



# Supporting Children with Medical Conditions

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## **Policy statement**



- Elveden Schools Trust is an inclusive community that aims to support and welcome children with medical conditions.
- We aim to provide all children with all medical conditions the same opportunities as others at school.
- Please read this alongside the separate school level Asthma policies.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

The schools ensure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency due to regular, updated training in line with their role in school.

We understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

We understand the importance of medication being taken as prescribed. **Only prescribed medication can be administered in school if it is clearly labelled with the child's name, dosage and expiry date (which must be in date). Parents can bring Calpol/Paracetamol to school to administer at lunchtime if they feel this is necessary.**

All staff understand the common medical conditions that affect children at the school in which they work.

Staff receive training on the impact medical conditions can have on children.

# Policy framework

1. Our medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.
2. The medical conditions policy is supported by a clear communication plan for staff, parents\* and other key stakeholders to ensure its full implementation.
3. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at the school in which they work.
4. All staff understand and are trained in the schools' general emergency procedures.
5. We have clear guidance on the administration of medication at school.
6. We have clear guidance on the storage of medication at school.
7. We have clear guidance about record keeping.
8. We ensure that both whole school environments are inclusive and favourable to children with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
9. We are aware of the common triggers that can make common medical conditions worse or can bring on an emergency. We are actively working towards reducing or eliminating these health and safety risks.
10. Each member of staff knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.
11. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

\* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

# **1. The trust is an inclusive community that aims to support and welcome children with medical conditions**

a. This trust understands that it has a responsibility to make the schools welcoming and supportive to children with medical conditions who currently attend and to those who may enrol in the future.

b. This trust aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

c. Children with medical conditions are encouraged to take control of their condition. Children feel confident in the support they receive from the schools to help them do this.

d. This trust aims to include all children with medical conditions in all school activities.

e. Parents\* of children with medical conditions feel secure in the care their children receive at school.

f. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

g. All staff feel confident in knowing what to do in an emergency.

h. The school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

i. All staff understand the common medical conditions that affect children at the school. Staff receive training on the impact this can have on children.

j. The medical conditions policy is understood and supported by the whole school and local health community.

\* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

## **2. This trust's medical conditions policy has been drawn up in consultation with a wide range of local key stakeholders within both the schools and health settings**

a. This trust has consulted on the development of this medical condition policy with a wide range of key stakeholders within both the schools and health settings. These key stakeholders include:

- children with medical conditions
- parents
- school nurse
- Head teacher
- teachers
- SENCo
- members of staff trained in first aid
- all other school staff
- local healthcare professionals
- school governors

b. The views of children with various medical conditions were actively sought and considered central to the consultation process.

c. All key stakeholders were consulted in two phases:

- initial consultation during development of the policy
- comments on a draft policy before publication

d. The trust recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

### **3. The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation**

a. Children are informed and regularly reminded about the medical conditions guidance:

- in personal, social and health education (PSHE) classes
- through school-wide communication about results of the monitoring and evaluation of the policy.

b. Parents are informed and regularly reminded about the medical conditions policy:

- by including the policy statement in the school's prospectus and signposting access to the policy
- at the start of the school year when communication is sent out about First Aid/Healthcare Plans
- via the school's website

c. School staff are informed and regularly reminded about the medical conditions policy:

- through their induction training
- through the shared Google Drive where all policies are accessed
- at scheduled medical conditions training
- through the key principles of the policy being displayed in several prominent staff areas at this school
- all supply and temporary staff are informed of the policy and their responsibilities.

d. Relevant local health staff are informed and regularly reminded about the school's medical conditions policy:

- via primary care trust (PCT) links and the school/community nurse as appropriate.
- The school website.

## **4. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions**

- a. All staff at the school are aware of the most common serious medical conditions at this school.
- b. Staff at the school understand their duty of care to children in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- c. All staff who work with groups of children at the school receive training and know what to do in an emergency for the children in their care with medical conditions.
- d. Training is refreshed for appropriate staff at least once a year for specific medical conditions.
- e. Action for staff to take in an emergency for the common serious conditions at the school is displayed in prominent locations for all staff including classrooms, dining room and the staff room\*.
- f. The school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of children in their care who may need emergency help.
- g. The school has procedures in place so that a copy of the child's Healthcare Plan is sent to the emergency care setting with the child. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

\* Emergency procedure posters are provided in this pack for anaphylaxis, asthma, diabetes and epilepsy –download from [www.medicalconditionsatschool.org.uk](http://www.medicalconditionsatschool.org.uk).



## **5. All staff understand and are trained in the school's general emergency procedures**

a. All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- who to contact within the school.

b. Training is refreshed for all staff in line with First Aid training (usually 3 years)

c. If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the child knows.

d. Generally, staff should not take children to hospital in their own car.

## 6. The school has clear guidance on the administration of medication at school

### **Administration – emergency medication (e.g.inhalers)**

a. All children at this school with medical conditions have **easy access to their emergency medication**.

b. All children are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All children have access to their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

c. Children who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

d. Children who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

### **Administration – general**

e. All use of medication defined as a controlled drug, even if the child can administer the medication themselves, is done under the supervision of a named member of staff at this school.

f. The school understands the importance of medication being taken as prescribed.

**g. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication unless they have been specifically contracted to do so. This is provided as goodwill.**

h. Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer **prescribed** medication to children under the age of 16, but only with the written consent of the child's parent.

i. Training is given to all staff members who agree to administer medication to children, where specific training is needed.

j. All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

k. In some circumstances, medication is only administered by an adult of the same gender as the child and preferably witnessed by a second adult.

l. Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

m. If a child at the school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

n. If a child at the school needs supervision or access to medication during home to school transport, organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any children in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.

o. All staff attending off-site visits are aware of any children with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

p. If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

q. If a child misuses medication, their own or another child's, their parents are informed as soon as possible. These children are subject to the school's usual disciplinary procedures.

## **7. The school has clear guidance on the storage of medication at school**

### **Safe storage – emergency medication**

a. Emergency medication is readily available to children who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available from the office and not held personally by members of staff.

b. Children at the school have access to their emergency medication at all times.

c. Children, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self-manage and carry their own emergency medication, know exactly where to access their emergency medication. Staff members carry medication on school visits for children in their care.

### **Safe storage – non-emergency medication**

e. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Children with medical conditions know where their medication is stored and how to access it.

f. Staff ensure that medication is only accessible to those for whom it is prescribed.

### **Safe storage – general**

g. There is an identified member of staff who ensures the correct storage of medication at school.

h. All controlled drugs are kept in a locked cupboard and only named staff have access, even if children normally administer the medication themselves.

i. Three times a year, at the end of each term, the named medical lead checks the expiry dates for all medication stored at school.

j. The medical lead, along with the parents of children with medical conditions, ensures that all medication brought into school is clearly labelled with the child's name, the name and dose of the medication, the frequency of dose and expiry date. This refers to prescribed medication only.

k. All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the child's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

l. Medication is stored in accordance with instructions, paying particular note to temperature.

m. Some medication for children at the school may need to be refrigerated. All refrigerated medication is stored in the medicine fridge in the office and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised children or lockable as appropriate. **This fridge is for medicines and ice packs only.**

n. All medication is sent home with children at the end of the school year. Medication is not stored in summer holidays.

o. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

### **Safe disposal**

p. Parents at the school are asked to collect out-of-date medication.

q. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

r. The medical lead is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year.

s. Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in the school are stored in a lockable cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

t. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the child's parent.

u. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

## 8. Guidance about record keeping

### Enrolment forms

a. Parents at the school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new children starting at other times during the year are also asked to provide this information on enrolment forms. Parents are asked to update medical conditions on Arbor every September or sooner if required.

### Healthcare Plans

#### Drawing up Healthcare Plans

b. The school uses Healthcare Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

c. A Healthcare Plan should be written in collaboration with school, parents and healthcare professionals (See template Appendix C).

When a diagnosis is first communicated to the school a risk assessment will be carried out in the interim by the school. This will be updated on receiving further information from a health professional and a meeting will be held at the school to finalise the Healthcare plan.

d. If a child has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the child's parents to complete. **A risk assessment (Appendix B) must also be carried out by the class teacher if a child arrives at school with an injury (e.g. fracture/broken bone/sprain) This must be completed with parents and signed, before the child can be left on site. This must be shared with all staff.**

e. The parents, healthcare professional and school are asked to fill out the child's Healthcare Plan together. Parents must also provide any additional information that is useful when devising the plan.

f. The school ensures that a relevant member of school staff is also present, to help draw up a Healthcare Plan for children with complex healthcare or educational needs.

#### School Healthcare Plan register

g. Healthcare Plans are used along with medical forms to create a centralised register of children with medical needs. An identified member of staff will be responsible for the register at this school.

h. The responsible member of staff follows up with the parents any further details on a child's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

### **Ongoing communication and review of Healthcare Plans**

- i. Parents at the school are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
- j. Every child with a Healthcare Plan at the school has their plan discussed and reviewed at least once a year.

### **Storage and access to Healthcare Plans**

- l. Parents and children at the school are provided with a copy of the child's current agreed Healthcare Plan.
- m. Healthcare Plans are kept in a secure central location at school.
- n. Apart from the central copy, specified members of staff (agreed by the child and parents) securely hold copies of children's Healthcare Plans. These copies are updated at the same time as the central copy.
- o. All members of staff who work with groups of children have access to the Healthcare Plans of children in their care.
- p. When a member of staff is new to a child group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of children in their care.
- q. The school ensures that all staff protects child confidentiality.
- r. The school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan and Medical Alert Permission Form.
- s. The school seeks permission from the child and parents before sharing any medical information with any other party in line with the GDPR regulation for handling this special category data.

### **Use of Healthcare Plans**

Healthcare Plans are used by this school to:

- inform the appropriate staff and supply teachers about the individual needs of a child with a medical condition in their care
- remind children with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times



- identify common or important individual triggers for children with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure this school's local emergency care services have a timely and accurate summary of a child's current medical management and healthcare in the event of an emergency
- remind parents of children with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

### **Consent to administer medicines**

t. If a child requires regular prescribed medication at school, parents are asked to provide consent giving the child or staff permission to administer medication on a regular/daily basis, if required. A separate form (Appendix C) is sent to parents for children taking short courses of medication.

u. All parents of children with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

v. Parents of children with medical conditions at the school are all asked at the start of the school year if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

### **Residential visits**

w. Parents meet with the visit lead to discuss up-to-date information about the child's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the child manage their condition while they are away. This includes information about medication not normally taken during school hours. This must be carried out before their child leaves for an overnight or extended day visit. Risk assessments are taken and shared with all adults on the visit. These may be accompanied by a copy of the child's Healthcare Plan if they have one.

x. All parents of children with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

y. The residential visit form also details what medication and what dose the child is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the child manage their condition while they are away.

### **Other record keeping**

z. The school keeps an accurate record of each occasion an individual child is given or

supervised taking medication. Details of the supervising staff member, child, dose, date and time are recorded. If a child refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

aa. The school holds training on common medical conditions once a year. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.

bb. All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school office keeps a register of staff who have had the relevant training.

cc. The school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

## **9. The school ensures that the whole school environment is inclusive and favourable to children with medical conditions. This includes the physical environment, as well as social, sporting and educational activities**

### **Physical environment**

- a. The school is committed to providing a physical environment that is accessible to children with medical conditions.
- b. Children with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.
- c. The school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

### **Social interactions**

- d. The school ensures the needs of children with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- e. The school ensures the needs of children with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.
- f. All staff at the school are aware of the potential social problems that children with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour and relationship policies.
- g. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst children and to help create a positive social environment.

### **Exercise and physical activity**

- h. The school understands the importance of all children taking part in sports, games and activities.
- i. The school ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all children.
- j. The school ensures all classroom teachers, PE teachers and sports coaches understand that

children should not be forced to take part in an activity if they feel unwell.

k. Teachers and sports coaches are aware of children in their care who have been advised to avoid or to take special precautions with particular activities.

l. The school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for children's medical conditions when exercising and how to minimize triggers.

m. The school ensures all children have the appropriate medication or food with them during physical activity and that children take them when needed.

n. The school ensures all children with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

### **Education and learning**

o. The school ensures that children with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

p. If a child is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at the school understand that this may be due to their medical condition.

q. Teachers at the school are aware of the potential for children with medical conditions to have special educational needs (SEN). Children with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the child, parents and the child's healthcare professional to ensure the effect of the child's condition on their schoolwork is properly considered.

r. The school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

s. Children at the school learn about what to do in the event of a medical emergency through annual First Aid training for children (EYFS to Y6).

**Residential visits.** Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions are considered during this process. Factors the school considers include: how all children will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

U. The school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. The school considers additional medication and facilities that are normally available at school.



v. Risk assessments are carried out before children start off-site educational placement. It is the school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the child. Permission is sought from the child and their parents before any medical information is shared with an employer or other education provider.

**10. The school is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.**

a. The school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

b. School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

c. The school has a list of common triggers for the common medical conditions in individual pupil files.

d. Written information about how to avoid common triggers for medical conditions has been provided to all school staff.

e. This school uses Healthcare Plans to identify individual children who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual children remain safe during all lessons and activities throughout the school day.

f. Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, taking into account the needs of children with medical conditions.

g. The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

## **11. Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy**

a. This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and children to ensure the policy is planned, implemented and maintained successfully.

b. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

### **The Academy has a responsibility to:**

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all children). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of children with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- report to parents, children, school staff and the local authority about the successes and areas for improvement of this school's medical conditions policy
- provide indemnity for staff who volunteer to administer medication to children with medical conditions.

### **The Headteacher/Head of school has a responsibility to:**

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including children, school staff, SENCo, teaching assistants, school nurse, parents, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using children's Healthcare Plans
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from children, parents, staff and external stakeholders

- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.

**All staff at this school have a responsibility to:**

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical conditions policy
- know which children in their care have a medical condition and be familiar with the content of the child's Healthcare Plan
- allow all children to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure children who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of children with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on children (children should not be forced to take part in any activity if they feel unwell)
- ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

**Teachers at this school have a responsibility to:**

- ensure children who have been unwell catch up on missed school work
- be aware that medical conditions can affect a child's learning and provide extra help when children need it
- liaise with parents, the child's healthcare professionals, special educational needs coordinator and education welfare officer (EWO) if a child is falling behind with their work because of their condition
- use opportunities such as PSHE and other areas of the curriculum to raise child awareness about medical conditions.

**The school medical lead at this school has a responsibility to:**

- help update the school's medical conditions policy alongside Head Teacher
- help provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.

**First aiders at this school have a responsibility to:**

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary ensure that an ambulance or other professional medical help is called.



**SENCOs at this school have the responsibility to:**

- help update the school's medical condition policy
- know which children have a medical condition and which have special educational needs because of their condition
- ensure children who have been unwell catch up on missed schoolwork
- ensure teachers make the necessary arrangements if a child needs special consideration or access arrangements in exams or course work.

**Individual doctors and specialist healthcare professionals caring for children who attend this school, have a responsibility to:**

- complete the child's Healthcare Plans provided by parents
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self-manage their condition
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the child and their parents)
- understand and provide input in to the school's medical conditions policy.

**Emergency care service personnel in this area have a responsibility to:**

- have an agreed system for receiving information held by the school about children and young people's medical conditions, to ensure best possible care
- understand and provide input in to the school's medical conditions policy.

**The children at this school have a responsibility to:**

- treat other children with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another child is feeling unwell
- let any child take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation.

**The parents/carers of a child at this school have a responsibility to:**

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities

- tell the school about any changes to their child's medication, what they take, when, and how much
  - inform the school of any changes to their child's condition
  - ensure their child's medication and medical devices are labelled with their child's full name
  - provide the school with appropriate spare medication labelled with their child's name
  - ensure that their child's medication is within expiry dates
  - keep their child at home if they are not well enough to attend school
  - ensure their child catches up on any school work they have missed
  - ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
  - ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- 
- \* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

## **12. The medical conditions policy is regularly reviewed evaluated and updated. Updates are produced every year**

a. This school's medical condition policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.

b. New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.

c. In evaluating the policy, this school seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school and health settings. These key stakeholders include:

- children
- parents
- school nurse and/or school healthcare professionals
- Headteacher
- teachers
- SENCo
- first aiders
- all other school staff
- local emergency care service staff (including accident & emergency and ambulance staff)
- local health professionals
- school governors.

d. The views of children with various medical conditions are actively sought and considered central to the evaluation process.

# Legislation and guidance

## Introduction

- Local authorities, schools and governing bodies are responsible for the health and safety of children in their care.
- Areas of legislation that directly affect a medical conditions policy are described in more detail in Managing Medicines in Schools and Early Years Settings. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of
- Health and Safety at Work Regulations 1999 and the Medicines Act 1968.
- This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

## Managing Medicines in Schools and Early Years Settings (2004)

This provides guidance from the DfES (now DCFS) and DH on managing medicines in schools and early years settings. The document includes the following chapters:

- developing medicines policies
- roles and responsibilities
- dealing with medicines safely
- drawing up a Healthcare Plan
- relevant forms

Medical Conditions at School: A Policy Resource Pack is designed to work alongside Managing Medicines in Schools and Early Years Settings.

## Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability Acts (2001 and 2005)

- Many children with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.
- The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under



the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

## **Schools' responsibilities include:**

- not to treat any child less favourably in any school activities without material and sustainable justification
- to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other children. Examples of reasonable adjustments can be found in the DfES resource: Implementing the DDA in Schools and Early Years Settings\*
- to promote disability equality in line with the guidance provided by the DCSF and CEHR through the Disability Equality Scheme.

\*DfES publications are available through the DCSF.

## **The Education Act 1996**

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

## **The Care Standards Act 2000**

This act covers residential special schools and responsibilities for schools in handling medicines.

## **Health and Safety at Work Act 1974**

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, children and visitors.

## **Management of Health and Safety at Work Regulations 1999**

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

## **Medicines Act 1968**

This act specifies the way that medicines are prescribed, supplied and administered.

## Additional guidance

Other guidance resources that link to a medical conditions policy include:

- Healthy Schools Programme – a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
- Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda
- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
- Health and Safety of Children on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs
- Home to School Travel for Children Requiring Special Arrangements (2004) – provides guidance on the safety for children when traveling on local authority provided transport
- Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).

## Further advice and resources

### The Anaphylaxis Campaign

PO Box 275  
Farnborough  
Hampshire GU14 6SX  
**Phone 01252 546100**  
**Fax 01252 377140**  
**[info@anaphylaxis.org.uk](mailto:info@anaphylaxis.org.uk)**  
**[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)**

### Asthma UK

Summit House  
70 Wilson Street  
London EC2A 2DB  
**Phone 020 7786 4900**  
**Fax 020 7256 6075**  
**[info@asthma.org.uk](mailto:info@asthma.org.uk)**



[www.asthma.org.uk](http://www.asthma.org.uk)

## **Diabetes UK**

Macleod House

10 Parkway

London NW1 7AA

**Phone 020 7424 1000**

**Fax 020 7424 1001**

[info@diabetes.org.uk](mailto:info@diabetes.org.uk)

[www.diabetes.org.uk](http://www.diabetes.org.uk)

## **Epilepsy Action**

New Anstey House

Gate Way Drive

Yeadon

Leeds LS19 7XY

**Phone 0113 210 8800**

**Fax 0113 391 0300**

[epilepsy@epilepsy.org.uk](mailto:epilepsy@epilepsy.org.uk)

[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

## **Long-Term**

## **Conditions Alliance**

202 Hatton Square

16 Baldwins Gardens

London EC1N 7RJ

**Phone 020 7813 3637**

**Fax 020 7813 3640**

[info@ltca.org.uk](mailto:info@ltca.org.uk)

[www.ltca.org.uk](http://www.ltca.org.uk)

## **Department for Children, Schools and Families**

Sanctuary Buildings

Great Smith Street

London SW1P 3BT

**Phone 0870 000 2288**

**Textphone/Minicom 01928 794274**

**Fax 01928 794248**

**info@dcsg.gov.uk**

**www.dcsf.gov.uk**

## **Council for Disabled Children**

National Children's Bureau

8 Wakley Street

London EC1V 7QE

**Phone 020 7843 1900**

**Fax 020 7843 6313**

**cdc@ncb.org.uk**

**www.ncb.org.uk/cdc**

## **National Children's Bureau**

National Children's Bureau

8 Wakley Street

London EC1V 7QE

**Phone 020 7843 6000**

**Fax 020 7278 9512**

**[www.ncb.org.uk](http://www.ncb.org.uk)**



## Allergy/Asthma Management at school

Named staff members (Medical leads) at each school are responsible for coordinating staff anaphylaxis/asthma training and the upkeep of the school's policy.

### 1. Introduction

An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs.

**Definition:** *Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.*

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes. It is possible to be allergic to anything which contains a protein; however, most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but not limited to): -

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Elveden Schools Trust will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

### 2. Role and Responsibilities

#### Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform office staff/ Medical lead/SENCO of any allergies/asthma. This information should include all previous severe allergic reactions/asthma attacks, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy/asthma plan ([BSACI plans](#) preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. Schools nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy/asthma management. The Allergy/Asthma Action Plan will be kept updated accordingly.

### **Staff Responsibilities**

- All staff complete anaphylaxis/asthma training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff. This is provided by the National College or face to face.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known asthma or allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school visits will ensure they carry all relevant emergency supplies. Visit leaders will check that all pupils with medical conditions, including allergies, have their medication. **Pupils unable to produce their required medication will not be able to attend the school visit.**
- The Medical lead will ensure that the up-to-date Allergy/Asthma Action Plan is kept with the pupil's medication.
  - It is the parent's responsibility to ensure all medication is in date however the Medical Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The Medical lead keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

### **Pupil Responsibilities**

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction/asthma attack.
  - Pupils who are trained and confident to administer their own autoinjectors/inhalers will be encouraged to take responsibility for this in the presence of a trained member of staff.

### **3. Allergy/Asthma Action Plans**

Allergy/Asthma action plans are designed to function as Individual Healthcare Plans for children with food allergies or asthma providing medical and parental consent for schools to administer medicines in the event of an allergic reaction/asthma attack, including consent to administer a spare adrenaline auto injector/emergency inhaler

Elveden Schools Trust recommends using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plan](#)) to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

It is the parent/carer's responsibility to complete the allergy/asthma action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

### **4. Emergency Treatment and Management of Anaphylaxis**

**What to look for:**

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**

- **life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)

- **changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all

If the pupil has been **exposed to something they are known to be allergic to**, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection)

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

#### ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier

- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh - through clothing if necessary)
- CALL **999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

## 5. Supply, storage and care of medication

(Around age 11 years +) Pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/container).

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a medical emergency pouch and clearly labelled with the pupil's name.

The pupil's medication storage pouch should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Medical Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.



### **Storage**

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

### **Disposal**

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a specialist collection service.

## **6. 'Spare' adrenaline auto injectors/emergency inhaler in school**

Schools has purchased spare **adrenaline auto-injector (AAI) devices for emergency use in children who are risk of anaphylaxis, and an emergency inhaler/spacer** if their own devices are not available or not working (e.g. because they are out of date).

These are stored in the school office in a red box, clearly labelled, kept safely, not locked away and **accessible and known to all staff**.

The Medical lead is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs and emergency inhalers are included in the pupil's medical file.

If anaphylaxis/asthma attack is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS/ASTHMA. Follow advice from them as to whether administration of the spare AAI.inhaler is appropriate.

## **7. Staff Training**

Heads of School and medical leads are the named staff members responsible for co-ordinating all staff anaphylaxis/asthma training and the upkeep of the Trust's policy.

All staff will complete online anaphylaxis/asthma awareness training every academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy/asthma

- Spotting the signs and symptoms of an asthma attack/ allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAI) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance  
Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing allergy/asthma action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites [www.epipen.co.uk](http://www.epipen.co.uk) and [www.jext.co.uk](http://www.jext.co.uk) )

## **8. Inclusion and safeguarding**

Elveden Schools Trust is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

## **9. Catering**

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view in advance termly, with an adapted menu for gluten, dairy free which can be obtained from the school office.

The Medical lead/office staff will inform the school cook of pupils with food allergies.

**Elveden Schools Trust has a system in place to ensure catering staff can identify pupils with allergies. This is in the form of allergy plans with photographs and details of allergies which is kept in the school kitchen/ hall. The Medical lead is responsible for keeping this up to date and communicating any changes immediately to the catering staff. All children with allergies are served first to ensure they receive their allocated meal.**

Parents/carers are encouraged to meet with the cook if they wish to discuss their child's needs.

The school adheres to the following [Department of Health guidance](#) recommendations:

- Drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.

- If food is purchased from the 'snack shack'/school kitchen, parents should check the appropriateness of foods by speaking directly to the school. Gluten free options are available, and staff ensure that these are kept for children that need them.
- The pupil should be taught to also check with staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the school staff or cook.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Foods containing nuts must not be brought in to school.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. school fairs, collective worship, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

## **10. School Visits**

Staff leading school visits will ensure they carry all relevant emergency supplies. Visit leaders will check that all pupils with medical conditions, including allergies, have their medication. Pupils unable to produce their required medication will not be able to attend the visit.

All the activities on the school visit will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school visits may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school visit should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

### **Sporting Excursions**

Allergic children should have every opportunity to attend sports visits to other schools. The school will ensure that the P.E. teacher/s is fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

## **11. Allergy awareness**

Elveden Schools Trust supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

## **12. Useful Links**

Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>

- AllergyWise training for schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>

- AllergyWise training for Healthcare Professionals  
<https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/>

Allergy UK - <https://www.allergyuk.org>

- Whole school allergy and awareness management (Allergy UK)  
<https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Official guidance relating to supporting pupils with medical needs in schools:  
<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>

Education for Health <http://www.educationforhealth.org>

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>



Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)

<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

## APPENDIX B

### Individual Risk Assessment- Childs name

Condition:

| Risk                   | Calculation of Risk<br>See Calculation Table |                   |                             | Likely outcomes if no action is taken | Risks to the child | Risks to other children | Risks to staff members/ other adults | Risk management strategy      |
|------------------------|----------------------------------------------|-------------------|-----------------------------|---------------------------------------|--------------------|-------------------------|--------------------------------------|-------------------------------|
|                        | Likelihood<br>(1-5)                          | Severity<br>(1-5) | Risk Rating<br>(L x S = RR) |                                       |                    |                         |                                      |                               |
|                        |                                              |                   |                             |                                       |                    |                         |                                      |                               |
|                        |                                              |                   |                             |                                       |                    |                         |                                      |                               |
|                        |                                              |                   |                             |                                       |                    |                         |                                      |                               |
| Completed By:<br>_____ | Signed Parent/Carer:<br>_____                |                   |                             | Signed Teacher:<br>_____              |                    | Signed SENCO:<br>_____  |                                      | Signed Head Teacher:<br>_____ |

Date:

Review:



## Appendix C

# Individual Healthcare Plan

Name of school/setting

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date (minimum annually)

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### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

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### Clinic/Hospital Contact

Name

Phone no.

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### G.P.

Name

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Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc



Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to

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I/We give permission for this Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day.

Signed \_\_\_\_\_ (Parent)



# Parental agreement for school to administer medicine

Elveden C of E Primary Academy will not give your child prescribed medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date

Name of school

Name of child

Date of birth

Class

Medical condition or illness

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## 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

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

## Contact Details

Name

Daytime telephone no.

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|  |

Relationship to child

Address

I understand that I must deliver the medicine personally to (please tick)

|                                                                                               |
|-----------------------------------------------------------------------------------------------|
|                                                                                               |
|                                                                                               |
| Mrs Gray<br>or<br>Wraparound care staff member if at breakfast club, please state name: _____ |

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

Signature(s)\_\_\_\_\_

Date



# Record of medicine administered to an individual child

Name of school  
Name of child  
Date medicine provided by parent  
Class  
Quantity received  
Name and strength of medicine  
Expiry date  
Quantity returned  
Dose and frequency of medicine

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Staff signature

Signature of parent

Date  
Time given  
Dose given  
Name of member of staff  
Staff signature

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Date  
Time given  
Dose given  
Name of member of staff

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Staff signature

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**C: Record of medicine administered to an individual child (Continued)**

Date

Time given

Dose given

Name of member of  
staff

Staff signature

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Date

Time given

Dose given

Name of member of  
staff

Staff signature

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Date

Time given

Dose given

Name of member of  
staff

Staff signature

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Date

Time given

Dose given

Name of member of  
staff

Staff signature

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# Staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

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I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated annually.

Trainer's signature

Date

**I confirm that I have received the training detailed above.**

Staff signature

Date

Suggested review date

# Contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Dear Parent,

## DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, letting us know the contact details and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you to contact me by email or to speak by phone if this would be helpful.

Yours sincerely