



Supporting Medical Conditions Policy

**Policy updated: March 2026
Policy to be reviewed: March 2027**

Aims of the Policy

The aim of this policy is to enable regular attendance at school. Although the word 'parent' will be used throughout this policy, clearly this also means 'carer' where appropriate.

MANAGING PRESCRIPTION MEDICINES WHICH NEED TO BE TAKEN DURING THE SCHOOL DAY

Medicines should only be brought into school when it is essential. That is, when it would be detrimental to a child's health if the medicine were not administered during the school day. Many children will need to be able to take medicines during the day at some time during their time at school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the school day.

Compass School will only be able to accept medicines which have been prescribed by the doctor, dentist, nurse prescriber or pharmacist prescriber and that need to be administered whereby necessitating a dosage being administered at school. Medicines will need to be provided in the original container as dispensed by a pharmacist and include the prescriber's instruction for administration.

WE WILL NOT BE ABLE TO ACCEPT MEDICINES WHICH HAVE BEEN TAKEN OUT OF THE CONTAINER AS ORIGINALLY DISPENSED NOR MAKE CHANGES TO DOSAGES ON PARENTAL INSTRUCTIONS.

It is helpful, where clinically appropriate, if medicines can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents will be encouraged to ask the prescriber about this. Medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.

*All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away.

Managing Prescription Medicines on Trips and Outings

Since we would always wish our pupils with medical needs to participate in trips and outings whenever possible, we need to consider for each visit what reasonable adjustments will have to be made to enable the children with medical needs to take part in safely managed visits. The risk assessment form which is completed prior to the visit will need to include the necessary steps to include children with medical needs, together with any particular risk assessments for those children.

It may be necessary for additional safety measures to be taken for outside visits. Arrangements for taking any necessary medicines will also need to be taken into consideration.

Staff supervising excursions should always be aware of any medical needs and the relevant emergency procedures if appropriate.

A copy of any health care plans should be taken on visits. The risk assessment form which is completed prior to the visit will need to include the necessary steps to include children with medical needs, together with any particular risk assessments for those children. It may be necessary for additional safety measures to be taken for outside visits. Arrangements for taking any necessary medicines will also need to be taken into consideration.

Staff supervising excursions should always be aware of any medical needs and the relevant emergency procedures if appropriate.

A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. It will be the responsibility of the parents to ensure that any medication children take with them on trips and outings is available and in date.

Sporting Activities

At Compass School, most children with medical conditions can, and indeed are positively encouraged to, participate in physical activities and extracurricular sport. However, any restrictions on a child's ability to participate in P.E. should be recorded in their individual health care plan. Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Health care plans are completed and updated regularly for children who have conditions such as asthma, epilepsy, diabetes or anaphylaxis.

ROLES AND RESPONSIBILITIES OF STAFF MANAGING THE ADMINISTRATION OF MEDICINES AND FOR ADMINISTERING OR SUPERVISING THE ADMINISTRATION OF MEDICINES

No child under 16 should be given medicines without their parent's written consent.

Any member of staff giving medicines to a child should check:

- the child's name
- the prescribed dose •
the expiry date
- The written instructions provided by the prescriber on the label or container. *If in doubt about any procedure, staff should not administer the medicine but check with the parents or a health professional before taking further action.

However, in the event of an emergency, and particularly for those pupils who have a care plan, the procedure outlined in the care plan will be followed.

Each time a medicine is given to a child, the member of staff administering the medicine must complete and record it. The forms for this purpose are held in the appropriated folder in the school office. By completing these forms, we are demonstrating that we have exercised a duty of care.

All medicines, apart from asthma inhalers and other medicines which have been identified as being necessary for the pupil to have with them at all times, will be handed in to the school office. It may then be necessary to refrigerate the medicine, or lock it away in a medicine cupboard. Medicines which need to be refrigerated will be kept in the refrigerator. There will be restricted access to this refrigerator. The medicines in here will need to be stored in their original containers and clearly labelled.

*The parent of the child taking the medicine will be asked to complete a parental consent form in order for the medicine to be taken at school. Parents should tell us about the medicines that their children need to take and provide details of any changes to the prescription or the support required.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed of the refusal on the same day. If refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

PARENTAL RESPONSIBILITIES IN RESPECT OF THEIR CHILD'S MEDICAL NEEDS

Parents should tell the school about the medicines that their child needs to take and provide details of

any changes to the prescription, this needs to be supported by a letter from the GP. However, staff will also need to make sure that this information is the same as that provided by the prescriber and are consistent with the instructions on the container. Parents will also need to provide the school with any information relating to predisposed conditions which we need to be made aware of. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- child's name
- name of the medicine •
dose
- method of administration
- time/frequency of administration •
any possible side effects
- expiry date

SITUATIONS IN WHICH CHILDREN MAY TAKE ANY NON-PRESCRIPTIVE MEDICINES

Non-prescribed medicines will only be administered to pupils at Compass School when it would be detrimental to the pupil's health or attendance not to do so and where we have parents written consent. If a child is suffering regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the child's GP.

Parents will be contacted before any non-prescriptive medicines are administered to confirm the time given and that the recommended dosage is not exceeded in anyway.

A CHILD UNDER 16 SHOULD NEVER BE GIVEN ASPIRIN OR MEDICINES CONTAINING IBUPROFEN UNLESS PRESCRIBED BY A DOCTOR. THEREFORE, WE WILL NOT BE ABLE TO ADMINISTER THESE MEDICINES WITHOUT A DOCTOR'S PRESCRIPTION.

Long Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. A health care plan for these children, involving the parents and the relevant health professionals, will enable the appropriate support to be provided. The health care plan will include:

- details of the child's condition
- any special requirement e.g. dietary needs, pre-activity precautions
 - any side-effects of the medicines
 - what constitutes an emergency
 - what action to take in an emergency
 - what not to do in the event of an emergency – who to contact in and emergency – the role the staff can play.

Staff Training

Staff regularly have training in a variety of health issues, including the use of epi-pens, the treatment of general injuries, diabetes awareness etc. First Aid training is also available to staff. Designated First Aiders are trained by First Aid organisations and certificates are a recognised award. First Aid training is kept up to date. Staff are also aware of the procedure for cleaning a wound, the type of dressing to apply and understand the need to contact parents in an emergency.

First Aid Kits

These are checked and updated regularly and are in clearly marked positions around school.

Contacting Emergency Services

Dial 999, ask for an ambulance and be ready with the following information:

1. Your telephone number:

023 80215320

2. Give your location as follows:

**Compass School
Green Lane Millbrook
SO16 9FQ**

3. Give exact location in the school of the person needing help.
4. Give your name.
5. Give the name of the person needing help.
6. Give a brief description of the person's symptoms (and any known medical condition).
7. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
8. Do not hang up until the information has been repeated back to you.
9. Ideally the person calling should be with the child, as the emergency services may give first aid instruction
10. Never cancel an ambulance once it has been called.

Speak clearly and slowly

Individual Health Care Plan Allergies / Anaphylaxis

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child: _____

Date of Birth: _____

Class: _____

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

Anaphylaxis Campaign

Emergency Contact details:

Contact 1

Name: _____

Relationship: _____

Contact numbers: _____

Contact 2

Name: _____

Relationship: _____

Contact numbers: _____

Possible symptoms of allergic reactions

A life threatening reaction

Airway	- Tightness or a lump in the throat, hoarse voice, hacking cough.
Breathing	- Short of breath, cough, not able to speak in full sentences, noisy breathing, wheezing.
Conscious level	- Feeling faint, weakness or floppiness, glazed expression, unconscious.
Deterioration	- Symptoms getting steadily worse

If a child is having a life threatening reaction

1. Give Autoinjector in the outer thigh muscle.
2. Once the Autoinjector has been given, Dial 999 for the ambulance. even if the child is making a good recovery
3. If the child is conscious and having breathing difficulties, help them to sit up. If they are faint or floppy, they are better lying flat with their legs raised up.
4. Repeat dose in 5 -10 mins if continued deterioration – often given by the ambulance crew

A non-life threatening reaction

Eyes	- itchy, runny, swollen
Nose	- Itchy, runny, congested
Mouth	- itchy or swollen lips or mouth
Skin	- itchy hives or nettle rash, redness, swelling of the face or other parts of the body
Gut	- nausea, stomach cramps, vomiting, diarrhoea

Non-Emergency Allergic Reactions in your child at school

What causes the allergy/ what is your child allergic to?

Any other health conditions:

Early warning signs/Symptoms of child's allergic reaction,

What action should be taken if the child has an allergic reaction?

What can be done to help prevent or minimise allergic reaction?

Medications given at home (please include all medication)

Name of medicine	Is this prescribed for allergy?	Strength/Amount given	Times given

Medication to be given in school

Name of medicine	Is this prescribed for allergy?	Strength/Amount given	Times to be given
Date: _____			
Date: _____			
Date: _____			
Date: _____			

Individual Health Care Plan



Asthma

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child: _____

Date of Birth: _____

Class: _____

When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways become inflamed and starts to swell making it difficult to breathe.

Asthma UK

Emergency Contact details:

Contact 1

Name: _____

Relationship: _____

Contact numbers: _____

Contact 2

Name: _____

Relationship: _____

Contact numbers: _____

Emergency care

Please fill in this section if your child has been prescribed emergency medication for their asthma.

Child's name: _____

Class: _____

Name and strength of inhaler

When should inhaler be given?

How much medication should initially be given?

What action should be taken if inhaler is given?

What action should be taken if inhaler is not effective?

Signed: _____ **Name:** _____ **Date:** _____

Emergency Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has 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).

The emergency salbutamol inhaler can only be used by children, where parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

..... **School holds inhalers in school for use in an emergency. Please complete the form below to confirm that you consent to an emergency inhaler being used for your child.**

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

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, clearly labelled with their name, which will be kept in school for their use
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:Name(print):

Child's name: Class:

Parent's address and contact detail:

.....
.....
.....

Telephone:

Non-Emergency Asthma care for your child - Symptoms of asthma, please describe features of an attack and any early warning signs;

Any other health conditions:

When should inhaler be given?

Are there any triggers for the asthma?

What can be done to help prevent asthma attacks?

Medications given at home (please include all medication)

Name of medicine	Is this prescribed for asthma?	Strength/Amount given	Times given

Medication to given in school

Name of medicine	Is this prescribed for asthma?	Strength/Amount given	Times to be given

Heath care plan agreed by:

Parent/carer: _____ Date: _____

Healthcare professional: _____ Date: _____

Member of school staff: _____ Date: _____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary.

This care plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____



Individual Health Care Plan

Diabetes

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child: _____ **Date of Birth:** _____

Class: _____

Diabetes is a condition where the amount of glucose in the blood is too high because the body cannot use it properly.

This is because the pancreas doesn't produce any insulin, or not enough insulin, to help glucose enter the body's cells – or the insulin that is produced does not work properly (known as insulin resistance).

Diabetes UK

Emergency Contact details:

Contact 1

Name: _____

Relationship: _____

Contact numbers: _____

Contact 2

Name: _____

Relationship: _____

Contact numbers: _____

GP: _____ Contact number: _____

Specialist Dr/Nurse: _____ Contact number: _____

Type of diabetes, details of condition

Any other health conditions/ Allergies etc:

Blood glucose monitoring:

Blood glucose target before eating.....

Blood glucose target after eating.....

Monitoring procedure

Insulin administration regime

Medications given at home (please include all medications given)

Name of medicine	Is this prescribed for diabetes?	Strength/Amount given	Times given
Medication to given in school			
Name of medicine	Is this prescribed for diabetes?	Strength/Amount given	Times to be given

Emergency care

Please fill in this section to give details of emergency procedures .

Child's name: _____

Class: _____

Signs of hypoglycaemia (Hypo) - blood sugars too low

Action to be taken if Hypo occurs

Signs of Hyperglycaemia (Hyper) - blood sugars too high

Action to be taken if Hyper occurs

Signed: _____ Name: _____ Date: _____

Suggested Daily Routine, e.g. times to eat, times for blood glucose monitoring etc

Plan for physical Activity

Further information that may be useful to school

Health care plan agreed by:

Parent/carer: _____ Date: _____

Healthcare professional: _____ Date: _____

Member of school staff: _____ Date: _____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary.

This care plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____



Individual Health Care Plan

Epilepsy

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child: _____ **Date of Birth:** _____

Class: _____

Having epilepsy means that you have a tendency to have epileptic seizures. A seizure happens when there is a sudden burst of intense electrical activity in the brain, which causes a temporary disruption in the way the brain normally works.

Epilepsy.org.uk

Emergency Contact details:

Contact 1

Name: _____

Relationship: _____

Contact numbers: _____

Contact 2

Name: _____

Relationship: _____

Contact numbers: _____

Condition/cause of epilepsy, anything that makes seizures more likely, early warning signs?

Any other health conditions:

Description of Seizures:

How long do seizures usually last?

What happens after a seizure and how long does it usually take to recover?

Medications given at home (please include all medications given)

Name of medicine	Is this prescribed for epilepsy?	Strength/Amount given	Times given

Medication to given in school

Name of medicine	Is this prescribed for epilepsy?	Strength/Amount giv	Times to be given

Emergency care

Please fill in this section if your child has been prescribed emergency medication for their epilepsy.

Child's name: _____

Class: _____

Name and strength of medication

When should the medication be given?

How much medication should initially be given?

What action should be taken if medication is given?

Date Plan Completed

Signed: _____ **Name:** _____ **Date:** _____

Heath care plan agreed by:

Parent/carer: _____ Date: _____

Healthcare professional: _____ Date: _____

Member of school staff: _____ Date: _____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary.

This care plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____

FORM 2F

Individual Health Care Plan

Name of Condition:

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day to day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child: _____ Date of Birth: _____

Class: _____

Summary description of medical and health complications associated with this condition:

.....
.....
.....
.....
.....
.....

Emergency Contact details:

Contact 1

Name: _____

Relationship: _____

Contact numbers: _____

Contact 2

Name: _____

Relationship: _____

Contact numbers: _____

Emergency care

Please fill in this section if your child has been prescribed emergency medication for managing this condition.

Child's name: _____

Class: _____

Name and strength of medication

When should the medication be given?

How much medication should initially be given?

What action should be taken if medication is given?

Non-Emergency Care of this pupil's condition

Likely source, cause or early warning signs associated with this condition that would signal to school staff that something requiring medical help might be about to happen?

Any other health conditions to be considered alongside this condition:

Description of how this condition affects this child/young person:

How long do complications/attacks with this condition usually last?

When this condition becomes a problem how long does it usually take to recover?

Medications given at home (please include all medications given)

Name of medicine	Is this prescribed for this condition?	Strength/Amount or dose given	Times given

Medication to given in school

Name of medicine	Is this prescribed for this condition?	Strength/Amount or dose to giv	Times to be given

Date Plan Completed

Signed: _____ **Name:** _____ **Date:** _____

Heath care plan agreed by:

Parent/carer: _____ Date: _____

Healthcare professional: _____ Date: _____

Member of school staff: _____ Date: _____

Parents/carers are responsible for ensuring that the school is aware of their child's needs and should update the school as necessary.

This care plan will be reviewed yearly or more often if required, it will be shared with staff in school that are involved in the child's care. Copies will be kept in the school office and in the classroom. Parent/carer to have a copy.

Plan reviewed

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____

By: _____ Designation: _____ Date: _____

**CONSENT FORM
USE OF EMERGENCY SALBUTAMOL INHALER**

Compass School

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, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____ Date: _____

Name (print): _____

Child's name: _____

Class: _____

Parent's address and contact details:

Telephone: _____

E-mail: _____

**SPECIMEN LETTER TO INFORM PARENTS
OF EMERGENCY SALBUTAMOL INHALER
USE**

Child's name: _____

Class: _____

Date: _____

Dear _____,

[Delete as appropriate]

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

A member of staff helped them to use their asthma inhaler.

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

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given _____ puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely

