Chorlton CE Primary School
Supporting Pupils with Medical Conditions

Policy information and Review

Names person with designated responsibility for

Academic Year	Designated Lead Person(s)
2023-2024	Claire Gunn
2024-2025	Claire Gunn
2025-2026	Claire Gunn

Policy review dates

Review date	Changes made	By whom
October 2023	Policy reviewed	Claire Gunn
October 2024	Policy reviewed	Claire Gunn
June 2025	Policy reviewed	Claire Gunn

This document is produced in accompaniment to the DfE document located at
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

'Appropriate authorities' must have regard to this guidance when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities. In this document, references to schools are taken to include academies and PRUs and references to governing bodies include proprietors in academies and management committees of PRUs. Further advice, where provided, is based on good practice but is non-statutory.

(Document - Supporting pupils at school with medical conditions; Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015)

A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community. Governments must do all they can to provide support to disabled children and their families. (Article 23)

Introduction

At Chorlton CE Primary we help each other to learn and to love through our Christian values of Community, Respect, Courage, Nurture, Curiosity and Growth which are central to all aspects of our school life. We are here to give our pupils an excellent education with a rich and inspiring curriculum, at the same time providing nurture and care for their spiritual/emotional moral, social and cultural wellbeing. When they leave Chorlton CE they will be prepared for life, with resilience, compassion and having developed courageous advocacy.

Chorlton CE Primary School is Rights Aware (Gold) under the United Nations Convention on the Rights of a Child with UNICEF. We strive to ensure our pupils are safe and cared for within school and are treated respectfully which is reflected in Article 23: A child with a disability/medical condition has the right to live a full and decent life with dignity and independence, and to play an active part in the community.

General overview

We want all children and young people to have successful and fulfilling lives. Section 100 of the Children and Families Act 2014 places a statutory duty on all schools to effectively manage and meet the needs of pupils with medical conditions, in terms of both physical and mental health, are properly supported in school. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits, residential and extended school activities, such that they remain healthy and achieve their academic potential.

This policy document should be considered in conjunction with all other relevant duties, policies and guidance. Reference can be made to Health and Safety legislation, the SEND code of Practice and the Equality Act 2010 that may impact on support/provision for pupils with medical conditions.

Children with medical conditions should not be denied admission (see School Admissions Code 2012) or prevented from taking up a place because arrangements for their medical condition have not been made. However, in line with the school's safeguarding duties, the governors do not have to accept a child at times where it would be detrimental to the health of that child or others to do so.

Some children with medical conditions may be disabled. Where this is the case the governing body must comply with the duties under the Equality Act 2010. For example, schools are required to make reasonable adjustments to minimise or remove barriers to access and participation. Ensuring that individuals are not subject to less favourable treatment because of their disability. Some children may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHC Plan) which brings together health and social care needs as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the school SEN report and policy.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person and the school's ability to provide effective support will depend on co-operative working with other agencies including healthcare professionals, the local authority, parents/carers, the child and, where appropriate, social care or other outreach professionals. This type of partnership working aims to ensure that the needs of pupils with medical conditions are met effectively.

Medical conditions can sometimes result in short term, frequent or long term absence from school,

which can impact on educational attainment. Schools are required to recognise and consider the potential social and emotional implications associated with a medical condition, as well as the educational impact, when planning to meet the pupil's needs.

Parents/carers should provide full information about their child's medical needs, including details of any medication they are prescribed and any additional medical needs they may have.

Purpose of the document

The purpose of this policy is to put in place effective management systems, arrangements and practices to support children and young people with medical conditions to attend school. This policy also aims to give confidence to parents/carers that school will provide effective support for their child's medical condition and support their child to feel safe.

This policy clarifies the range of medical needs that may result in a child requiring support, namely:

- children with long term and/or complex medical conditions who require support to manage their medical needs on a day to day basis to keep them healthy;
- children requiring monitoring and/or intervention in emergency circumstances;
- children whose health needs may change over time in ways that cannot always be predicted.
- arrangements for children who "by reason of illness or exclusion from school or otherwise" may not for any period receive suitable education

All staff in schools and academies have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is considered to be good practice that schools and academies will consider and review cases individually and actively support pupils with medical conditions, including administering medicines or medical interventions in order to meet the all-round needs of the child. However, there is no legal duty requiring individual staff to administer medication, carry out medical interventions or to supervise a child when taking medicines. Any member of staff may be asked to administer medicines or medical interventions but they cannot be required to do so. They can perform duties in-line with guidelines on a voluntary basis once they have received the appropriate training necessary for each individual case.

This policy aims to ensure that appropriate support is put in place to limit the impact on educational attainment in the event of a short or long term absence from school. Please also refer to school policy on managing attendance.

ROLES AND RESPONSIBILITIES

The Governing Body

The governing body is responsible for:

- ensuring the Head Teacher develops and effectively implements policy with partners and school staff, including regular policy review;
- ensuring the Head Teacher makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;
- designating a named individual who is responsible for effective implementation of this policy (state the role of the designated named person e.g. SENCo);
- ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child;

- ensuring that all relevant staff are aware of an individual child's medical condition and needs;
- ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. are able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including in contingency and emergency situations;
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1);
- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff;
- ensuring that individual healthcare plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;
- ensuring that individual healthcare plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change;
- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;
- ensuring that appropriate insurance is in place to support staff to undertake this role;
- ensuring that a complaints procedure is in place and is accessible.

The Head Teacher

The Head Teacher is responsible for:

- ensuring that the notification procedure is followed when information about a child's medical needs are received (Appendix 1);
- ensuring that parents/carers provide full and up to date information about their child's medical needs by notifying the school via the admissions form or reporting any new medical conditions to the school office
- deciding, on receipt of a request form for 'administration of medicine' (Template A), on a case by case basis, whether any medication will be administered by staff or will be self-administered by the child
- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.

Staff

Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role. School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions. Teachers will take into account the needs of pupils with medical conditions that they teach. Staff will respond accordingly when they become aware that a pupil with a medical condition needs help.

Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

Parents/carers

Parents/carers are required to:

- provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change
- complete, if appropriate, a request form for 'administration of medicine' (Template a) to gain consent for medicines / medical interventions to be administered at school;
- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;
- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP);
- provide any medication in its original packaging, with the pharmacy label stating the following:
    - the child's name
    - the child's date of birth
    - name of medicine
    - frequency/ time medication administered
    - dosage and method of administration
    - special storage arrangements
- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;
- collect and dispose of any medicines held in school at the end of each term or as agreed;
- provide any equipment required to carry out a medical intervention e.g. catheter tubes;
- collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils are expected to comply with their IHPs.

School nurses and other healthcare professionals

Every school has access to school nursing services. They are responsible for:

- notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be, where possible, before the child starts school.
- liaise with lead clinicians locally on appropriate support for the child and associated staff training needs
- provide advice for a child's IHP

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nurses and notify them of any pupils identified as having a medical condition. They should also co-operate with school in providing valuable support, information, advice and guidance. One such document that is usually prepared with some input from healthcare professionals is an Asthma care plan (Template B).

Professionals will provide school with an "allergy action plan" should the child have a severe allergy which requires an epipen to be administered (Template C).

PUPIL INFORMATION

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year or sooner, if needs change,

- Details of pupil's medical conditions and associated support needed at school
- Medicine(s), including any side effects
- Medical intervention(s)

- Name of GP/ Hospital and Community Consultants/ Other Healthcare Professionals
- Special requirements e.g. dietary needs
- Who to contact in an emergency
- Cultural and religious views regarding medical care

MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES

Administration of Medicines/ Medical Interventions

Medicine/ medical interventions will only be administered at school when it would be detrimental to pupil's health or attendance not to do so. It is expected that parents/carers will normally administer medication/medical interventions to their children during their time at home, where at all possible.

No medication/medical intervention will be administered without prior written consent from the parents/carers. These forms are available from the office (Template A).

No child will be given medicine containing aspirin unless prescribed by a doctor. Medication e.g. for pain relief will never be administered without first checking maximum doses and when the previous dose was taken. When administering medicine, school will keep a record of administered medicines on an online document.

School will only accept prescribed medication that is in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in date but may be available inside an insulin pen or pump, rather than its original container.

All medicines / medical interventions will normally be administered during school breaks and/or lunchtime. If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine/medical intervention to be administered at other prescribed times.

Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:

- Name of pupil
- Written instructions provided by the parents/carers or healthcare professional or as agreed in an Individual Healthcare Plan (IHCP)
- Prescribed dose, if appropriate
- Expiry date, if appropriate

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharp boxes will always be used for the disposal of needles and other sharps.

When administering medicine, school will keep a record of administered medicines on an online document that is accessible by all staff to record the relevant date, time, dosage and updates. An email will be sent to parents at the end of the school day to inform them of this information.

Child's Role in Managing their own Medical Needs

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.

Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency.

Refusing Medication / Medical Intervention

If a child refuses to take their medication/ medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.

Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

Storage of Medicines/ Medical Intervention Equipment and Resources

All medicines will be stored safely. Adults and, where appropriate, pupils will be told where their medication/medical intervention equipment and resources are kept and who will administer them. Medicines and devices such as inhalers, blood glucose testing meters and epi pens will always be readily available (consideration of this will be taken when off school premises e.g. swimming/school trips).

Large volumes of medicine should not be stored on site and staff should only store, supervise and administer medicine that has been prescribed for a specified individual. Medicines should be stored in accordance with the product instructions displayed on their labels (paying particular note to temperature) and when presented in the original container in which it was dispensed, accompanied by the prescriber instructions. Under 16's should never be given aspirin or medicines containing ibroprofen, unless prescribed by a doctor.

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

Controlled drugs

A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

School will keep controlled drugs that have been prescribed for a pupil securely stored and only named staff will have access. Controlled drugs will be easily accessible in an emergency. School staff may administer a controlled drug to whom it has been prescribed in accordance with the prescriber's instructions. Records will be kept of any dosage used and the amount of the controlled drug held in school. Any side effects will be noted.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal.

Records

Parents should update the setting if changes to medication occur, along with any additional instructions provided. This must then be carefully checked by staff before administering the medication. If staff have any concerns, then it is their responsibility to contact the appropriate health care professional.

Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions.

Parents and carers must complete a 'Request form – administration of medication' form (Template A) prior to the start of medication being administered in school.

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Name of medication
- Dosage
- A note of any side effects / reactions observed

A record of prescribed medication administered in school is kept by the school office.

TRAINING

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does ***not*** constitute appropriate training in supporting children with medical conditions.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse. This is for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.

Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate. Training will be sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Induction for staff will raise awareness of school's policy and practice on supporting pupils with medical condition(s).

School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.

A record of staff training carried out will be kept in school, identifying the date any review or refresher training will be required, where appropriate.

LONG TERM MEDICAL NEEDS

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If medical needs are adequately supported this may have a significant impact on the individual's health, experiences and the way they function in and out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning; leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs Code of Practice 2014 advises that a medical diagnosis or a disability does not necessarily imply a SEN. However, support for all areas of need will be considered on an individual basis and those with a diagnosis may also be supported through the usual SEN channels.

All settings request to be informed of specific needs before a child is admitted or when a child first develops a medical need. For children who attend hospital appointment on a regular basis, then special arrangements (attendance considerations) may also be necessary.

For such individuals a document known as an Individual Health Care Plan (IHCP) will be written. This is overseen by the SENDCo.

Individual Healthcare Plan

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- an overview (One Page Profile) of the child's needs and provision in place in school to manage those needs;
- a description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities;
- arrangements around administration of medication(s) / medical intervention(s);
- arrangements around management of medical emergency situations;
- arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc;
- risk assessment for access to the school environment and curriculum;
- arrangements for evacuation in the event of an emergency;
- the level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable;
- how, if agreed, the child is taking responsibility for their own health needs;
- a reference to staff confidentiality.

Appendix 2 is a Flow Chart to guide schools through deciding which elements of the IHCP are relevant to an individual child.

Individual Health Care Plans will be reviewed annually or sooner if needs change.

Intimate and Invasive Care

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions). Please also refer to the intimate care policy for further details about supporting intimate care when carrying out medical procedures.

EDUCATION FOR THOSE WHO CANNOT ATTEND SCHOOL DUE TO HEALTH NEEDS

Suitable Education

The Department for Education guidance 'Ensuring a good education for children who cannot attend school because of health needs 2013' places a requirement on Local Authorities to provide education for those children who cannot attend because of their medical condition (this also includes mental health conditions).

The school will liaise with the Local Authority should a child need to take extended periods of time off school due to a medical condition, support can be provided from Manchester Hospital Schools and appropriate referrals will be made by the school should the medial needs of a pupil become too complex to manage in school.

Examples of support that can be provided by the Manchester Hospital Schools include:

- Outreach support to schools
- Home tuition
- Tuition in community venues close to home
- AVI 'robot' supported learning and provision simultaneously in school and at home
- Re-engagement with learning pathways

OFF-SITE AND EXTENDED SCHOOL ACTIVITIES

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential trips.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully. School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

MANAGING EMERGENCIES AND EMERGENCY PROCEDURES

The Head Teacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;

- a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergencies services (Template D) which is displayed in the appropriate places e.g. office & staff room

CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL

School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.

School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.

School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

LIABILITY AND INDEMNITY

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The school's All Risk Policy is held with MCC and renewed each April.

COMPLAINTS PROCEDURE

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the Head Teacher/SENCO.

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in writing to the school's governing body. See link below:

http://www.chorltonce.co.uk/complaints-policy

UNACCEPTABLE PRACTICE

The school considers that the following constitute unacceptable practice:

- requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues - no parent/carer should have to give up working because the school is failing to support their child's medical needs;
- preventing children from easily accessing and administering their medicines as and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child and/or their parents/carers (although this may be challenged);
- ignoring medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently;
- preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP;
- if the child becomes ill, sending them to the school office unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

POLICY INFORMATION AND REVIEW

Information about signatures and review dates can be found on the front cover of this policy document.

Appendices

- Appendix 1: Sample Procedure following notification of a pupil's medical needs
- Appendix 2: Individual Healthcare Plan (IHCP) Flow Chart to Guide Schools on the Development of an IHCP for a Child
- Appendix 3: Medicines and Medical Interventions
- Appendix 4: Some medical conditions that may be experienced in school
- Appendix 5: Allergy addendum

Templates

a. Request form - administration of medicine
b. Asthma plan
c. Allergy action plan
d. Procedure for Contacting Emergencies Services

Appendices

Appendix 1

Sample Procedure following Notification of a Pupil's Medical Needs

Notification

- School receives notification of child's medical condition and needs from parent/carer, LA, healthcare professional or other school
- Parents asked to complete *'parent/carer information about a child's medical condition' form (Template A)*
- School notifies School Nursing Service if the child has not yet been brought to their attention

Initial Meeting

- School lead and parents/carers meet to discuss *'Parent/carer information about a child's medical condition' form. (Template A)* if not already completed

Formal Request

Multi-agency Meeting

- School develops an *Individual Healthcare Plan (IHCP),* if appropriate, with parents/carer, pupil, healthcare and other relevant professionals
- IHCP agreed by parents/carers and the school

Staffing

- School consults with staff to plan for the administration of any medication or medical intervention.
- Appropriate training is provided for staff

IHCP

Appendix 2

Individual Healthcare Planning (IHCP) Flow Chart

Flow Chart courtesy of Lancasterian Outreach and Inclusion Service (LOIS)

1. Does the pupil have a medical condition or physical disability?

YES → Write a Pen Portrait/ One Page Profile

NO → No further action - criteria not met

2. Does the pupil have medication or a medical intervention administered regularly at school?

YES → Write a Medical Protocol

NO

3. Does the pupil need to have strategies in place (including administration of rescue medication) in the event of an emergency that can be planned for?

YES → Write an Emergency Medical Protocol

NO

4. Does the pupil have any personal care needs?

YES → Write a Personal Care Needs Plan

NO

5. Does the physical environment in school have any barriers to access for the pupil?

YES → Write a Physical Access Risk Assessment

NO

6. Does the pupil need to have strategies in place to safely evacuate from the building in the event of an emergency?

YES → [redacted] Emergency Evacuation Plan

NO

7. Is the pupil going on a trip, visit, residential, swimming lesson or any other school/ after-school activity that takes them off-site ?

YES → Write a personalised Additional Needs Risk Assessment if you are taking the pupil on an off-site trip or visit. This is in addition to the EVl or EV2.

Appendix 3

Medicines and Medical Interventions

Some of the medicines and medical interventions commonly managed within special and mainstream schools are detailed below.

Medicines

Medical Needs	Medicine	Training Requirements
Adrenal Insufficiency	Hvdrocortisone	
Diabetes Type 1	Insulin	Trainina by specialist nursina team required
Eczema	Topical corticosteroids Emollients (moisturisina creams)	
Epilepsy (rescue mediation in the event of a seizure)	Midazolam hydrochloride (Buccolam) Midazolam maleate (Epistatus)	Training by specialist nursing team required
Muscle spasm (Cerebral Palsy)	Baclofen	
Severe allerqy / anaphylaxis	Adrenaline (EpiPen)	Trainina bv specialist nursina team required

Medical Interventions

Situation	Medical Intervention	Trainina Reauirements
Blood-Glucose (Sugar) Level Monitoring	• Testing procedure includes taking a small blood samole	Training by specialist nursing team required
Catheterisation	• Clean Intermittent Catheterisation (CIC) • Self - Catheterisation (CIC) • Manaqement of In-Dwellinq Catheter	Training by specialist nursing team required
Diabetes and Insulin management	• Injection of insulin (insulin pen) • Dose manaqement	Training by specialist nursing team required
Gastrostomy / Nasogastric feeding (tube feeding into the stomach)	• Bolus (Gravity) feeding procedure • Pump feeding procedure • Manaqement of stoma site	Training by specialist nursing team required
Hickman (Central) Line	• Awareness raisinQ, manaQement and monitorinq	Training by specialist nursing team required
Oxygen Therapy	• Management of oxygen via cylinders	Training required by suppliers and specialist nursing team
Tracheostom y	• Trache and equipment care and management • Suction • Chanqinq / replacinq trache tube	Training by specialist nursing team required

Appendix 4

Some medical conditions that may be experienced in school

ASTHMA

What is asthma?

- Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.
- The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. No everyone will get all these symptoms and some children may only get symptoms from time to time.
- People with Asthma have sensitive air passages which are quick to respond to anything that irritates them (triggers).
- This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out.
- Narrowing of air passages produces ONE or ALL of the following: coughing, breathlessness, wheezing.
- SUDDEN, SEVERE narrowing of air passages may result in an 'Asthma Attack'.

What to do in an asthma attack

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

Step 1: What to do:

- Encourage the child or young person to sit and slightly bend forward – do not lie them down.
- Make sure the child or young person takes 2 puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer.
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5 – 10 minutes go to step 2

Step 2: If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (4 puffs). Children under the age of 2 years 2 puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
- Continue to reassure the child
- Keep child or the young person as calm as possible

Step 3: Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives.
- Call parents/carer
- Keep child or the young person as calm as possible.

If the child/young person has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.

Common signs/symptoms of an asthma attack are:

- Coughing
- Shortness of breath
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children express the feeling of a tight chest as a tummy ache

After a mild to moderate asthma attack

- When the pupil feels better they can return to school activities
- The parents/carers must always be told if their child has an asthma attack

Important things to remember in asthma attack:

- Never leave a pupil having an asthma attack
- If the pupil does not have their inhaler and / or spacer with them send another teacher or pupil to their classroom or assigned room to get their spare inhaler and /or spacer
- In an emergency situation school staff is required under common law, duty of care, to act like any like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing
- Contact the pupil's parents or carers at step 1 if a pupil does not have their reliever inhaler at school
- Send another pupil to get another teacher / adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance / doctor
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.
- Generally, staff should not take pupils in their own car.

Useful websites

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

2. http://www.asthma.org.uk

EPILEPSY

What is epilepsy?

- Children with epilepsy have repeated seizures that start in the brain.
- An Epileptic Seizure (sometimes called a fit) turn or blackout can happen to anyone at any time. Seizures can happen for many reasons.
- At least 1 in 200 children have Epilepsy and around 80% of them attend mainstream school.
- Most children with diagnosed Epilepsy never have a seizure during the school day.
- Epilepsy is a very individual condition.

What to do when a child is identified as having epilepsy

- When a child with epilepsy joins our school, or a current pupil is diagnosed with the condition, the SENCo, as directed by the Head Teacher, will arrange a meeting with professionals, parents and staff to share knowledge, develop an IHCP and make arrangements for any reasonable adjustments to take place that will better support their individual needs.
- First aid for the pupil's seizure type will be included in their IHCP and will be administered by those named within it.
- Specific training will also be arranged for those supporting the child daily, with updates shared as soon as they arise.

Basic first aid for Tonic-clonic seizures

1. Stay Calm
2. If the child is convulsing, then put something soft under their head
3. Protect the child from injury (remove harmful objects from nearby)
4. NEVER try and put anything in their mouth or between their teeth
5. Try and time how long the seizure lasts – if it lasts longer than usual for that pupil or continues for more than five minutes then call medical assistance.
6. When the child finishes their seizure stay with them and reassure them.
7. Do not give them food or drink until they have fully recovered from the seizure.

8. Sometimes a child may become incontinent during their seizure, if this happens, try and put a blanket around them to avoid any potential embarrassment.

It is recognised that children with Epilepsy may also have a SEN and may therefore require additional monitoring and support to ensure that their medical need does not begin impacting upon their learning.

DIABETES

What is diabetes?

- Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 Diabetes) or there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 Diabetes).
- About one in 550 school-age children have diabetes.
    - The majority of children have Type 1 Diabetes. They normally need daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan.
    - Children with Type 2 Diabetes are usually treated by diet and exercise alone

What school will provide for a child with diabetes?

- Training for staff to understand the condition and how to support a child with the condition
- Members of staff made aware of any diabetic children in school
- Other children in class made aware of needs for diabetic 'snacks' required during the day
- Emergency glucose to ensure insulin/sugar balance is maintained and will be kept in school (provided by the family according to their needs).

ANAPHYLAXIS

What is anaphylaxis?

- Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.
- Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).
- The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.
- Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting.

Children who experience anaphylaxis will have an allergy action plan drawn up to be displayed at school. The exemplars are evidenced in Template C

Appendix 5

Allergy addendum

Purpose

To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

About allergies

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

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

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

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

There are 14 common UK allergens which include (but not limited to):

- Celery
- Cereals containing gluten (such as barley and oats)
- Crustaceans (such as prawns, crabs and lobsters)
- Eggs
- Fish
- Lupin
- Milk
- Molluscs (such as mussels and oysters)
- Mustard
- Peanuts
- Sesame
- Soybeans
- Sulphur Dioxide and sulphites
- Tree nuts (such as almonds, hazelnuts, walnuts etc)

Roles and Responsibilities

All roles and responsibilities regarding allergies and medical conditions are set out in the main document (on page 3)

Allergy action plans

Allergy action plans are designed to function as Individual Healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Chorlton CE Primary School recommends the use of the British Society of Allergy and Clinical Immunology (BSACI) Action Plan (Template C). It is the parents'/carers responsibility to complete the allergy action plan with help from a healthcare professional, then a copy of the plan must be provided to school.

Emergency treatment and management of Anaphylaxis

Anaphylaxis is likely is all of the following things happen

- Sudden onset *and* rapid progression of symptoms
- Life threatening airway and/or breathing difficulties *and/or* circulation problems
- Changes to the skin

If a pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment and starts to work within seconds.

Adrenaline should be administered by an injection into the muscle (intramuscular injection). Adrenaline opens up the airways, stops swelling and raises blood pressure. Adrenaline must be administered with minimal delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

Response to an allergic reaction

1. Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
2. Remove trigger if possible (e.g. insect stinger)
3. Lie child flat (with or without legs elevated) - A sitting position may make breathing easier.
4. **USE ADRENALINE WITHOUT DELAY** and note time given.
5. Call 999 and state **ANAPHYLAXIS**
6. If no improvement after 5 minutes, administer second adrenaline auto-injector
7. If no signs of life commence CPR
8. Phone parent/carer as soon as possible

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

Catering

All food businesses (including school catering) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. The school menu is available to view on the school website with all allergens highlighted at https://www.chorltonce.co.uk/school-lunch-menu/

The school cook will be informed of all children with food allergies and provided with copies of appropriate allergy action plans for individuals with severe allergies. There are pictures within the kitchen area so kitchen staff can ensure that any allergies are catered for and provided to those children that require an amended meal.

Allergy awareness

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

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

Allergen addendum template provided by Allergy UK.

Templates

Template A

REQUEST FORM – ADMINISTRATION OF MEDICINE

If you would like school to administer medication for your child, please complete the following details.

CHILD'S NAME		**CLASS**	

I _____ (parent or legal guardian), request that my child is given the following medication on the days and at the times stated:

NAME OF MEDICATION	DOSE	DATE AND TIMES

I understand that the school is not obliged to comply with this request and that the school's decision is final. I further understand that all medication must be clearly labelled with my child's name and the name of the medication, and that it must be delivered by a responsible adult to the school office with a means of measuring the correct dose.

Parents or legal guardians must provide clear written instructions of how to administer the medication.

SIGNED		**DATE**	

Template B

My Asthma Plan

Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.

Name: _____

1 My daily asthma medicines

- My preventer inhaler is called _____ _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:

_____

_____

- My reliever inhaler is called _____ _____ and its colour is _____. I take ____ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

2 When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than _____

If my asthma gets worse, I should:

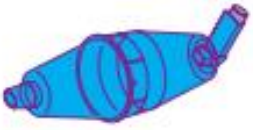
Keep taking my preventer medicines as normal.

And also take _____ puff/s of my blue reliever inhaler every four hours.

If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?

If YES
I take:
_____
puff/s of my reliever inhaler (usually blue) beforehand.



Remember to use my inhaler with a spacer (if I have one)

Health & care information you can trust

My Asthma Plan

3 When I have an asthma attack

I'm having an asthma attack if:

- My blue reliever inhaler isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than _____

When I have an asthma attack, I should:

Sit up — don't lie down. Try to be calm.

Take one puff of my reliever inhaler **every 30 to 60 seconds** up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

If I still don't feel better and I've taken ten puffs, I need to call **999** straight away. If I am waiting longer than 15 minutes for an ambulance I should take another _____ puff/s of my blue reliever inhaler every 30 to 60 seconds (up to 10 puffs).

My asthma triggers:

Write down things that make your asthma worse

I need to see my asthma nurse every six months

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

Parents – get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- **Take a photo** and keep it on your mobile (and your child's mobile if they have one)
- **Stick a copy** on your fridge door
- **Share** your child's action plan with school, grandparents and babysitter (a printout or a photo).

You and your parents can get your questions answered:

Call our friendly expert nurses

0300 222 5800

(9am – 5pm; Mon – Fri)

Get information, tips and ideas

www.asthma.org.uk

Template C – This will usually be provided fully complete from a medical professional

bsaci ALLERGY ACTION PLAN

RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:** ..... (If vomited, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- **Persistent cough**
- **Hoarse voice**
- **Difficulty swallowing**
- **Swollen tongue**

B BREATHING
- **Difficult or noisy breathing**
- **Wheeze or persistent cough**

C CONSCIOUSNESS
- **Persistent dizziness**
- **Pale or floppy**
- **Suddenly sleepy**
- **Collapse/unconscious**

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

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

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: 0.3 mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** 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 adrenaline dose** using a second autoinjectilable device, if available.

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

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

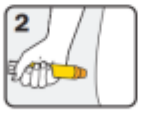
Print name: .....

Date: .....

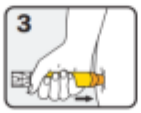
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

How to give EpiPen®

1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3. PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Template D

Chorlton CE Primary School

Procedure for contacting emergency services

Requesting an ambulance

1. Dial 999

2. Speak clearly and slowly.

3. Be ready to repeat information if asked

You will be asked for three key pieces of information

1. Your telephone number
2. The location you want the ambulance to be sent to
3. The reason for the call

School telephone number:	0161 881 6798
School name:	Chorlton CE Primary School
School address:	Vicars Road, Chorlton-Cum-Hardy Manchester
School postcode for satnav:	M21 9JA
Best entrance to the school site:	Through the main gate
Exact location of the patient within the school:	The child is located……..

STATE THAT THE AMBULANCE WILL BE MET BY A MEMBER OF STAFF WHO WILL TAKE THE CREW TO THE PATIENT.

Name of child:	
Age of child:	
Description of child's symptoms:	
Inform if have an underlying medical condition:	
Inform if any emergency rescue medication has been administered:	e.g. midazolam – epilepsy, epipen - allergies, glucose – diabetes
Inform if any emergency procedures have been carried out:	e.g. suctionltrache tube replacement - tracheostomy, button replacement – gastro feed

On arrival of the ambulance

- Member of staff to meet crew and escort crew to the patient
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate
- In the case of a child with complex needs, member of staff to pass over the child's IHCP or summary letter stating child's medical condition and medication
- Member of staff to travel in the ambulance with the patient