

Supporting Pupils with Medical Conditions Policy including allergens and anaphylaxis

Statement of intent

Wild Bank Primary School is an inclusive Primary that actively supports and welcomes pupils with medical conditions and ensures that all pupils with medical conditions enjoy the same opportunities and experiences as other pupils.

The governing board of Wild Bank Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- Guidance March 2026: Supporting children with medical conditions and allergies

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Drug and Alcohol Policy
- Asthma Policy
- Complaints Procedures Policy
- Pupil Accessibility Policy
- Attendance Policy
- Admissions Policy

Definitions

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities, whilst they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring ongoing support, medical care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident and the child feels safe.

Entitlement

We believe that pupils with medical needs should be assisted if wherever possible and that they have a right to the full education available to other pupils.

We believe that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support whilst at school.

We believe that all employees have rights in relation to supporting pupils with medical needs as follows:

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

Expectations

It is expected that:

- Any pupil with a **long-term medical** condition requiring medication or support in school should have an Individual Healthcare Plan which details the support that child needs. See Appendix 2. If the parents, healthcare professionals and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be completed with a member of staff and kept in the school's medical record.
- Individual Healthcare plans for pupils with medical conditions are stored in the small front office.
- Inhalers and all medication will be kept in the medicine cabinet by the hall for easy access. Pupils in Early Years will have their medication kept in their building but it will be brought to PE lessons as necessary.
- Pupils who are Insulin dependent will keep their medication and equipment with them. Medical equipment and hypo-prevention supplies should be provided by home and be kept with the child, in school at the swimming baths and on trips. During playtimes, the child's diabetic hypo pack will be stored in the front office. Extra supplies are stored in the medical cabinet in the small office. Parents are expected to provide a sharps bin.
- Children prescribed with an Epi-pen or emergency asthma medication will need to have TWO pens/pumps in school - one to be kept with them/in the classroom and the other as a 'back up' to be kept in the first aid cabinet.
- Epi-pens should be kept in a clearly labelled box in the classroom; this must travel with the children at all times including PE lessons and off-site visits. Parents are responsible for ensuring that Epi-pens they supply to school are 'in date'
- Individual Healthcare Plans for pupils with long-term medical conditions should be drawn up in partnership between the school, parents/carers, and relevant healthcare professionals, e.g. Mrs McCarron, specialist and children's Primary nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.
- Parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- Parents must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines

in which the dosage cannot be administered outside of school hours or has to be taken with meals. The name of the pharmacist should be visible. School staff will not accept any medications not presented as described. Pupils should not bring in their own medicine. This should be brought into school by the parent and handed to a member of staff, ideally the office staff.

- Staff will be trained by professionals to administer medicines such as EpiPens and stock “spare” adrenaline auto-injectors for use in emergency situations
- School will provide allergy awareness training for all staff — covering recognition of symptoms, emergency response and the use of adrenaline devices — alongside incident recording on Medical Tracker and lessons learnt processes
- School will have Individual Healthcare Plans to record specific arrangements for individuals like an allergy management plan
- Controlled drugs (e.g. methylphenidate, Ritalin) 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 our Drug and Alcohol Policy. Controlled drugs will be stored in a locked non-portable container and only named staff will have access.
- Staff will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- The school will liaise with the School Health Service for advice about a pupil’s special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- The Inclusion team will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child’s needs have changed. They should be developed with the child’s best interests in mind and ensure that the school assesses and manages risks to the child’s education, health and social well-being and minimise disruption.
- Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.
- Any pupil with a **short-term medical condition** requiring medication or support will complete Appendix 3. The office staff will be help in the completion of this form.
- Only essential medicines will be administered during the school day. These will be only those prescribed by a doctor.
- Wild Bank Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Supporting a child with a medical condition during school hours is not the sole responsibility of one person. We recognize the ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. We aim to work collaboratively with all stakeholders and professionals involved in the Health Care Plans to ensure that the needs of pupils with medical conditions are met effectively.
- Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.
- All medicines will be stored safely. Medicines needing refrigeration will be stored in the staffroom

fridge. All medicines must be clearly labeled.

- Parents/carers must collect all out of date medication/equipment, and to provide new and in-date medication when needed. The school should not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication.
 - Staff will record any doses of medicines given on the Record of Medicine Administered form and a photocopy will be given to the parents at the end of the day. Parents may be contacted if staff are concerned if there is a change in the frequency of inhalers being required etc.
 - Any medicines brought into school by the staff e.g. headache tablets; inhalers for personal use will be kept securely in appropriate storage and kept out of the reach of the pupils. Please refer to our Asthma policy for further information.
 - Staff medicine is the responsibility of all staff concerned and not the school.
-
- The headteacher is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:
 - sufficient staff are suitably trained
 - all relevant staff are made aware of a child's condition
 - cover arrangements in case of staff absence/turnover is always available
 - supply teachers are briefed
 - risk assessments for visits and activities out of the normal timetable are carried out
 - individual healthcare plans are monitored regularly and reviewed annually or earlier if evidence is presented that the child's needs have changed. The plan should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimizes disruption.
 - transitional arrangements between schools are carried out
 - if a child's needs change, the above measures are adjusted accordingly
 - PEEPS (personal emergency evacuation plans) for individuals with medical needs will be written, so that their 'escape plan' will detail what organizational adjustments must be in place in the event of any emergency.

Individual Health Care Plans (IHCPs)

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical or physical needs in school. The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents to the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision) see appendix 3

- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEND but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

If a pupil has special educational needs or disabilities (SEND), these needs should be made clear in the individual healthcare plan and linked to their SEN or Education, Health and Care (EHC) plan if they have one. For children with complicated long term medical conditions who are on the SEN register, the SEN review meeting each term should also be used to review and update healthcare plans if needed.

The school recognises that needs change over time. As such, individual healthcare plans should be updated annually, or whenever the pupil's needs change. It is good practice to meet with parents annually to review the individual healthcare plans and the school considers ways of doing this, such as during parents' evenings. Parents are asked to update the school if medication changes.

A copy of the individual healthcare plan is maintained and updated by the school and is easily accessible to staff who need to refer to it, while also preserving confidentiality in line with the General Data Protection Regulation.

- Photographs showing the children across the school who have severe allergies is given to all kitchen staff and displayed in the staffroom.

Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures.
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
What constitutes an emergency?
What to do in an emergency?
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Roles and Responsibilities

The Governing Board (currently IEB) is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the Local Authority (LA), health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.

- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The Head Teacher is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the Mrs McCarron where a pupil with a medical condition requires support that has not yet been identified.

Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.

- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The SENDCO is responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and pediatricians, are responsible for:

- Notifying the SENDCO when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the SENDCO and other healthcare professionals, and participating in local outreach training.

The LA is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

Day trips, residential visits and sporting activities

- where pupils are required to take medicine during a day trip etc, arrangements should be made to administer them in accordance with this policy
- pupils with medical conditions should not be precluded from taking part in day trips, residential visits or sporting activities unless evidence from a clinician such as a GP states that this is not possible.
- teachers should be aware of how a pupil's medical condition may impact on their participation
- school will consider any reasonable adjustments that may need to be made to enable pupils with medical conditions to participate fully and safely on visits.
- The staff who lead after-school clubs, including PE coaches have a register which highlights pupils with medical conditions so that they are aware of the pupil's individual needs or support required.

Unacceptable practice

The following are generally considered to be unacceptable practice:-

- preventing children from easily accessing their inhalers and medication and administering them when necessary.
- assuming that every child with the same condition requires the same treatments
- ignoring the views of the child or their parents; or medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone inappropriate;
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively; or
- preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Fabricated Induced Illness

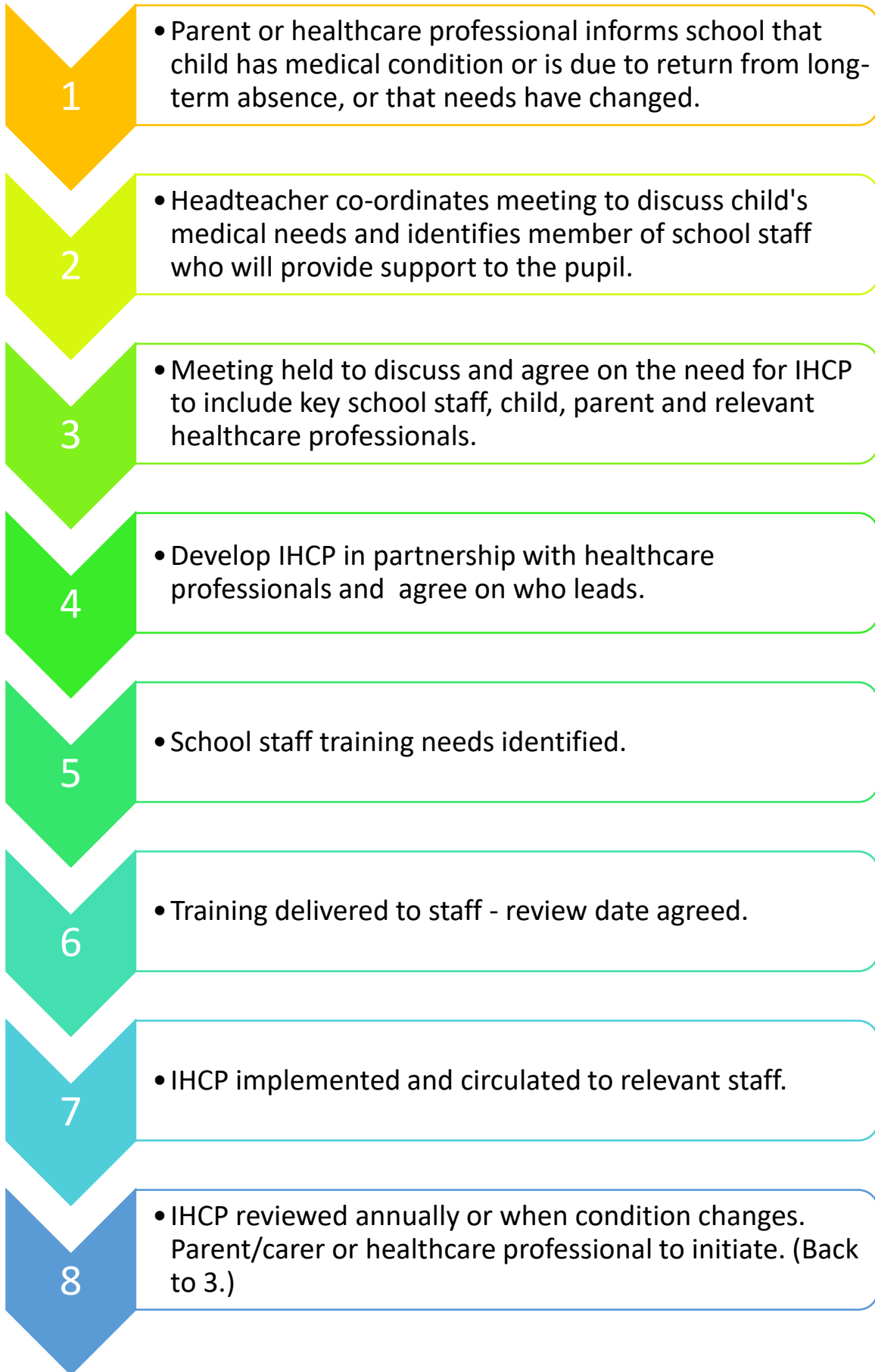
Absences from school are common and Wild Bank Primary School recognises that there are many reasons including legitimate medical and hospital appointments. If fabricated or induced illness by a carer is suspected, school staff will verify the reasons for the child's absences. Consideration will be given as to whether reported illness is being used by the child, for example, to avoid unpopular lessons or being bullied. Such concerns should not be dismissed. Any concerns or suspicions of fabricated induced illness will be discussed with the designated safeguarding lead.

The DSL may contact the child's GP. See Appendix 8 GP Safeguarding/Medical Enquiry form

Complaints

Should parents/carers be unhappy with any aspect of their child's care at Wild Bank Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Head Teacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the school Complaints Procedure.

Appendix 1 - Individual healthcare plan implementation procedure





Individual Healthcare Plan

| | | |
|--------------------------------|--------------------------|---------------|
| Name of school/setting | Wild Bank Primary School | Child's photo |
| 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 | |
|--|--|

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



Individual Healthcare Plan

Staff training record – administration of medicines

Name of school

Wild Bank Primary School

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that _____ 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 _____

Individual Healthcare Plan

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



Appendix 3- Record of medicine administered to an individual child template

Name of child

Date medicine provided by parent

Year Group/class

Name and strength of medicine

Expiry date

Dose and frequency of medicine

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| |
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| |

Staff signature _____

Signature of parent _____

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

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

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

Appendix 4 - Parental agreement for a school to administer medicine template

Wild Bank Primary School will not give your child medicine unless you complete and sign this form.



Medicine Administering Form

Date for review to be initiated by

Name of child

Date of birth

Year group/ 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.

Relationship to child

Address

I understand that I must deliver the medicine personally to

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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 template

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

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| |

Staff signature _____

Signature of parent _____

| | | | | |
|------------|--|--|--|--|
| Date | | | | |
| Time given | | | | |
| Dose given | | | | |

| | | | | |
|-------------------------|--|--|--|--|
| Name of member of staff | | | | |
| Staff signature | | | | |

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

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

Appendix 4 - Staff training record – administration of medicines

Name:

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Type of training received:

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Date of training completed:

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|--|
| |
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Training provided by:

| |
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Profession and title:

| |
|--|
| |
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I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by _____.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 5 - Model letter inviting parents to contribute to individual healthcare plan development



WILD BANK PRIMARY SCHOOL

Demesne Drive

Stalybridge, Tameside. SK15 2PG

Telephone: 0161 303 7404

Head Teacher – Mrs J. Wales

Email: admin@wildbank.victoriousmat.org

Dear Parent,

RE: 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 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 with the school, parents/ carers, 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 their ability to participate fully in school life,

Supporting Pupils with Medical Conditions
Janet Wales

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 include add details of team. 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. You will need to come in to school to complete a letter of authorisation (Appendix3) . I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Mrs. J Wales
Headteacher

Appendix 6 - Parental telephone agreement for school to administer medicine Paracetamol/Ibuprofen template

Paracetamol/Ibuprofen Administering Form

VERBAL PERMISSION: Parent/carer _____ telephoned by _____
to administer the required instructed dosage _____ of Paracetamol / Ibuprofen (circle as appropriate)
supplied by the school for _____. (Pupil's name)

Description of the children's condition _____

The parent confirmed when the child had last received/administered any medication. (time and date) _____

Time contacted _____ am/pm Date contacted _____

Staff Name _____

WRITTEN PERMISSION: Parent's Signature: _____ Date _____

Paracetamol/Ibuprofen Administering Form

VERBAL PERMISSION: Parent/carer _____ telephoned by _____
to administer the required instructed dosage _____ of Paracetamol / Ibuprofen (circle as appropriate)
supplied by the school for _____ .(Pupil's name)

Description of the children's condition _____

The parent confirmed when the child had last received/administered any medication. (time
and date) _____

Time contacted _____ am/pm Date contacted _____

Staff Name _____

WRITTEN PERMISSION: Parent's Signature: _____ Date _____

Appendix – 7 Parents agreement to supply Hypo Kit

Diabetic Emergency Hypo Kit

A Diabetic Emergency Hypo Kit **must** be supplied by the Parent/Carer and supplies must be checked, replaced and updated weekly.

Hypo Kit suggestions: -

- Extra Insulin Strips
- Ketone Strips
- Blood Glucose testing machine
- Glucose tablets
- Sugary drink – pure orange juice, lucozade (not reduced sugar)
- Jelly babies, fruit pastels
- Biscuits, crackers

Glucagon (This must not be administered unless specifically trained to do so)

Some form of carbohydrate maybe required if lunch/tea is not imminent.

Suggestions: a slice of bread, apple, banana or a cereal bar.

Signed:..... date:

Appendix 8- letter to GP

WILD BANK PRIMARY SCHOOL

Demesne Drive

Stalybridge, Tameside. SK15 2PG

Telephone: 0161 303 7404

Head Teacher – Mrs J. Wales

Email: admin@wildbank.victoriousmat.org

GP Safeguarding/Medical Enquiry Form

Child's Name _____ date of birth _____

School to complete as relevant:-

Child did not attend school for _____ days over a period of _____ weeks.

The reason given was _____.

and/or

School has concerns about the following aspects of the child's health (please be specific about the concerns)

Parent to complete:

I consent for medical information about this episode/concern to be shared with school. I confirm that I have parental responsibility for this child (PR)

Parent/Carer's Name _____ Signature _____ Date _____

GP Practice to complete/delete as relevant below:-

- a) The problem has resolved and requires no further action or time off school.
- b) The problem is ongoing and the following action is planned

- c) The child was not brought to the Doctor's surgery

Any further relevant details below

GP Name _____ Signature _____ date _____ Stamp

Please email this completed form back school at the following email address:

admin@wildbank.victoriousmat.org

Appendix 9

Allergic reactions: using an



auto-injector



An auto-injector is an injection device containing adrenaline or epinephrine which is used to combat an allergic reaction. Someone having a severe reaction may need help using their auto-injector.

Before using an auto-injector

Be sure the person is experiencing anaphylaxis (a severe allergic reaction) by looking for the following symptoms:

- Feeling light-hearted or faint
- Breathing difficulties
- Fast heartbeat
- Swollen tongue and throat
- Clammy skin
- An outbreak of blotchy skin
- Confusion and anxiety
- Collapsing
- Loss of consciousness
- Signs of shock

Call 999 as soon as possible!

DO NOT

- Use an auto-injector older than the expiration date printed on the side of the box
- Use an auto-injector if the liquid is discoloured – it should be clear – or if there are particles in the liquid
- Put your hand over either end of the injector, as the needle comes from one end and this could cause an accidental trigger

Using the auto-injector

- 1) Ask the person if they need help using their auto-injector
- 2) Remove the auto-injector from its package
- 3) Remove the safety cap
- 4) Hold the auto-injector firmly with your fist in the middle
- 5) Push the needle into the mid-outer thigh (about halfway between the hip and knee) – you can give the injection through clothes or bare skin, just try to avoid any buckles or thick seams
- 6) Hold the device in place until the medicine has been injected (usually no more than 10 seconds)
- 7) Remove the auto-injector from the thigh – a protective shield will usually cover the needle automatically
- 8) Massage the injection area for 10 seconds
- 9) Be prepared for any side effects – injections may cause shaking, paranoia or panic – stay calm!
- 10) If symptoms do not improve, be prepared to administer another injection if the person has another auto-injector after five minutes, and again after 15 minutes if symptoms still haven't improved

ANAPHYLAXIS

Anaphylaxis has a whole range of symptoms and of the following may be present, although most pupils with anaphylaxis would not experience all of these:

- Flushing of the skin anywhere on the body;
- Nettle rash (hives) anywhere on the body;
- Difficulty in swallowing or speaking;
- Swelling in the throat and mouth areas;
- Irregularity in heart rate;
- Symptoms of asthma;
- Stomach pain and possible vomiting;
- Feelings sometimes described as a "sense of impending doom";
- A drop in blood pressure causes weakness and potential collapse;
- Unconsciousness.

If a child or adult shows signs of a reaction:

- Seek assistance from a member of staff trained in anaphylaxis emergency procedures.

The trained member of staff should:

- Assess the situation;
- Follow the pupil's agreed emergency procedure closely;
- Administer medication in line with the individual care plan;
- If it is decided that the symptoms are more serious, call an ambulance, following the procedure
- shown in appendix 5. Parents should be called immediately following the call for the ambulance.

Staff should continue to assess the pupil's condition and make them as comfortable as possible:

- If the pupil or adult is feeling faint, weak or "floppy", lay them down with their legs raised. They should NOT stand up;
- If the pupil or adult is vomiting or has vomited, lay them on their side to avoid choking;
- If they are having difficulty breathing they may be better sitting up;
- If symptoms are potentially life-threatening, the pupil or adult should be given their adrenaline injector/Epipen into the outer aspect of their thigh. Remember to make the used injector safe after use and make a note of the time it was used so that the ambulance crew can be informed.

IT IS THE RESPONSIBILITY OF THE OFFICE STAFF TO ENSURE THAT:

- Parents of a pupil suffering with anaphylaxis are contacted. If parents are not contactable, a member of staff must accompany the child in the ambulance and remain with the child until the parents/carers arrive at the hospital.
- In the case of an adult suffering with anaphylaxis, a member of their family should be informed.
- A member of staff should be outside on Demesne Drive to direct the ambulance.
- Full details should be written down to give ambulance staff: name, address, date of birth, address, home contact number, parents' mobile numbers.

ANAPHYLAXIS

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain 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).

Schools may administer their “spare” adrenaline auto-injector (AAI), obtained for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where 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.

In severe cases the allergic reaction can progress within minutes into a life-threatening reaction. Severe reactions can require much more than an adrenaline injection and it is therefore vital to contact Emergency Services as early as possible.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Anaphylaxis Campaign AllergyWise Online Course

Free online anaphylaxis training course AllergyWise for Schools is designed to ensure that key staff in schools are fully aware of the signs and symptoms of anaphylaxis, how to provide emergency treatment and the implications for management of severely allergic children from Key Stages 1 to 5 in an education setting.

<https://allergywise.org.uk/course-login/>

ASTHMA

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler 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.

An Emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler;
- At least two plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- 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;
- 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). This should include where and when the attack took place how much medication was given and by whom.

Mrs McCarren will ensure that:

- On a half termly basis, the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- 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 so that replacements are available if necessary.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's inhalers and the inhaler(s) labelled to avoid confusion with a child's inhaler.

The plastic spacer should not be reused and can be given to the child to use at home. The inhaler can be reused provided it is cleaned after use.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Supporting Children's Health Asthma Online Course

Being aware of asthma and its triggers can help to ensure children with asthma in your care are safe and can get involved in the same activities as any other child without issue or harm. This module aims to help you support children who have asthma by:

- Raising your awareness of the condition and how it's managed
- Exploring plans, you may need to ensure that children with asthma in your care are supported

<https://www.supportingchildrenshealth.org/asthma-module/>

