Supporting Children with Medical Conditions

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Contents

Introduction ... 4

Statement of intent ... 4

1. Key Roles and responsibilities ... 5

1.1 School Standards Board (SSB) and Executive Headteacher/Headteacher ... 5

1.2 Headteacher ... 6

1.3. The Inclusion Leader/SENCO/Inclusion Team ... 6

1.4. The school office (admin) team ... 7

1.5. Regional People Administrators ... 7

- 1.6 First Aid ... 8
- 1.7. Class staff ... 8

1.8 School nurses ... 8

1.9. Parents and carers ... 8

2. Training of staff ... 9

3. The role of the child ... 9

4. Health Care Plans (HCP) ... 10

5. Medicines ... 10

5.1 Controlled drugs ... 11

6. Support for children with medical conditions during off-site activities ... 12

7. Support for children with medical conditions during public examinations and National Curriculum Tests ... 12

8. Emergencies ... 12

9. Avoiding unacceptable practice ... 12

10. Insurance ... 13

11. Appendices ... 14

Appendix 1: Individual Health Care Plan ... 14

Appendix 2: Short Term Health Care Plan ... 17

Appendix 3: Administering Medicine Form ... 18

Appendix 4: Individual Medicine Record ... 20

Appendix 5: Daily Administration Record ... 22

Appendix 6: Staff Training Record – for specific medical/health care needs, including administration of medicines ... 23

Appendix 7: Contacting the Emergency Services ... 24

Appendix 8: Model Letter to Parents ... 25

Appendix 9: Implementation Procedure ... 26

Appendix 10: Managing Asthma in School ... 27

Appendix 11: Managing Anaphylaxis in School ... 32

Appendix 12: Checklist for Headteachers/Heads of School prior to agreeing start date for a pupil with a Medical Condition..37

Appendix 13 – Supporting children with diabetes..38

Introduction

We understand that medical conditions should not be a barrier to learning, so we will ensure that all staff understand their duty of care to children in the event of an emergency and feel confident in knowing what to do in an emergency.

Children with medical conditions are encouraged to take control of their condition and our schools will make every effort to ensure that they are confident in the support they receive to help them do this. Our schools aim to include all children with medical conditions in all school activities and there will be an expectation that medical intervention in school time should be minimised to ensure full access to the curriculum. GLF Schools understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

Supporting a child with a medical condition should never be the sole responsibility of one person. This policy therefore describes collaborative working relationships between school staff, health care professionals, local authorities, parents, pupils and social care professionals as where appropriate.

Children who are unwell should not be in school and should not return until they are able to participate in the curriculum. If, however, a GP/member of their medical team has advised that the child can recommence whilst still taking medicines, the school will take the advice of the GP/member of their medical team. We understand that it is likely to be a parent/carer (not a GP/member of the medical team) who advises if a child with a long term/lifelong diagnosis should or should not be in school.

Complaints

- The details of how to make a complaint can be found in the GLF Complaints Policy and Procedural Guide.

Statement of intent

GLF Schools wishes to ensure that children[1] with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance on supporting children with medical conditions which came into force September 2015.

[1] The term children has been used throughout this policy but applies equally to students in secondary school settings

1. Key Roles and responsibilities

1.1 School Standards Board (SSB) and Executive Headteacher/Headteacher

School Standards Board (SSB) and Executive Headteacher/Headteacher are responsible for:

- The overall implementation of the School Medical Conditions Policy and procedures of each school.
- Ensuring that the implementation of the Medical Conditions policy does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, sex, disability or sexual orientation.
- Ensuring that all children with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Ensuring sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Members of the school staff, including kitchen staff, who provide support to children with medical conditions, including allergies, can access information and other teaching support materials as needed.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.
- Identifying collaborative working arrangements, outlining how the people involved will work in partnership to ensure the children' needs are met effectively.
- Ensuring that child's health is not put at unnecessary risk from, for example, infectious diseases. The school therefore does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- Ensuring that the arrangements the school put in place are sufficient to meet their statutory responsibilities and ensure that policies, plans, procedures, and systems are properly and effectively implemented.
- Ensuring transitional arrangements between year groups, key stages and new school settings are in place for children with medical needs. Which includes children entering and exiting the school. New class teachers and support staff need to be briefed annually before the end of the academic year to ensure continuity of care into the new year group.
- Ensuring the correct level of insurance is in place for staff that support children in line with this policy.

1.2 Headteacher

The Headteacher is responsible for:

- Making staff aware of this policy and that they understand their role in its implementation.
- The policy & procedures being readily accessible to parents or carers and school staff.
- Agreeing the start date for a pupil once all necessary admissions forms are completed (see appendix 12 – checklist including medical needs.)
- Ensuring sufficient trained staff are available to implement the policy and deliver against all Health Care Plans, including in contingency and emergency situations. **The Headteacher may postpone the admission of an individual pupil until staff have received sufficient training to be able to deliver against a child's Health Care Plan.**
- All relevant staff being made aware of a child's medical condition, including briefing supply teachers by sharing the Class Information folder with the supply teacher at the start of the day.
- Risk assessments for school visits, holiday, and other school activities outside the normal timetable.

1.3. The Inclusion Leader/SENCO/Inclusion Team

The Inclusion Leader/SENCO/Inclusion Team, with support from the Headteacher is responsible for:

- Ensuring the school works effectively with partner agencies in relation to the implementation of this policy.
- Contacting the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- The development and monitoring of Health Care Plans (HCP).
- Liaising with parents to review the HCP returned by parents through admissions pack and ensuring necessary consents have been secured.
- Liaising with external agencies such as School Health Nurse Team, CAMHS, Paediatrician, Bladder and Bowel Clinic etc. and parents to develop the HCP.
- Alerting Headteacher and Admin team of staff training needs identified by external agencies or through the HCP.
- Sharing information with Admin team so that Admin team can keep the MIS updated. Recording information and meetings in child's HCP folder.
- Supporting the class teacher to make necessary adaptations to ensure the child with medical need is properly supported so that they have full access to education, including school trips and physical education.

1.4. The school office (admin) team

The School office (admin) team is responsible for:

- Requesting information about medical needs prior to admission including sharing policy and HCP template.
- Informing the Inclusion Team and Headteacher re. new admission with medical need who will need a HCP e.g. asthma, epilepsy, anaphylaxis, Type 1 Diabetes, personal care needs, involvement of external agencies.
- Accurately recording medical needs on the MIS including noting if a child has a HCP.
- Providing Headteacher and Inclusion Team with MIS reports re medical needs as required.
- Ensuring that class teachers have access to the list of 'Children with Medical Needs' in their class at any time or following a new admission or any changes to medication within year and have access to a copy of the current HCP for all children in their class.
- Sharing information with kitchen and lunchtime staff re. pupils with allergies / intolerances and/or providing administrative support to the school's catering providers by sending the providers 'Medical Diet Request Form' and 'Medical Diet Evidence Support Form' (or equivalent) – NB this may require parents to acquire a GP sign off / stamp.
- Maintaining an accurate record of medication on site and alerting parents in good time before medication is due to expire or run out.
- Contacting parents at least annually (usually in Summer 1) to review HCP currently on record and ensure HCP is up to date for following year.
- Sharing information about children's medical needs with external providers e.g. Wrap around Care, club leaders with the parents' consent.
- Maintain daily log of medication administered by staff and ensure following day plan is available in case of cover needs.
- Informing the Inclusion Team immediately when a parent returns an updated 'Administration of Medication' form (Appendix 3) or notifies the school that an update to the Health Care Plan is required i.e. a new Health Care professional is involved.
- Publishing special menus for children with Medical Diet Evidence Support Forms for relevant parents.

1.5. Regional People Administrators

Regional People Administrators are responsible for

- Maintaining training records (First Aid training, Paediatric First Aid, Anaphylaxis and EpiPen, child specific).
- Responsible for central store of a copy of First Aid / medication administration certificates in HR files.

- ### 1.6 First Aid

  First Aid requirements are reviewed annually by an Appointed Person. This is called an assessment of need (refer to the First Aid Policy).
- Medication should only be administered by those who are trained (see Section 2). The Appointed Person is responsible for ensuring the People Administrator/Office team have up to date records of training.

- ### 1.7. Class staff

Class staff are responsible for:

- Taking appropriate steps to support children with medical conditions. Making reasonable adjustments to include children with medical conditions into lessons.
- Undertaking suitable training to achieve the necessary competency to support a child with medical conditions if they have agreed to undertake that responsibility.
- Identifying which children they teach, have medical conditions as detailed on the MIS e.g. SIMS including asthma; the School Office will ensure teachers have these details.
- Familiarising themselves with procedures detailing how to respond when they become aware that a child with a medical condition needs help.
- Allowing children with medical conditions (including those undergoing investigation) time out of class to attend to their medical needs. This may include additional trips to the toilet, to eat food, take medication or 'recover' following a health-related episode.

1.8 School nurses

Where the school has an allocated school nurse, the school should be aware of how to contact them.

School nurses are responsible for:

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.

1.9. Parents and carers

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child's health.
- Working with the school to complete a Health Care Plan for children to administer medicine before bringing medication into school. **If parents do not provide school with sufficient information to be able to meet a child's medical needs, the child may be refused entry until the necessary information has been provided. Parents will be encouraged to gain the support of their child's medical team to complete the HCP where this is needed.**

- Providing the school with the medication their child requires, keeping it up to date and ensuring that sufficient medication is provided to the school.
- Ensuring they or another nominated adult are contactable by phone at all times.
- Discussing medications with their child prior to requesting that a staff member administers the medication and involving their child, as much as possible, in developing their Health Care Plan.
- Where necessary, developing and reviewing a Health Care Plan for their child in collaboration with the relevant members of school staff and healthcare professionals.

2. Training of staff

- All teachers and support staff will receive training annually on school procedures on the Supporting Children with Medical Conditions Policy, and also as part of their new starter induction.
- If required, teachers and support staff will receive regular and ongoing training as part of their development.
- Where relevant for specific, long-term conditions, staff members may only administer prescription medicines or undertake any healthcare procedures having undertaken training specific to the responsibility, including administering. In most cases, this training will have been delivered by the school nurse team, or condition-specific nurse (e.g. allergy nurse, epilepsy nurse, diabetes specialist nurse etc.).
- Those staff who have completed a paediatric first aid course will be able to administer inhalers and EpiPen's without requiring additional training. However, the Appointed Person should confirm with the provider that anaphylaxis including practical training forms part of the course.)
- No staff member may administer drugs by injection unless they have received training in this responsibility e.g. insulin.
- Medication and Health Care Plan requirements are reviewed annually by a senior leader or SENCO/Inclusion Lead to ensure training requirement are met.
- A record of training undertaken, and a list of teachers and staff qualified to undertake responsibilities under this policy will be kept by the Regional People Administrators and be accessible to school leaders and school office.

3. The role of the child

- The age and developmental stage of a child, and parent voice (see Health Care Plan) will be taken into account by school staff when determining the role of the child in their medical support.
- Be appropriately involved in discussions about their medical support needs.
- Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures, in some cases with supervision.

Children who regularly take prescription (non-emergency) medication in school, are responsible for going to the school office at the agreed time, where the medication will be dispensed in accordance with their Health Care Plan e.g. insulin.

- Where possible, children will be allowed to carry their own devices and emergency medication eg. Blood sugar test kits, epipens. Where this is not possible, their

medicines and devices should be stored in the school office (see more detailed arrangements and storage for allergies/emergency medication below).

- Certain prescribed medication will need to be stored in a fridge. This should be a separate, secure fridge for medication or, if that is not possible, the medication should be contained in a secure, airtight container kept away from food.
- If children refuse to take medication or to carry out a necessary procedure, parents or carers will be informed so that alternative options can be explored.
- Where appropriate, children will be encouraged to take their own medication under the supervision of a member of staff.

4. Health Care Plans (HCP)

- Where a Health Care Plan (HCP) is necessary due to a medical condition, this will be developed in partnership with the parents or carers, Headteacher or a member of SLT, a member of the Inclusion Team (Inclusion Lead, SENCO or Inclusion Assistant), medical professionals and whenever appropriate, the child. The Inclusion Team (usually the SENDCO or a member of SLT) are responsible for development of the HCP.
- A note will be made on the MIS to record that there is a HCP, this will ensure that detailed information regarding medical conditions can be accessed easily.
- HCPs will be accessible whilst preserving confidentiality. An up-to-date copy will be printed by the school office, saved securely and shared with the right people.
- HCPs will be reviewed as necessary or when a child's medical circumstances change. Annual reminders will be sent to parent/carers asking for any updated information by the School Admin team.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will, if deemed necessary, work with the LA and education provider to ensure that the HCP identifies the support the child needs to reintegrate.
- For short-term medical needs, e.g. fractures, school staff will complete a short-term health care plan (Appendix 2) in consultation with parents. In some circumstances a risk assessment may be the more appropriate mechanism for ensuring that appropriate support is in place for the duration of the short-term medical need. This may include a temporary Personal Emergency Evacuation Plan (PEEP).
- The Royal College of Nursing provides a list of tasks that should only be carried out by a registered healthcare professional. Where these are required as part of a child's Health Care Plan, they will be clearly identified.

5. Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the child to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents or carers of the child must complete and sign a HCP (Appendix 1) or Parental Agreement (Appendix 2) for the school to administer medicine.
- No child will be given any prescription medicines without written parental consent except in exceptional circumstance.
- No child will be given any prescription or non-prescription medicines without parental consent except in exceptional circumstances.

- Where a child is prescribed medication without their parents' or carers' knowledge, every effort will be made to encourage the child to involve their parents or carers while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A second person is required to witness all drug administration except inhalers, except in an emergency. The role of the witness is to check that the dose is administered as per prescription and that a record has been kept of the administration.
- Medications will be stored securely in the medical room and will be given to children for administration by a member of staff. Children will never be prevented from accessing their medication.
- Any medications left over at the end of the course will be safely disposed of by parents.
- Records will be kept of all child visits to the medical room; medication which is stored in the medical room and is regularly taken by children will be recorded in the medical diary kept at child reception.
- GLF Schools cannot be held responsible for side effects that occur when medication is either administered by a staff member according to the Health Care Plan or administered by a child under the supervision of a staff member according to the Health Care Plan.
- The 'misuse of drugs' policy and procedure will be used to deal with any situation where a child passes their medication to other pupils, for example.
  Refrigeration will be provided onsite for those medicines that have to be stored at a specific temperature.

5.1 Controlled drugs

- 'Controlled drugs' are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful. NHS Information about controlled drugs is available here.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under the school's Drug and Alcohol Policy.
- Where controlled drugs are to be administered, there must be a second member of staff to witness the dispensing & administration in line with the child's Health Care Plan.
- If there are controlled drugs stored in a fridge, they should not be accessible to anyone other than those managing medication. Where it is not possible to have a separate fridge, medication must be stored in a sealed container and kept separate from food or drinks.

6. Support for children with medical conditions during off-site activities

- Before any off-site activity is undertaken with pupils, a First Aid 'Assessment of Need', including a review of medication required by pupils, must be undertaken by the school and included in the off-site risk assessment. All schools need to ensure off-site activities are accessible to children with medical conditions.
- Risk assessments need to be completed in advance to highlight how the school is supporting the child and mitigating the risks. This includes consideration of the appropriate numbers of adults/staff to supervise the administration of medicine or to support during activities.
- During the off site visit a copy of their HCP, emergency contacts and medication must be taken with them.
- In primary schools, all medication must be carried by a member of staff and labelled.
- Before the visit, school staff must check the medication is in date and prescribed to the child.

7. Support for children with medical conditions during public examinations and National Curriculum Tests

- It is the school's responsibility for ensuring that a child with medical conditions is supported to participate in public examinations and tests including access to additional time, any special adaptations and access to medication during these exams/tests.

8. Emergencies

- Medical emergencies will be recorded in the school's First Aid Log book or database.
- Where a Health Care Plan is in place, it should detail their condition, general instructions as to how to treat a situation and the action school staff take in a general emergency.
- Children will be informed in general terms of what to do in an emergency such as telling a teacher.
- Appropriate training will be in place for staff working with a pupil with an allergy/ies to recognise the onset, signs and symptoms of an allergic reaction and to take appropriate action such as the administration of emergency medication.
- If a child needs to be taken to hospital, an ambulance will be called. A member of staff will remain with the child until a parent or carer arrives. When the need arises for a staff member to accompany a child to hospital in an ambulance, the school will consider the personal circumstances of the staff member volunteering to go with the child and staff will only be expected to commit their time outside normal working hours if they are willing and able to do so.

9. Avoiding unacceptable practice

Staff should use their discretion and judge each case on its merits with reference to the child's individual Health Care Plan, however GLF Schools understands that the following behaviour is generally unacceptable:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged.)
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Health Care Plans.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition (refer to Attendance Policy.)
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating or create unnecessary barriers to participate in any aspect of school life, including curricular & extra-curricular and school trips.

10. Insurance

- Teachers who undertake responsibilities within this policy are covered by the school's insurance.
- Each school has in force Employees Liability insurance and Public Liability insurance through the Risk Protection Arrangement (RPA).
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to children with medical conditions. Those who wish to see the documents should contact the Executive Headteacher/Headteacher.

This policy should be read in conjunction with the school's First Aid Policy.

11. Appendices

Appendix 1: Individual Health Care Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school (named staff)	

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

Signed by parent:

Date:

Appendix 2: Short Term Health Care Plan

Pupil Name:	
Class:	
Medical Condition:	
Date of Incident:	
Circumstances of Accident/Incident: *(include where and when incident/accident occurred)*	
Additional safety considerations: *(include adaptations for specific areas of the school e.g. Hall / Library etc.)*	

Risk	**Actions to Lessen Risk**	**Risk Level** Low/Medium/High
Arriving/Leaving school		
Classroom		
Moving Around School		
Lunch – Dinner Hall/Eating		
Playground		
Assembly/Carpet Time		
PE		

Any other relevant information including dates and times of any follow up appointments:

Completed by:	
Date:	
Follow up date:	

Appendix 3: Administering Medicine Form

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date school office informed by parent	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing (by completing an updated version of this form) if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date

For school use:

Date amendment received in writing by office:	**Date of receipt of notification by Inclusion Team:**
Date amended HCP sent to parent:	**Date amended HCP signed and returned by parent:**
Discussion of amendment by Inclusion Team with the class team:	

Appendix 4: Individual Medicine Record

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature:

Signature of parent:

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

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

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

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

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

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

Appendix 5: Daily Administration Record

Name of school/setting	

Date	

Child's name	Time	Name of medicine	Dose given	Any reactions	Print staff name	Signature of staff	**In the case of all medicines except inhalers (1 staff member only for inhaler)**		**Parent signature (if required due to managing dosage or timing of administration of doses)**
							Name of witness staff member	Signature of witness	

Appendix 6: Staff Training Record – for specific medical/health care needs, including administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

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 [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

Appendix 7: Contacting the 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

Appendix 8: Model Letter to Parents

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 Health care Plan to be prepared, setting out what support the 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 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 contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 9: Implementation Procedure

1. Parent/carer or healthcare professional informs school through Admissions paperwork that new admission has medical condition, or that an existing pupil is due to return from long-term absence or has medical needs that have changed or are newly diagnosed.
2. School office informs Head of School and Inclusion Team that child has medical needs likely to require a Health Care Plan.
3. Head of School / Inclusion Team call meeting to discuss and agree on the need for a Health Care Plan to include key school staff, student, parent/carer and relevant healthcare professionals.
4. Health Care Plan developed in partnership with parents, school and any necessary healthcare professionals. Includes identification of staff training requirements and which agency will delivery this. HoS/EHT decision whether child can start prior to staff training being delivered.
5. School staff training booked by school office. Pupil start date agreed with parents by HT/HoS. Catering company advised of dietary requirements where necessary.
6. Training delivered to staff - review date agreed. Staff training log updated by People Administrator.
7. Health Care Plan implemented; school office record summary made available on SIMS and relevant staff members informed.
8. Health Care Plan reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate. (Back to 3.)

Appendix 10: Managing Asthma in School

- Immediate access to reliever medicines is essential.
- All pumps are labelled in the original packaging with the doctor's prescribed dosage and kept in secure cupboards in the classrooms – these are to carried out to the playground in the event of a fire.
- Children are encouraged to take their own inhaler when they require it. This is usually supervised either by a qualified first aider.
- The asthma register clearly states which children are asthmatic, their class, date of birth, doctor's prescribed dosage and additional notes from their parent/carer.
- In the event of an attack, the inhaler must be taken to the child.
- Children on the asthma register who have parental consent for the use of the emergency inhaler are also clearly indicated. The emergency inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). The emergency inhalers are labelled and stored in the school office.

Record keeping

- When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admission form.
- A record of when the child takes their asthma relief is kept with the child's inhaler. Any irregularities are reported to parents, for example a child needing to take asthma relief more than is usual for that child.
- Parents/carers will also be asked to update the school if their child's medicines, or how much they take, changes during the year.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all children; children with asthma are encouraged to participate fully in PE.
- All teachers know which children in their class have asthma; they receive regular up-to-date class medical information.
- We encourage children as they get older to try to remember this themselves and to take more control in remembering their medication.
- Children whose asthma is triggered by exercise are encouraged to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson.
- If a child needs to use their inhaler during a lesson they will be encouraged to do so.

Offsite sport, swimming and educational visits

- All inhalers must accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc.
- A copy of the school asthma card will be kept in the bag with the asthma pump. This is returned to the school office once back on school grounds.

Asthma Attacks

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

HOW TO RECOGNISE AN ASTHMA ATTACK

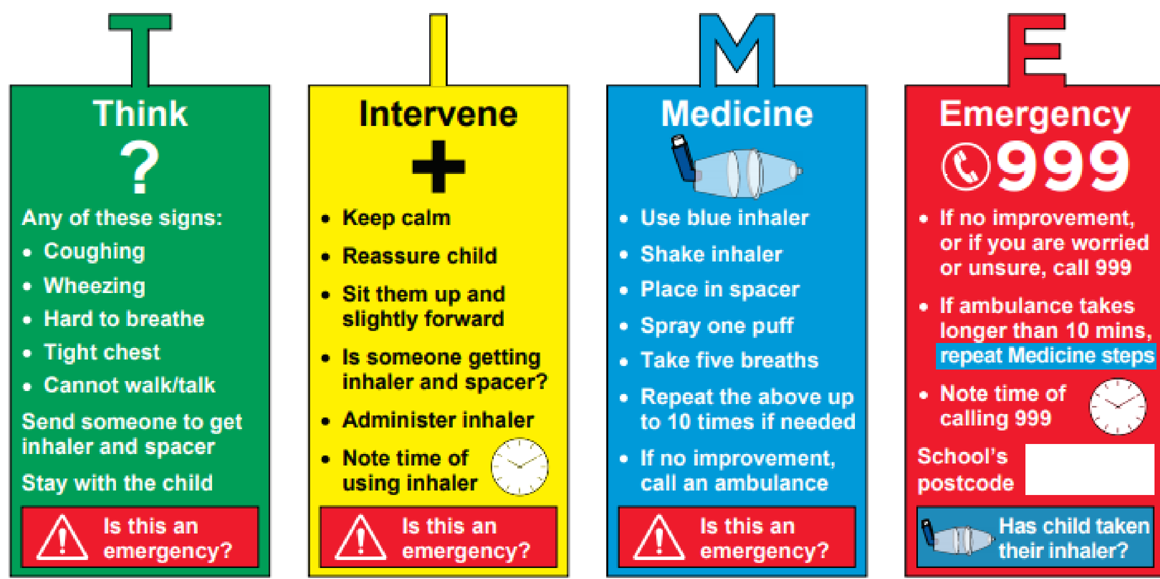
The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK



The child's parents or carers should be contacted after the ambulance has been called. A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Use of Emergency Inhalers

In September 2014, the Department of Health published guidance on the use of emergency salbutamol inhalers in schools. From the 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

It should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Consent should be updated regularly to take account of changes to a child's condition. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

Keeping an inhaler for emergency use will have many benefits:

- Prevent an unnecessary and traumatic trip to hospital, and potentially save their life

- Parents are likely to have greater peace of mind about sending their child to school

Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

The Emergency Kit
An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used)

Salbutamol
Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Storage and care of the inhaler
The office manager has responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The emergency inhalers and spacers are labelled and kept in the medical room. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs. To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. The inhaler itself however can

usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. If the inhaler has been used without a spacer, it should also not be re-used but disposed of.

Recording use of the inhaler and informing parents/carers

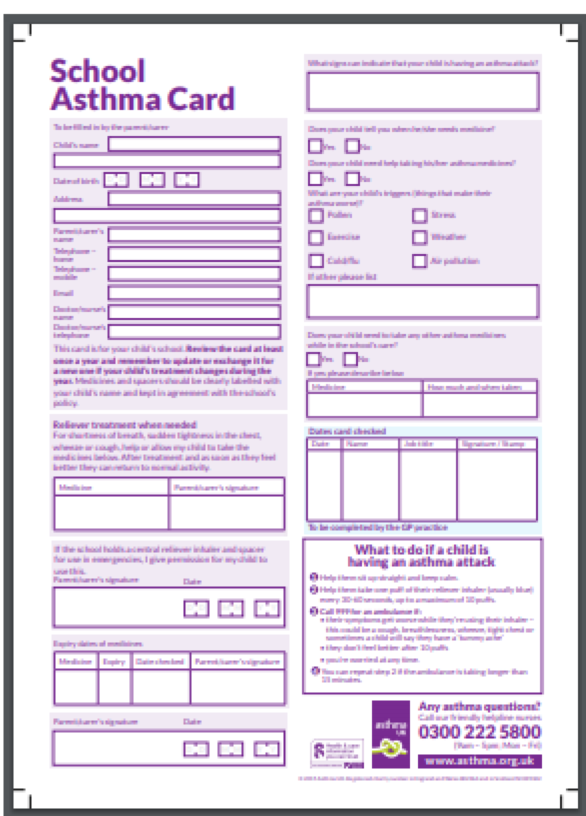
Use of the emergency inhaler should be recorded. This should include where and when the attack took place, how much medication was given, and by whom. The record book is kept in the medicines cupboard in the office. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. These letters are kept in the asthma folder, also located in the medicines cupboard.

Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering salbutamol inhalers through a spacer
- making appropriate records of asthma attacks

Asthma Cards

Parents of children with asthma may wish to share a 'School Asthma Card' with the school. This duplicates information included in a Health Care Plan.



School Asthma Card

What to do if a child is having an asthma attack

Any asthma questions?

0300 222 5800

www.asthma.org.uk

Appendix 11: Managing Anaphylaxis in School

- Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection.
- The adrenaline auto-injections (AAI) most commonly prescribed are Epipen, Jext or Emerade, the device looks like a fountain pen which is pre-loaded with the correct dose of adrenaline.
- The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.
- Medication for an individual pupil must be kept in a secure location in the classroom which is readily accessible within the child's classroom.
- If a pupil has an AAI it is particularly important that this is easily accessible throughout the school day.
- Medication must be clearly marked with the pupil's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date. It is advised that parents/carers provide the school with 2 AAIs for children that are prescribed an AAI.
- It is important that staff working directly with the child are aware of the pupil's condition and of where the pupil's medication is kept, as it is likely to be needed urgently.
- It is not possible to overdose using an AAI as it only contains a single dose. In cases of doubt, it is better to give a pupil experiencing an allergic reaction an injection rather than hold back.
- All pupils who have anaphylaxis will require an individual health care plan. The health care plan should indicate whether in some circumstances the pupil should be allowed to carry medication on his/her person around the School.
- All staff receive regular training on how to use an adrenaline auto-injector and manage anaphylaxis in an emergency.

The signs of an allergic reaction are:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can develop into anaphylaxis: children having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

Reactions are usually immediate however they can be delayed. If a staff member becomes aware that a child who is prone to anaphylaxis has come into contact with a known allergen, the child should be monitored closely for signs of allergic reaction/anaphylaxis for the rest of the day. Parents should be informed of that contact so that they can continue to monitor at home.

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector*** without delay
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed in the red box above, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.

Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present.

You should administer the pupil's own AAI if available, if not use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

IF IN DOUBT, GIVE ADRENALINE

After giving adrenaline **do NOT move the pupil**. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised. **If breathing is difficult, allow the pupil to sit**. If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay - even if they have already self-administered their own adrenaline injection and this has made them better. A

person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

Use of Emergency AAIs

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). **The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided**. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA,1 and any spare AAI(s) held by a school should be **in addition** to those already prescribed to a pupil.

A number of different brands of AAI are available in different doses depending on the manufacturer. As a school, we choose to purchase the brand most commonly prescribed to pupils. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-based criteria, as follows:

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).

The emergency anaphylaxis kit

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record

Storage and care of the Emergency AAI

The office manager has responsibility for ensuring that:

- on a monthly basis the AAIs are present and in date.
- that replacement AAIs are obtained when expiry dates approach

The emergency AAIs are labelled and kept in the medical room.

Appendix 12: Checklist for Headteachers prior to agreeing start date for a pupil with a Medical Condition

Points to consider	**Checking mechanism (to be completed by Head of School)**
School has written confirmation of a child's medical condition as provided by medical practitioner (e.g. letter of diagnosis, asthma plan, letter with GP stamp)	**Date written advice viewed by school:**
Health Care Plan is written in partnership with parents and relevant external agencies	**Health Care Plan date:**
Staff training is required and: a. Appropriately trained staff are already employed on staff b. Specific training is required and must be completed before it is safe for the pupil to start	**Training date/s secured: (where essential prior to start date):**
Parental Agreement for Administration of Medication Form completed	**Parental Agreement for Administration of Medication Form date:**
Specialist or Adaptive equipment is on site	**Date equipment acquired:**
Adjustments to the school building to meet medical needs have been made	**Date completed:**
Special diet forms have been received by the school catering company and mealtime arrangements are agreed with parents.	**Date forms returned to catering company:**
Earliest appropriate start date for pupils (taking into consideration the above):	**Start date (admission) agreed with parents:** **By (HoS name and signature):** **Date when start date was agreed:**

Appendix 13 – Supporting children with diabetes

Diabetes is a serious condition where your blood glucose level is too high. There are two main types, type 1 and type 2.

Most children in school will have type 1 diabetes, which is a serious, lifelong condition where your blood glucose level is too high because your body can't make a hormone called insulin. Having type 1 has nothing to do with diet or lifestyle, it just happens.

How can diabetes affect a child's learning?

Diabetes can affect a child's learning because it can cause difficulties with attention, memory, processing speed and perceptual skills if it's not managed.

It is really important that a child is supported at school so they can manage their diabetes and get the most out of being at school.

Some children with diabetes will have more absences than other students. This won't be the case for every child with diabetes, but if they do take time off for hospital appointments or feeling unwell because of diabetes, it's important they don't get penalised for this if possible.

It's the parent's responsibility to tell you their child has diabetes as soon as possible, so make sure you discuss your school's absence policy with them and how you can be flexible to make sure the child doesn't feel set up to fail.