



DOWNSVIEW PRIMARY SCHOOL

Supporting Pupils with Medical Conditions

Policy (including children with health needs who cannot attend school)

Originator: Emma Ricketts
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Approved by the Governing Board
Chair of Governors

_____ 22nd October 2024

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY (including children with health needs who cannot attend school)

GUIDANCE

This policy has been prepared in line with Croydon's model policy and so that it meets the requirements set out in DfE: Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities (January 2013) and DfE: Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (September 2014) and statutory guidance on education for children who cannot attend school due to health needs (December 2023).

GENERAL PRINCIPLES

There are an increasing number of children attending mainstream schools with medical conditions. In September 2014 a new duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to have full access to education. This includes school trips and physical education, which plays an active role in school life, allowing pupils to remain healthy and achieve their academic potential.

OUR VALUES

At Downsview Primary and Nursery School there is a shared expectation that all children are equal and valued members of the school community, who have the right to fully engage and participate in school life. We set high expectations for all our pupils. Practitioners give every pupil the opportunity to experience success in their learning, by providing a relevant and challenging curriculum, with an emphasis on personalised learning.

AIMS

The aim of this policy is to state the approach that Downsview Primary and Nursery School will take to ensure that children with medical needs are properly supported so that they are able to access education and participate fully in school life.

EQUAL OPPORTUNITIES

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities. We will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician, such as a GP or consultant, states that this is not possible. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

ASSOCIATED POLICIES

- First Aid
- Diversity and Inclusion
- SEND
- Accessibility Plan
- Intimate care
- Health and Safety
- Safeguarding

1: SUPPORTING PUPILS WITHIN THE SCHOOL COMMUNITY

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. In September 2014 a new duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential. In accordance with DfE guidance on attendance and health needs, reasonable adjustments are made for mental health conditions affecting attendance and appropriate support put into place.

The school's Co-ordinator for Children with Medical Needs, with support from the Inclusion Lead, will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

Office staff are aware of the medical needs of pupils and administer, with the correct consent, medicines as required.

2. NOTIFICATION

As a Local Authority maintained primary school, admissions are organised and controlled by The London Borough of Croydon. Children with medical needs are considered for admission to the school on exactly the same basis as children without medical needs. Disabled pupils have access to most areas, both inside and out of the school, as a result of ramps, adequately sized classroom doors and disabled toilets (See School Accessibility Plan). Prior to starting school, parents/carers of children with medical needs may be invited to meet the Inclusion Lead and / or the Coordinator for pupils with medical needs in order to discuss whether the provision at Downsview Primary and Nursery School is appropriate to meet the child's needs.

We have a clear procedure which we follow when notification is received that a child has a medical condition (Appendix A). Children joining as new admissions, those with a new diagnosis or children joining us mid-term/mid-year are covered as part of this flow chart. Arrangements for new admissions should be in place in time for the start of the relevant term. In other cases, such as a new diagnosis or children moving to a new school mid-term, arrangements should normally take no more than two weeks, or by the beginning of the relevant term.

3. INDIVIDUAL HEALTH CARE PLANS (IHCP)

Individual Healthcare Plans (IHCP) can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one. It will be agreed with a healthcare professional and the parents/carers when an Individual Care Plan would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Whilst the Headteacher has the overall responsibility for the development of Care Plans for pupils, at this school the individual responsible for drawing up IHCPs will be: Allison Hearne-Reed (*the Co-ordinator for Pupils with Medical Needs*), who will be supported by Emma Ricketts (*Inclusion Lead*) and a representative of the School Nursing Team, where necessary.

Plans will be reviewed at least annually or earlier if the child's needs change. They will be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the Individual Healthcare Plan will be linked to the child's statement or Educational Health Care Plan (EHCP), where they have one.

When drawing up an IHCP the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role, cover arrangements for when they are unavailable and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional;
- who in the school needs to be aware of the child's condition and the support required;
- written permission from parents and the Headteacher at our school for medication to be administered by a member of staff, or self-administered by individual pupils during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Other pupils in the school should know what to do, such as informing a teacher immediately if they think help is needed.

4. EMERGENCY PROCEDURES

In case of an emergency, the school will call an ambulance and parents or carers. All pupils' Individual Care Plans will clearly set out what constitutes an emergency and will explain what to do. An appropriate member of staff should accompany the pupil to hospital and wait with them until the parents/carers arrive. In exceptional circumstances, at the discretion of the head and with parental permission, two members of staff may drive the child to Accident and Emergency and stay with the child until a parent or carer arrives.

In the event of an emergency, the ambulance (or other emergency service) should be directed to: ***Downsview Primary and Nursery School, Biggin Way, Upper Norwood, SE19 3XE***

5. ROLES AND RESPONSIBILITIES - collaborative working together

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals and, where appropriate, social care professionals, local authorities and parents and pupils is critical.

The Governing Board will:

- ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made;
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more

obvious than others. The Governing Board will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life;

- ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. in line with their safeguarding duties, not to place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so;
- ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. The Governing Board should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Governing Board has the ultimate responsibility to make arrangements to support pupils with medical conditions and should ensure that written records are kept of all medicines administered to children.

The Headteacher will:

- ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the Policy for Supporting Pupils with Medical Conditions and understand their role in its implementation;
- ensure that all staff who need to know are aware of the child's condition;
- ensure that sufficient trained staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose;
- contact the school nursing service in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse;
- make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way.

Insurance details: Department for Education: Risk Protection Arrangement – membership number: 101778

The Coordinator for pupils with medical needs:

- take overall responsibility for the development of Individual Care Plans;
- ensure that systems are in place for obtaining information about a child's medical needs and that the information is kept up to date;
- contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff:

- may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so;
- should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help;
- should be aware of the needs of any pupils who have an IHCP.

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so. Teachers will take into account the

needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Pupils will:

- give information about how their medical condition affects them, if age appropriate;
- be involved in discussions about their medical support needs and contribute as much as possible to their IHCP, taking into account age and maturity;
- comply with what is written in the IHCP.

Parents will:

- provide the school with sufficient and up-to-date information about their child's medical needs;
- be actively involved in decision making from the start.
- notify the school that their child has a medical condition;
- be involved in the development and review of their child's IHCP;
- carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment;
- make sure that they are all in date, and ensure they or another nominated adult are contactable at all times.

School nurse or other qualified healthcare professionals will:

- notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school;
- support the staff in forming an IHCP;
- provide training to school staff to administer the following medications:
adrenaline auto-injector (for allergies)
Buccal Midazolam (for epilepsy)
Inhalers (for asthma)
Insulin (for diabetes) .

The school nursing service has a duty phone number for enquiries relating to training or health care plans and can be contacted on 020 8274 6391 or ch-tr.croydonschoolnurses@nhs.net (North Team)

At this school, the allocated school healthcare professional is: Charlotte Gee

GPs, paediatricians and other healthcare professionals will:

- notify the school nursing team when a child has been identified as having a medical condition that will require support at school;
- provide advice on developing healthcare plans.
- be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy or other health needs, as appropriate).

Local authorities will:

- promote cooperation between relevant partners, such as governing boards of maintained schools, proprietors of academies, clinical commissioning groups and the NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation;
- wherever possible, provide support, advice and guidance, including suitable training for school staff through the School Nursing Service, to ensure that the support specified within Individual Healthcare Plans can be delivered effectively;
- work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school, because of their health needs, then the local authority has a duty to make other arrangements.

Providers of health services will:

- co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

Clinical commissioning groups will:

- ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

6. STAFF TRAINING AND SUPPORT

Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect Individual Healthcare Plans at all times) from a healthcare professional. Support for writing of IHCPs will be sought, if necessary, from the School Nursing Service.

Training will:

- be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils;
- fulfil the requirements in the Individual Health Care Plans;
- help staff to have an understanding of the specific medical conditions they are being asked to deal with, the implications and preventative measures.

The Co-ordinator for pupils with medical needs will:

- organise appropriate training from a healthcare professional for staff required to administer medicine;
- ensure that any person required to administer medicine is competent to do so;
- arrange, if required, for an appropriately trained person to come in to school to administer medication;
- ensure that relevant training is reviewed as needed;
- gain parental permission for trained school staff to administer medicine;
- keep a record of all training.

7. MANAGING MEDICINES ON THE SCHOOL SITE

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Medicines may be prescribed by a doctor, even though they are well enough to attend school. If medicines have been prescribed, every effort to take them at intervals out of school hours should be made. When this is not possible, the school will only accept prescribed medicines that are in-date, labelled (with the child's name and instructions for administration, dosage and storage) and provided in the original container as dispensed by a pharmacist. A 'Permission for Prescribed Medication in School' form MUST be completed (Appendix C) before any medication is administered and parents are responsible for ensuring that the medication is in date. Teachers and other school staff have no obligation to give medicines to children at school. They will do so to cooperate with parents in the best interests of the child, but only on the basis that they, the school and the Local Authority will not be held responsible for any problems which may result from their so doing. Where parents' expectations appear unreasonable, the Head Teacher / the Coordinator for pupils with medical needs will seek advice from the school nurse or doctor, the child's GP or other medical advisers.

The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted and the parent informed. If medication is not given for any reason, for example a child refusing, a record will be kept and the parent notified.

No child will be given medicine containing paracetamol, ibuprofen or aspirin, unless prescribed by a medical professional. In the approved Code of Practice of the First Aid at Work Regulations, the Health and Safety Executive states that First Aid at Work does not include giving tablets or medication to treat illness and such items should not be kept in the first aid box.

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their Individual Care Plans. Pupils, with specific permission, will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a

pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the Care Plan and inform parents so that an alternative option can be considered, if necessary.

Most individual medications, such as inhalers, are kept in Year Group boxes. Children will know where their medicines are kept and be able to access them with support from an adult. Medication for the treatment of nut and other allergies will be kept in easily identifiable containers or wallets, which are clearly labelled with the child's name and class and have a photo of the child on. These will be kept in the medical room for all KS2 children, and in classrooms for EYFS and KS1 children. A record of all of the allergies that a child has is maintained. When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Emergency Salbutamol Inhalers: From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler can only be given to children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). If a child has been prescribed an inhaler, the parent/carer will be contacted by a member of staff to complete a consent form (see Annex D and E) so the child can have access to an emergency salbutamol inhaler should the need arise. Without the completed consent form, the child will not be given use of the emergency inhaler. If it has been necessary for a child to use the emergency inhaler, the parent/carer will be called and provided with details of the incident. Staff will provide parent/carers with a follow up letter as soon as is possible giving them the same information (See Annex G). The administration record which will be kept with each of the inhalers should also be completed, giving the necessary details about the incident. Further information can be found at: <https://www.gov.uk/government/publications/emergencyasthma-inhalers-for-use-in-schools>. When administering an emergency inhaler, a spacer must be used to administer the correct dosage. The spacer will then be given to the child to take home and the inhaler kept at school in case of another emergency.

Emergency adrenaline auto-injector (AAI): From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allowed schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). The school's spare AAI can only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. The school's emergency AAI pen should only be counted in addition to the recommended 2 per child. If a child has been prescribed an AAI, the parent/carer will be contacted by a member of staff to complete a consent form (see Annex F) for the child to have access to an emergency AAI should the need arise. Without the completed consent form, the child will not be given the use of the emergency AAI. If it has been necessary for a child to use the emergency AAI, the parent/carer will be called and provided with details of the incident. Staff will also need to provide parent/carers with a follow up letter as soon as is possible giving them the same information (See Annex H). The administration record which will be kept with each of the AAIs should also be completed, giving the necessary details about the incident. Further information can be found at: <https://www.gov.uk/government/publications/usingemergency-adrenaline-auto-injectors-in-schools> Location and

The emergency inhalers/spacers and AAIs for EYFS/KS1/KS2 children will be kept in a medical box in the Medical room and will be clearly labelled. Full instructions for use will be stored alongside them. Parents/Carers will be informed if their pupil has been unwell at school. Written records are kept of all medicine administered to pupils, stating what, how and how much was administered, when and by whom. If medication is for any reason not given, a record must be kept and the parents/carers informed (Annex D-H). A written record of all allergies must be maintained.

8. LIABILITY AND INDEMNITY

Governing Boards should:

Ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the

relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. (See Appendix B)

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

9. UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents;
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch;
- if the child becomes ill, send them to the school office or medical room unaccompanied;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to, in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

10. COMPLAINTS

Should parents be dissatisfied with the support provided to their child, they should discuss their concerns directly with the school. If, for whatever reason, this doesn't resolve the issue, they may make a complaint via the school's complaints procedure, a copy of which can be found on our school website or can alternatively be obtained via the school office.

11. DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. The schools will make arrangements for the inclusion of pupils in such activities, unless evidence from a clinician such as a GP or consultant states that this is not possible. During off-site residential stays, the teacher leading the trip, or one of the school's registered first aiders, may decide to administer Calpol to a child, providing written consent has been obtained.

12. HOME TO SCHOOL TRANSPORT FOR PUPILS REQUIRING SPECIAL ARRANGEMENTS

The Local Authority manages the Home to School transport.

13. SUPPORTING PUPILS THROUGH PERIODS OF ABSENCE FROM SCHOOL

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to 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's Co-ordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Where a child's health condition requires an extended period of absence from school, the school will liaise with the local authority to arrange suitable alternative education and support reintegration, when appropriate. This may include referring to the Croydon **Springboard Service**. Staff at the service, including hospital tutors, will support pupils who are temporarily unable to attend classes on a full-time basis. These pupils may be:

- (a) Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school, which becomes significant in the longer term.
- (b) Pupils with mental health problems who are unable to attend school.

Some children with medical conditions may have a disability. Where this is the case the Governing Board will comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs (SEN) and a statement, or Education, Health and Care (EHC) Plan which brings together health and social care needs, as well as their special educational provision.

The aim of Springboard will be to support the school in its work to reintegrate pupils into full time education at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education.

The school will continue to maintain a contact with a pupil who is unwell and not attending and will contribute to their academic and reintegration plans, in order that they may enjoy a continuous level of education and support from the school during their period of absence. This may include providing to Springboard relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement. The school will do all that it can to maintain links with appropriate agencies including Springboard, the Educational Welfare Service, and the Educational Psychology Service. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

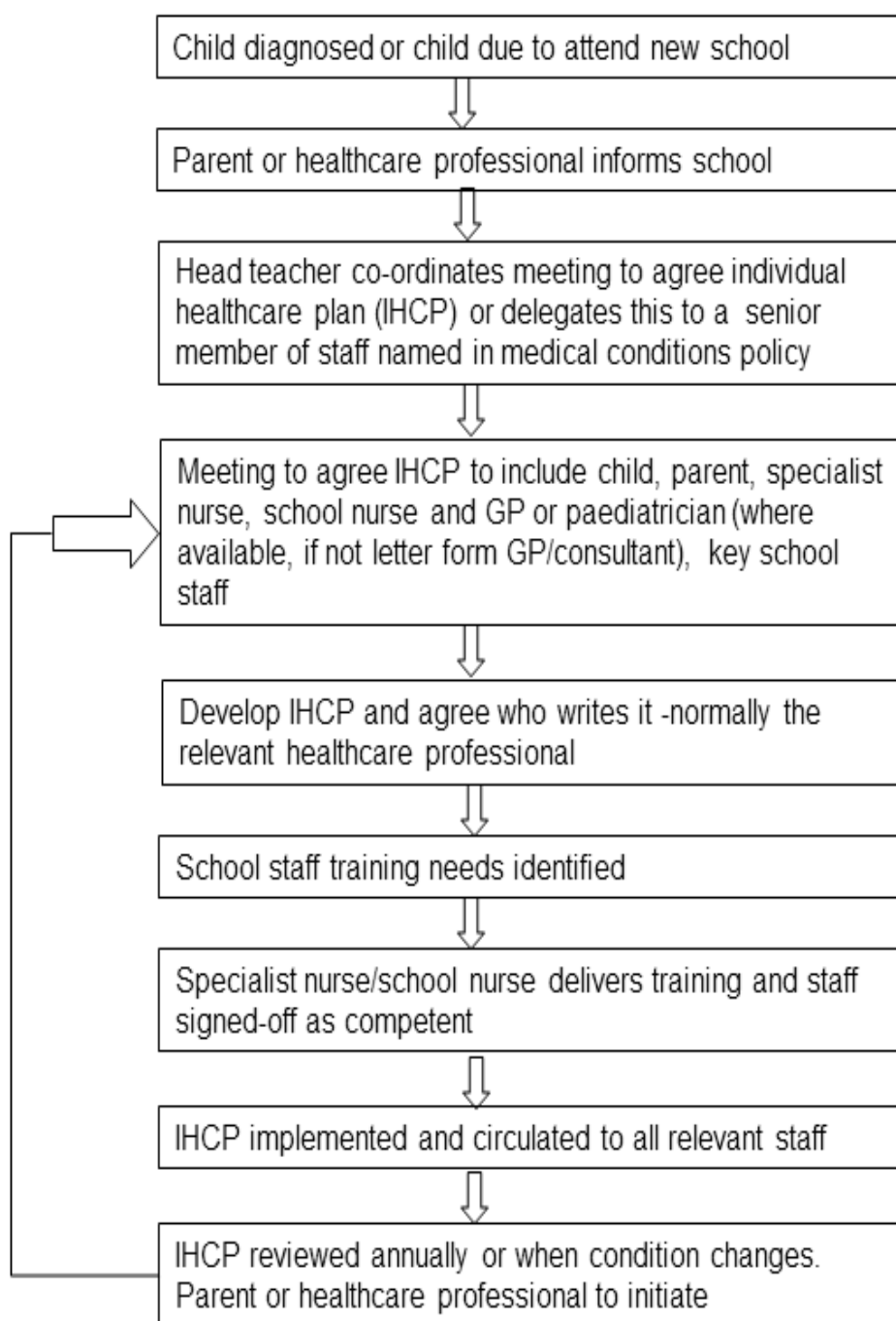
Finally, the school will do all that it can to fully implement Croydon's policy on the education of children and young people with medical needs.

14. Data Sharing and Confidentiality

Medical records and information, in line with GDPR guidelines, are stored securely and information is shared only with staff and professionals who require it in order to meet a pupils needs. Parental consent is sought before information is shared with external agencies, except where safeguarding concerns require immediate disclosure.

This policy will be reviewed on at least an annual basis and will be accessible to parents/carers via the school website and a hard copy will be available on request from the school office.

Appendix A: Process for developing individual healthcare plans



Appendix B: Delivery of interventions to meet pupil's medical needs: Insurance and liability

Teachers and Teaching Assistants may be involved in the delivery of certain medical interventions, where it has been deemed suitable for delivery by a member of the school team.

Services such as the Special School Nursing Team deliver training and support so teaching staff can deliver medical interventions including:

- Suctioning
- Tracheostomy care
- Oxygen administration
- Cough assist and chest physiotherapy/ postural support
- Seizures
- Medication Administration
- Elimination - Intermittent Catheterisation
- Enteral (tube) Feeding

To ensure schools feel confident in such circumstances, the Local Authority and the CCG have sought advice from the Local Authority's internal insurance team, to gain assurance for all our staff in whatever actions they carry out within their role.

Insurance in Croydon LA maintained schools

Croydon Council maintains employer liability insurance cover for all members of staff, which includes the staff at LA maintained schools. LA schools are billed on an annual basis for their element of cover. All special schools are currently also insured through this process, whereas Academies are not. Croydon Council's insurance team have confirmed that employees are covered for actions they undertake on behalf of the Local Authority/School, unless they deliberately undertook a negligent act or acted in an unreasonable manner.

The underwriter for the Local Authority and School's insurance has advised that the Liability Policy would provide cover for members of staff administering medicine to pupils, orally, topically, by injection or by tube, and the application of appliances or dressings, and any other 'non-invasive' medical procedures.

Schools and staff need to be aware of the following:

1. Staff would need to be fully trained (for example by the Special School Nurse Team) before undertaking a medical intervention,
2. Parental consent would need to be gained in writing,
3. Records of staff training and parental consent must be kept on file by the school for insurance purposes.

If any schools would like to contact Croydon Council's Insurance Team directly for any further clarification around insurance, their contact details are insuranceteam@croydon.gov.uk



Primary and Nursery School

Headteacher: Meghan Pugh

Deputy Headteachers:
Emma Ricketts Caroline Hussey

Senior Assistant Headteacher: Nikki Gray

Downsview Primary School
Biggin Way
Upper Norwood
SE19 3XE

Phone us on: 020 8764 4611

E-mail at: sec1@downsview.croydon.sch.uk

Appendix C

Consent for School to Administer Medicine

The school will not give the child medicine unless you complete and sign this form.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the
school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

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

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

Ms Carter

I accept that is a service that the school is not obliged to undertake. The information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication

Signature(s)

Date

For Admin Use Only:

Name of Member of Staff accepting medication and completed consent: _____

Appendix D



Primary and Nursery School

Headteacher: Meghan Pugh

Deputy Headteachers:
Emma Ricketts Caroline Hussey

Senior Assistant Headteacher: Nikki Gray

Downsview Primary School
Biggin Way
Upper Norwood
SE19 3XE

Phone us on: 020 8764 4611

E-mail at: sec1@downsview.croydon.sch.uk

Dear Parent/Carer

If your child already has a [Personalised Asthma Action Plan](#), provided by the Asthma Team/nurses, please let us have a copy or bring it in for us to copy. For those pupils that do not already have an Asthma Plan, we have attached a blank **Personalised Asthma Action Plan for you to complete** appropriately. If you are at all unsure about what to put on it, please consult your GP or other health professional that advises you about your child's asthma care. **Please give/return the personalised plan to the school office as soon as possible.**

The Human Medicines (Amendment) (No. 2) Regulations 2014 enabled schools to buy salbutamol inhalers, without a prescription, for use in emergencies. Department of Health guidance on the use of emergency salbutamol inhalers in schools (March 2015) states that the emergency salbutamol inhaler may only be used:

- By children who have either been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication.
- If the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).
- For children for whom written parental consent for use of the emergency inhaler has been given.

The school now holds emergency inhalers and we would now wish to obtain your permission to use these, if the need arises. **Please complete the attached consent form and return it to the school office as soon as possible.**

Please note that we have disposable spacers to use with the emergency inhalers so that a fresh spacer is used each time the emergency inhaler is used, for hygiene reasons.

Yours sincerely,

Mrs. Hearne-Reed
SENCo and Medical Co-ordinator

Live it to learn it



Appendix E



Headteacher: Meghan Pugh
Deputy Headteachers:
Emma Ricketts Caroline Hussey
Senior Assistant Headteacher: Nikki Gray
Downsview Primary School
Biggin Way
Upper Norwood
SE19 3XE
Phone us on: 020 8764 4611
E-mail at: sec1@downsview.croydon.sch.uk

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, that is clearly labelled with their name, which is currently held by the school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed (parent/carer):

Print name (parent/carer): Date:

Child's name: Class:

Appendix F:



Headteacher: Meghan Pugh
Deputy Headteachers:
Emma Ricketts Caroline Hussey
Senior Assistant Headteacher: Nikki Gray
Downsview Primary School
Biggin Way
Upper Norwood
SE19 3XE
Phone us on: 020 8764 4611
E-mail at: sec1@downsview.croydon.sch.uk

USE OF ADRENALINE AUTO-INJECTOR

Dear Parents, Carers,

Downsview Primary School has now made arrangements to hold emergency Adrenaline Auto Injector pens for the use of students diagnosed with an allergy whose prescribed AAI pen is not available for any reason in the event of an emergency.

According to our records, your son/daughter suffers from an allergy and has been prescribed an Adrenaline Auto-Injector (AAI) pen (for example Epi-pen, Jext pen, Emerade pen). AAI will only be administered to students for whom written parental consent for the use of the emergency AAI has been given. If your child has been diagnosed with an allergy and has been prescribed an Adrenaline pen, please could you complete the following form.

By signing the form you are also agreeing to the following:

- I can confirm that my child has been diagnosed with an allergy and has a prescribed an AAI
- My child has a working, in date AAI, clearly labelled and has been advised to keep it with them at all times
- I understand that the recommendation is that my child has 2 AAI pens on site in case of the need of a double dose
- In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable, I give permission for the emergency AAI pen to be used

Signed:

Date:

Name (print).....

Child's name:

Class:

Yours sincerely,

Mrs. Hearne-Reed SENCo and Medical Co-ordinator

Live it to learn it



Appendix G:



Primary and Nursery School

Headteacher: Meghan Pugh

Deputy Headteachers:
Emma Ricketts Caroline Hussey

Senior Assistant Headteacher: Nikki Gray

Downsview Primary School
Biggin Way
Upper Norwood
SE19 3XE

Phone us on: 020 8764 4611

E-mail at: sec1@downsview.croydon.sch.uk

EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Year group / Class:

Date:

Dear _____,

This letter is to formally notify you that..... has had problems with his / her breathing today. This happened when _____

Your child did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. Your child was given puffs.

Your child's own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. Your child was given puffs. The member of staff who helped your child was Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Mrs Hearne-Reed **SENCo** and Medical Co-ordinator

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Appendix H:



Headteacher: Meghan Pugh
Deputy Headteachers:
Emma Ricketts Caroline Hussey
Senior Assistant Headteacher: Nikki Gray
Downsview Primary School
Biggin Way
Upper Norwood
SE19 3XE
Phone us on: 020 8764 4611
E-mail at: sec1@downsview.croydon.sch.uk

EMERGENCY ADRENALINE AUTO-INJECTOR(AAI) USE

Child's name:

Year group / Class:

Date:

Dear _____

This letter is to formally notify you that.....required the use of an emergency adrenaline auto-injector pen (AAI) today.

This happened when

Your child did not have their own AAI with them, so a member of staff administered the emergency AAI. Your child was given the following brand and dose:

Your child's own AAI was not working, so a member of staff administered the emergency AAI. Your child was given the following brand and dose:

The member of staff who helped your child was

We would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Mrs Hearne-Reed SENCo and Medical Co-ordinator

