questions about asthma?**

Talk to our friendly respiratory nurse specialists for more support.
Call **0300 222 5800**
(Monday to Friday, 9am to 1pm and 2pm to 5pm)

Last reviewed July 2025; next review July 2028. V1.

ASTHMA+ LUNG UK

# Child asthma action plan

## Fill this in with your healthcare professional

This asthma action plan is for children who use separate preventer and reliever inhalers. If you are on a MART or AIR regime, please use our MART or AIR asthma action plan.

**Name and date:**

## 1 My daily asthma routine

**I need to take my preventer inhaler every day.**

My preventer inhaler is called:

and its colour is:

I take ____ puff(s) in the morning.

I take ____ puff(s) at night.

I rinse my mouth out afterwards. I do this every day even if my asthma's okay.

I must remember to use my spacer with my inhaler. If I do not have one, I'll go back to my healthcare professional and ask for one.

**Other asthma medicines I take every day:**

**My reliever inhaler helps when I have symptoms.**

My reliever inhaler is called:

and its colour is:

**IMPORTANT:** If I need my blue reliever inhaler when I do sports or activity, I need to see a healthcare professional.

## 2 When I feel worse

**My asthma is getting worse if I have any of these symptoms:**

- I wheeze, cough, my chest hurts, or it's hard to breathe
- I need my blue reliever inhaler 3 or more times a week
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my healthcare professional).

**If my asthma gets worse, I will:**

- take my preventer medicines as normal
- take ____ puff(s) of my blue reliever inhaler every 4 hours if needed
- see my healthcare professional within 24 hours if I do not feel better.

**URGENT!** If your reliever inhaler is not lasting 4 hours, you need to take emergency action now. **See section 3.**

**Other things my healthcare professional says I need to do if my asthma is getting worse:**

## 3 In an asthma attack

**I'm having an asthma attack if I have any of these symptoms:**

- my reliever inhaler is not helping or it's not lasting 4 hours at a time
- I find it hard to walk or talk
- I find it hard to breathe
- I'm coughing or wheezing a lot
- my chest is tight or it hurts.

**If I have an asthma attack, I will:**

1. Call for help. Sit up and try to keep calm.
2. Take 1 puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I'm worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately**.

**IMPORTANT:** If you have a MART or AIR inhaler, please tell the responder when you **call 999**.

**What to do after your child's asthma attack:**

- If the asthma attack was managed at home, contact your GP surgery or call **111**.
- If your child was treated in hospital, take them to see a healthcare professional within 48 hours of being discharged.
- Make sure your child finishes any medicine they're prescribed, even if they start to feel better.
- If your child does not improve after treatment, see a healthcare professional urgently.

## Appendix 6: Epilepsy Information for Individual Healthcare Plans

Use the school's existing IHP format. For a pupil with epilepsy, make sure the IHP covers each of the following and attach the seizure care plan.

| Section | What to Record |
|---|---|
| Seizure Care Plan | Attached: Yes / No. Date issued and by whom (epilepsy nurse or paediatrician). If not attached, date requested |
| Seizure Types | What each type of seizure looks like for this pupil, in plain words |
| Warning Signs and Triggers | Any signs before a seizure and known triggers (for example tiredness, illness, heat, missed medication) |
| Usual Pattern | How often, how long seizures usually last, time of day, and how the pupil usually recovers |
| How the Pupil Communicates | How the pupil shows they feel unwell or that a seizure may be coming, and how they communicate after a seizure |
| Rescue Medication | Name, dose, how it is given and exactly when to give it. Where it is kept. Named trained staff on each site |
| When to Call 999 | As set out in the care plan. If not stated, any seizure lasting more than 5 minutes |
| After a Seizure | Rest arrangements, personal care, monitoring, and how the decision to return to learning or go home is made |
| Informing Parents and Carers | How parents and carers want to be told about routine seizures (phone call, Tapestry Incident only), in addition to the First Aid Policy phone call requirements |
| Daily Medication | Any medication taken at home or in school and what to do if a dose is missed |
| Activities | Arrangements for water, heights, PE, outdoor learning and any other activity with additional risk |
| Trips and Transport | Arrangements for Local Area Visits and trips. Consent to share the seizure care plan with the transport provider |
| Learning and Wellbeing | Impact on memory, tiredness and concentration, and support for learning, rest and emotional wellbeing |
| Staff Who Need to Know | Named key adult, class team, trained staff and others. Training needed |
| Review | Review date (at least annually, and after any change in seizures, medication or care plan) |

Appendix 7: Seizure Record

Use only if Tapestry is unavailable. Enter onto Tapestry as an Incident within 24 hours.

| Seizure Details | |
|---|---|
| Name of Pupil | |
| Date and Location | |
| Time Started | |
| Time Ended and Length of Seizure | |
| Before: What Was the Pupil Doing? Any Warning Signs or Possible Triggers? | |
| During: What Did Staff See? (Body Movements, Eyes, Colour, Breathing, Responsiveness, Incontinence) | |
| Rescue Medication Given? (Name, Dose, Time, Given By, Witnessed By) | |
| 999 Called? (Time and Outcome) | |
| Injury? (Yes / No – If Yes, Complete an Accident Record) | |
| After: Recovery Time, Sleep, Personal Care, Return to Learning | |
| Parents and Carers Informed (How, Who, When) | |
| Completed By and Date | |
| Entered on Tapestry By and Date | |

## Appendix 8: Admissions Paperwork – Inhalers and Emergency Medication

This section is included in the admissions paperwork for every pupil.

### If Your Child Has a Prescribed Inhaler

If your child has been prescribed an inhaler, we need the following before we can support them in school:

- A completed Administering Medication Parental Agreement form, available from the School Office. We cannot give any medication without it
- Their inhaler and spacer, in date and in the pharmacy box with the label showing your child's name and dose. Please hand these to the School Office yourself or send them with your child's taxi driver, rather than in your child's bag
- A copy of your child's Child Asthma Action Plan, completed with their GP or asthma nurse. Please give us a new copy after every asthma review
- Let us know straight away if your child's medication or dose changes and replace the inhaler before it runs out or expires. We check expiry dates every month and will remind you

Your child's inhaler is kept in their classroom or carried by your child if this has been agreed, and goes with them to PE, Local Area Visits and trips.

### Emergency Medication Held in School

Willow School holds an emergency salbutamol (blue reliever) inhaler, with spacers, on each site. It can only be used for a child who has been diagnosed with asthma and prescribed a reliever inhaler, and whose parent or carer has given written consent below. It is used if your child's own inhaler is not available, not working or empty.

The school also holds spare adrenaline auto-injectors (often called epi-pens) on each site, for use if a child shows signs of anaphylaxis, a severe allergic reaction. They can be used if your child's own device is not available or not working, or if your child has a reaction and has not been prescribed one. All staff are trained to use them. If adrenaline is given, we always call 999 and your child will go to hospital to be checked.

If either is used, we will phone you on the same day and confirm it in writing.

Your consent helps us plan, but in a life-threatening emergency staff will give adrenaline whether or not consent has been given. The law allows this to save a life.

| Pupil Details | |
|---|---|
| Name of Pupil | |
| Date of Birth | |

| Emergency Salbutamol Inhaler | |
|---|---|
| Has your child been diagnosed with asthma and prescribed a reliever inhaler? | Yes ☐ No ☐ |
| If yes: I consent to my child being given the school's emergency salbutamol inhaler, with a spacer, if their own inhaler is not available, not working or empty | Yes ☐ No ☐ |

| Spare Adrenaline Auto-Injector (Epi-Pen) | |
|---|---|
| Does your child have a known allergy? If yes, please also complete the Pupil Allergy Information form | Yes ☐ No ☐ |
| I consent to my child being given the school's spare adrenaline auto-injector if they show signs of anaphylaxis | Yes ☐ No ☐ |

| Parent / Carer | |
|---|---|
| Name | |
| Relationship to Pupil | |
| Signature | |
| Date | |

Please tell the School Office if anything changes. We will ask you to check this consent each year.

| For School Use | |
|---|---|
| Received By and Date | |
| Added to Allergy Register (if applicable) and Permissions on BromCom | |
| IHP Needed? (Yes/No) and Date Completed | |