St John and St Nicolas Schools Federation

For the good of all through curiosity, creativity and love

Policy Title:	**Medical Conditions Policy including Asthma and Allergies Action Plans**
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Description:	Medical needs of pupils
Status:	Approved by Governing Board
Category:	Statutory
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Contact:	governors@stjohnandstnicolasschools.org.uk
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Other relevant policies:	First Aid & Medicines Procedures (both schools), Health & Safety
Date for Review:	July 2026

Change Record				
Version Number	**Date Approved**	**Governing Board Minute Reference**	**Description of Amendments**	**Review Date**
1.0	*06.12.21*	*FGB Minutes 06.12.21*	*Policy re-written to incorporate both schools.*	*Dec 2022*
1.1	*27.03.23*	*FGB Minutes 27.03.23*	*Reviewed by executive head and PWP. Clerk added first paragraph re vision and corrected minor formatting errors.*	*Mar 2024*
1.2	*15.7.24*	*FGB Minutes 15.7.24*	*Updated format and item 5, included Asthma and Allergies Action Plans*	*July 2025*
1.3	21.10.25	*FGB Minutes 14.7.25*	*Update version number, dates, Induction Tutor and item 6, correct typos*	Oct 2026

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St John and St Nicolas Schools Federation
Medical Conditions Policy

At St John and St Nicolas Schools Federation, our vision is 'For the good of all – through curiosity, creativity and love.' This vision inspires everything that the federation does. It applies equally to all the federation's policies with the intention that our policies impact as fairly and positively as possible to meet the needs of all members of our schools' community.

Medical needs may be broadly summarised as being of two types:
(a) Short-term affecting their participation in school activities while they are on a course of medication.

(b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

1: Rationale
Local Authorities and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises.

In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff

in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency.

Due to the wide range of age and abilities of pupils within the federation each school has a First Aid and Medicines Procedure unique to its setting that staff adhere to and carry out and record when medication is required.

This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for informing the Federation of any medical condition when their child start's each setting.

They are also responsible for supplying the setting with their child's medication, in date and labelled as supplied to them by a pharmacy with information that includes dosage and frequency of use.

Parents and carers are required to ensure that the setting has relevant up to date information regarding the child's medical needs, including any changes.
Prescription medications will only be administered to the named child.

2: Aims
The federation aims to:

- assist parents in providing medical care for their children
- educate staff and children in respect of special medical needs
- arrange training for staff to support individual pupils
- liaise as necessary with medical services in support of the individual pupil
- ensure access to full education where possible
- monitor and keep appropriate records
- liaise with the local authority, where a child is not able to attend school due to medical needs

3: Entitlement
The federation accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The federation believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The federation accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved
- receive appropriate training
- work to clear guidelines
- have concerns about legal liability
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs

4: Expectations

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative
- St. Nicolas keep a general pain relief medication which can be given to children (having first checked with their parents) for period pains, headaches etc.
- pupils should not bring in their own medicine. This should be brought into school by the parent
- where parents have asked the school to administer prescription medication for their child, the medication should be in appropriate packaging; and prescription and dosage regime should be typed or printed clearly on the outside. Any medications not presented properly will not be accepted by school staff
- school staff will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately
- the schools will liaise with, and seek support from, the relevant practitioners where necessary for advice about a pupil's special medical needs. This will be done in the interests of the pupil
- any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the federation
- some children will have medical needs which require individual action plans. For these children the federation have pro forma plans, supplied by NHS Berkshire Healthcare (see Appendix 1 for asthma and allergy action plans)

5: Policy into Practice

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school. Parents will need to complete a form when medication is brought into school and this will need to be signed off by school staff, whenever medication is administered. Each school in the federation has a First Aid and Medicines Procedure unique to its setting. Medication request forms are available from the school offices.

Appendix 1

Appendix 2

hcare from the heart of your community

Berkshire Healthcare NHS Foundation Trust

ASTHMA ACTION PLAN

CHILD'S NAME..... **SCHOOL** .....

TYPE OF INHALER .....

NHS NUMBER ..... **DATE OF BIRTH** _ _/_ _/_ _

PHOTO

CHILD'S TRIGGERS

.....

.....

.....

PARENTAL CONSENTS *(tick boxes)*

☐ *I consent to the administration of the prescribed inhaler by members of staff and will notify school if there are any changes to my child's medication and personal details. I will provide my child's inhaler and spacer in school and will ensure that they are in date.*

☐ *I consent to school staff administering the emergency school inhaler should my child's personal inhaler be unavailable*

☐ *I consent for this plan to be on display in school and I will notify the school of any changes for review*

Signature of Parent/Carer:

……..

Date: ……

EMERGENCY CONTACTS

1.Name……..

Number……

2.Name……

Number……

MANAGING AN ASTHMA ATTACK. IN THE EVENT OF ANY SYMPTOMS:

- **WHEEZE**
- **COUGH**
- **TIGHT or SORE CHEST**
- **SHORTNESS OF BREATH**

- Administer reliever inhaler (usually blue) via Spacer
- Give **1 puff of reliever every 30-60 seconds** (max 10 puffs)
- If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.

REMEMBER TO SHAKE INHALER BEFORE USE

IF NO IMPROVEMENT

SIGNS OF AN ACUTE ASTHMA ATTACK

If the child's reliever inhaler (usually blue) + spacer are not helping and/or the child presents with ANY of the following:

- They can't talk or walk easily
- They are breathing hard and fast
- Their lips turn blue
- They are coughing or wheezing incessantly

During this time the child should:

- Sit up – DO NOT LIE DOWN
- Be encouraged to stay calm
- Be accompanied by a member of staff
- Give 1 puff of reliever every 30-60 seconds (maximum 10 puffs)

IF NO IMPROVEMENT AFTER 10 PUFFS OR ANY CONCERNS

CALL 999 IMMEDIATELY

- **CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS AS ADVISED ABOVE EVERY 15 MINUTES UNTIL THE AMBULANCE ARRIVES**
- Contact parent/carer and accompany child in the ambulance until parent/carer arrives

School Nursing Team – January 2022

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Allergy Action Plan

CHILD'S NAME _____

EARLY YEARS SETTING (EYS) / SCHOOL _____

HAS THE FOLLOWING ALLERGIES: _____

Child's date of birth

_____

NHS Number (if known)

_ _ _ / _ _ _ / _ _ _ _

Photo

Emergency contact number

_____

Alternative emergency number if parent / guardian unavailable

_____

EMERGENCY TREATMENT

Name of adrenaline auto injector _____

How many adrenaline auto injector been prescribed for use in school? _____

Name of antihistamine (medicine for allergies) _____

Refer to label for dosage instructions

Name of inhaler (if prescribed) _____

Mild-moderate allergic reaction:

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

Action:

- Stay with the child, call for help if necessary
- Give antihistamine according to the child's allergy treatment plan.
- Locate adrenaline auto-injector (s)
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.

Watch for signs of ANAPHYLAXIS

(Life-threatening allergic reaction):

Airway:	Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.
Breathing:	Difficult or noisy breathing, wheeze or persistent cough.
Consciousness:	Persistent dizziness / becoming pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE of these signs is present:

1. **Lie child flat.** If breathing is difficult allow to sit.
2. **Use adrenaline auto injector without delay**
3. **Dial 999 to request an ambulance* and say** ANAPHYLAXIS (ANA-FIL-AX-IS)

If in doubt give adrenaline auto injector

After giving adrenaline auto injector

1. Stay with child until ambulance arrives; do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline auto injector (if available) in the alternate leg

*you can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze)

Allergy action plan will be reviewed on notification of any changes

CONSENT

☐ I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS).

☐ I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above.

☐ I will ensure that the above medication is kept in date and replaced if used.

☐ I consent for my child's action plan and photo to be displayed within EYS / school

☐ I consent to the use of the school's generic adrenaline auto injector if available

Your name (Print)

_____

Your signature

_____

Please circle Parent /Guardian

Date _____