



# Supporting Pupils with Medical Conditions

## School Vision, Values and Aims

Our school vision, values, aims and motto are rooted in the Church of England's Vision for Education; *Deeply Christian, Serving the Common Good.*

**“An outstanding, values driven school, preparing children for modern Britain and a changing world.”**

At Leckhampton Church of England Primary School, the children are at the heart of all we do and we believe that every child deserves the opportunity to be happy, feel valued and experience success. Our school actively celebrates the dignity and worth of each individual. Everyone is welcome into our school family and we aim to support all children in developing a love of lifelong learning, supported by our four Christian values.

**Respect   Compassion   Responsibility   Perseverance**

These values are supported by our school aims;

- Develop values for life, enabling all pupils to respect themselves and others.
- Develop children's' understanding of what it means to be part of a community and how they can make a difference.
- Provide outstanding teaching and learning experiences which develop compassionate, confident and resilient learners.
- Provide a curriculum which is inspiring, creative and progressive.
- Equip our children with the skills needed to become curious, independent, lifelong learners.
- Provide an indoor and outdoor environment which stimulates curiosity and confidence.
- Positively establish strong links with schools and communities in other countries.
- Strengthen our engagement with the local Church and Diocese and other faith groups.
- Promote sustainability and ecological awareness.
- Provide professional development and training opportunities for staff and governors.
- Drive forward positive changes and support one another along the journey.
- Manage our financial and environmental resources responsibly; providing a safe, stimulating, eco-friendly and sustainable environment with the highest level of staffing and continued professional development.

**Policy Approved June 2019**

**To be reviewed June 2021**



## Introduction

At Leckhampton Church of England Primary School, the children are at the heart of all we do and we believe that every child deserves the opportunity to be happy, feel valued and experience success. We aim to support children with medical conditions guided by our four Christian values:

- **Respect** - valuing children's dignity and worth as an individual in all that we do
- **Compassion** - providing practical and emotional support for children and their families
- **Responsibility** - ensuring all staff follow procedures to ensure the best outcomes
- **Perseverance** - working to remove any barriers to accessing the curriculum fully or to attending school

We have an inclusive ethos that welcomes and supports pupils with medical conditions and provides equal opportunities for all of our pupils. We believe that medical conditions should not be a barrier to learning, so we ensure that all staff understand their duty of care to children and feel confident in knowing what to do in an emergency.

- The *Children and Families Act 2014* places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.
- All children have the right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
- Where children have a disability, the requirements of the *Equality Act 2010* will also apply. Where children have an identified special educational need, the SEND Code of Practice will apply.

### *Abbreviations used in this document*

- EHCP – Education, Health and Care Plan
- IHP – Individual Healthcare Plan

## Aims

To ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

To fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

To ensure pupils with medical conditions will be encouraged to take control of their condition and receive the appropriate support to help them to do this.

To ensure medical interventions in school time will be minimised to ensure full access to the curriculum.

To ensure absences will be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

## Policy Implementation

The Named Person is Miss S Porter, who is responsible for ensuring that:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition

- cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available
- briefing for supply teachers
- risk assessments for visits and activities outside the normal timetable are carried out
- individual healthcare plans are monitored (at least annually)

### **Procedure to be followed when notification is received that a pupil has a medical condition**

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support the child needs. 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 kept in the school's medical record or the child's individual record. The Inclusion Lead is responsible for developing individual healthcare plans and updating them annually or earlier if 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 wellbeing, and minimises disruption.

When the school is notified that a pupil has a medical condition these procedures will be followed:

- Where a child joins the school at the start of an academic year, arrangements should be in place for the start of term.
- Where a child joins mid-term, arrangements should be in place as soon as possible, ideally within two weeks.
- Where a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.
- Where a pupil's medical condition is unclear, judgements will be needed about what support to provide based on the available medical evidence and in consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support is put in place for the child.
- When a pupil moves from another school, transitional arrangements between schools will be set up.

All information relating to a child's medical needs received at any point in time by a member of staff must be shared in the first instance with the Inclusion Lead (Mrs R Curtis).

When pupils transition into school an enrolment form is completed by the family which includes information relating to health and medical needs. The enrolment form is held centrally in the school office. Medical information from this form is shared with relevant members of staff and the Inclusion Lead who will develop an Individual Healthcare Plan with the family and any appropriate professionals where necessary.

### **Individual Healthcare Plans**

Leckhampton C of E Primary School uses Individual Healthcare Plans (IHPs) to effectively support pupils with medical conditions. These detail what needs to be done, when and by whom. They are helpful in the majority of cases, especially where conditions fluctuate or where there is a high risk that emergency intervention will be needed. The need for an Individual Healthcare Plan will be decided by the school, healthcare professional and parent, and they will not be used when a healthcare plan would be inappropriate or disproportionate.

The Inclusion Lead is responsible for developing Individual Healthcare Plans and for ensuring that plans are reviewed at least annually, or earlier if the child's needs change. They will be developed in conjunction with healthcare professionals, the family and the child as appropriate. The aim is to capture the steps that we will take in order to help the child to manage their condition and overcome any potential barriers to getting them most from their education. Individual Healthcare Plans are stored centrally in school and are accessible to those who need to refer to them whilst preserving confidentiality.

Where a child has an EHC plan the Individual Healthcare Plan will be linked or be part of that plan. Where a child has SEND but does not have an EHCP, their specific needs should be mentioned on their IHP.

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 and 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)
- 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 as far as reasonably practical
- 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 SEN but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

### **Roles and Responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

### **The Governing Body**

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

### **The Head Teacher**

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of IHPs
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

### **Parents**

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation

### **Pupils**

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP
- other pupils will need to be sensitive to the needs of those with medical conditions

### **School Staff**

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

### **School Nurses**

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

### **Other healthcare professionals**

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (e.g. asthma, diabetes)

### **Local Authorities**

- have a duty to promote co-operation between relevant partners with a view to improving the well-being of children with regard to their physical and mental health and their education, training and recreation
- should provide support, advice and guidance including suitable training to ensure that the support specified within individual healthcare plans can be delivered effectively
- should work with schools to support pupils with medical conditions to attend full-time
- where pupils would not receive a suitable education in a mainstream school the local authority has a duty to make other arrangements

### **Staff Training and Support**

All staff will receive awareness training about this policy and their role in implementing it. New staff will be given this training as part of their induction. Relevant staff will have training in Asthma and Allergy awareness. The expertise of relevant healthcare professionals will be sought and training given to ensure that all medical conditions affecting pupils in school are understood fully. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Specific training will be identified during the development or review of individual health care plans. Staff who provide support to pupils with medical conditions will be included in these meetings. Training will be identified

and provided that will ensure staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements set out in individual healthcare plans.

We will seek the specific advice from the family of a child with a medical condition, but will follow DfE guidance that they should not be the sole trainer.

### **Managing medicines on school premises**

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Generally, only prescription medicines are administered in school.

Children will not be given medicines without written parental consent, which includes instructions for administration, dosage and storage (see appendix – Administering Medicines form). Medicines must be in the original labelled container, in date and handed to the agreed member of staff. Children must not be sent into school with their own medicine. Medicines will be stored safely out of sight and reach of children and in the fridge if necessary.

Wherever clinically possible, medicines should be prescribed in dose frequencies that allow them to be taken outside school hours.

If a child needs non-prescription medicine e.g. pain relief for a broken bone, parents must contact the office to discuss the arrangements and to fill in the Administering Medicines form. Children must not bring non-prescription medicines, including cough sweets, into school without agreement from staff and written parental consent.

We do not hold non-prescription medicines within school and will not give medicines to children without parental consent.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children in the classroom. They are stored in the teacher's cupboard or drawer and taken to lessons in other parts of the school as appropriate. The class teacher ensures that all children have their medicines available on school trips.

Medicines will be sent home termly so that parents can:

- check dosage and inform school of any changes
- check use by dates and replace medicines as appropriate.

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be detailed in their Individual Healthcare Plan.

Children will be able to access their own medicines for self-medication quickly and easily. The class teacher or other member of staff will give an age appropriate level of supervision.

If a child refuses to take medication, staff will record this and parents will be informed as soon as possible.

### **Record Keeping**

The school keeps an accurate record of each occasion when an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded.

### **Emergency Procedures**

The school will ensure that all staff know what action to take in the event of a medical emergency. This includes:

- How to contact emergency services and what information to give.
- Who to contact within the school.
- If a pupil needs to be taken to hospital, and their parent or carer is not immediately available, a member of staff will accompany the child and stay with them until their parent/carer arrives.
- The pupil's Individual Healthcare Plan will clearly define what constitutes an emergency and explain what to do, including ensuring that all staff are aware of emergency symptoms and procedures.
- All pupils will be made aware of the importance of telling a member of staff if they think help is needed.
- The pupil's Individual Healthcare Plan should be sent to the hospital with the pupil. When this is not possible the form will be sent or the information on it communicated to the hospital as soon as possible.

New staff and supply staff are inducted into school procedures.

### **Day trips, residential visits and sporting activities**

Our inclusive ethos supports pupils with medical conditions and provides equal opportunities for all of our pupils. We believe that medical conditions should not be a barrier to learning, so we ensure that all staff understand their duty of care to children and feel confident in knowing what to do in an emergency.

When planning any trip staff consider the needs of children with medical conditions and make reasonable adjustments. A full risk assessment is made for all trips and planning arrangements take account of any steps necessary to include all children. Parents and healthcare professionals will be asked for advice where applicable.

When planning a residential visit, the school asks parents for up-to-date medical information and information about medicines not normally taken in school hours, in order for staff to help the child to manage their condition while away. Written parental consent is required for staff to administer medicines.

### **Unacceptable Practice**

- preventing children from easily accessing their medication and administering it when and where necessary
- assuming children with the same condition require the same treatment
- ignoring the views of the child, their parents; ignoring medical advice or opinion
- sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- penalising children for their attendance record if their absences are related to their medical condition that is recognised under this policy
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- to require parents to attend school to administer medication or provide medical support to their child with a diagnosed medical condition, including toileting issues
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips

### **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

### **Liability and Indemnity**

The school has insurance arrangements that cover staff providing support to pupils with medical conditions.

## **Statutory school guidance for Specific Conditions**

### **Asthma**

Leckhampton C of E Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school will ensure that all pupils with asthma are given full opportunity to achieve their potential in all aspects of school life by having a clear policy that is understood by all staff and pupils. All relevant staff receive training on asthma and new staff and supply staff are made aware of our policy.

#### Asthma medicines

- Immediate access to asthma medicines is essential. Pupils with a prescribed inhaler keep it in the classroom in a labelled place.
- Children can access their inhaler for self-medication at any time.
- Parents are required to ensure that the school is provided with an in-date, labelled inhaler.

#### Asthma Attacks

All staff who come into contact with pupils have received training of what to do in the event of a child having an asthma attack.

#### Record keeping

When joining the school parents/carers are asked to provide information about any medical conditions their child has and any relevant medication.

All parents/carers are required to complete a School Asthma Card. These need to be checked by their GP or asthma nurse. This is kept centrally and is available for relevant school staff. Parents are required to update the card if their child's dosage or medication changes during the year and make the school aware of this.

#### Activities

At Leckhampton C of E Primary school we are an inclusive school and are fully committed to all children being able to join in all activities.

Pupils with asthma participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise to take their inhaler before the lesson and to thoroughly warm up and down before and after the lesson. Pupils' inhalers will be taken to the lesson in their medical bags. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

All medical bags will be taken on trips out of school including swimming lessons. Pupils with asthma will have easy access to their inhaler.

If a member of staff becomes aware that a child does not have their inhaler on a trip or in school they will take immediate action to get hold of the child's inhaler and will contact the parent to explain the situation.

After school sports clubs – children must have their medical bags at after school clubs including those run by outside providers. Teachers must ensure the medicines are taken to these clubs.

Leckhampton After School Club will make its own arrangements with parents.

### **Allergies**

#### **Aims**



- To minimise the risk of any child suffering allergy-induced anaphylaxis whilst at school.
- To ensure effective risk management practices to minimise exposure to known trigger foods and insects for all members of the school community.
- To provide staff training and education to ensure effective emergency response to any allergic reaction situation.

### Procedures for Allergy Management

- involvement of families and staff in establishing individual Health Care Plans or Risk Assessments.
- establishment and maintenance of practices for effectively communicating a child's healthcare plans or risk assessments to all relevant staff.
- staff training in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- age appropriate education of the children with severe food allergies.

### Actions in the event of a child suffering an allergic reaction:

## Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

#### Mild-moderate allergic reaction:

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

#### ACTION:




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



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

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

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

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector\* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

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

#### After giving Adrenaline:

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

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

- We will delegate someone to contact the child's families.
- If families have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital.

### **Medical Information**

Parents/carers are responsible for providing, in writing, on-going accurate and current medical information to the school. When a child with an allergy starts at the school the parents/carers will meet with the Inclusion Lead to complete a risk assessment that confirms and details the nature of the allergy; including:

- Written advice from a doctor which explains the condition, defines the allergy triggers and any required medication.
- The allergen (the substance the child is allergic to)
- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)
- What to do in case of allergic reaction, including any medication to be used and how it is to be used.
- Control measures – such as how the child can be prevented from getting into contact with the allergen.

It is the responsibility of the families to provide the school with up to date medication / equipment clearly labelled in the original packaging. In the case of life saving medication like auto-injectors the child will not be allowed to attend without it. Families are also required to provide up to date emergency contact information.

The school will seek updated information via medical form at the commencement of each calendar year. Any change in a child's medical condition during the year must be reported to the school.

The Headteacher will ensure that an individual healthcare plan or risk assessment is established and updated for each child with a known allergy. These are completed by the Inclusion Lead.

The wearing of a medic-alert bracelet is allowed by the School.

### **Auto-Injectors (Epipen, Emerade, Jext)**

Where auto-injectors are required in the Health Care Plan or Risk Assessment:

- Families are responsible for the provision and timely replacement of all medication in school.
- The auto-injectors are located securely in relevant locations approved by the Headteacher.
- Auto-injectors will be located so that all adults involved with the child know where they are at all times.

Although the DfE allows schools to carry spare auto-injectors, Leckhampton C of E Primary School has taken the decision not to do so for the following reasons:

- different children currently on role require different medications or different doses of medication. An insufficient dose of the wrong medicine could mean that a child's anaphylactic reaction is not treated quickly enough
- a spare auto-injector would be stored centrally and would be further away from the children concerned than their own medication
- all the children with identified allergies that require auto-injectors have their own medication that is stored close to them and carried with them when appropriate and this is the recommended practice from Anaphylaxis UK and MHRA.

Due to a shortage of Auto-injectors in 2018 the DfE issued guidelines that schools should facilitate families transporting their auto-injectors between home and school daily; as a school and we will support families in doing so.

## **The Role of Families**

Snacks and lunches brought into school are provided by each child's parent. It is their responsibility to ensure that the contents are safe for the child to consume. We are committed to children not sharing food or drink in school.

## **The Role of Staff**

Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.

All staff who come into contact with the child will be made aware of what treatment/medication is required by the Headteacher or Inclusion Lead and where any medication is stored.

All staff are to promote hand washing before and after eating. We cannot guarantee that foods will not contain traces of nuts, however children are not permitted to share food. Staff should liaise with families about snacks and any food-related activities.

We will ensure all staff have specific auto-injector training.

Emergency medication should be easily accessible, especially at times of high risk. All members of staff are required to review and familiarise themselves with the medical information.

Children with severe allergies will have a recent photograph and information regarding their medical needs posted in relevant rooms. Parental permission must be granted for this to happen.

Where children with severe allergies are participating in school excursions, the risk assessments must include this information.

## **Role of other families**

Snacks and lunches brought into the school by other families should be peanut and nut free wherever possible. The school will ensure that families are regularly reminded and will monitor the contents of lunchboxes and snacks.

## **Caterlink**

Caterlink is our current school lunch provider and have their own policies and procedures in place for managing food allergies. Families are required to provide the necessary information to Caterlink as required. A form and further information is available through the school office.

## **Appendix**

### **Nut-Free Schools**

#### **From the Anaphylaxis Campaign website:**

*"We recognise that this is an issue which generates strong views. Generally speaking, the Anaphylaxis Campaign would not necessarily support a blanket ban of any particular allergen in any establishment, including in schools. This is because peanuts and treenuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. We advocate instead for schools to adopt a culture of allergy awareness and education.*

*However, schools do have a duty of care to all pupils, so need to have procedures in place to minimise the risk of an allergic reaction occurring. All patients are different, and specific cases need specific advice, so a comprehensive care*

plan that accommodates the child's needs should be developed with the input of parents, carers and medical professionals.

*In nurseries and infant classes, it is reasonable to ask parents not to allow children to take peanuts and treenuts into school, in order to reduce the risks of cross-contamination for particularly young and vulnerable children. Schools caring for older children should undertake a thorough risk assessment and may wish to write to parents asking for their cooperation in making life safer for the children in their care. I would encourage all schools to take advantage of our free online anaphylaxis training course, AllergyWise for Schools, to help staff understand allergies and anaphylaxis and how to manage and care for children at risk."*

The Anaphylaxis Campaign helps raise awareness about allergies and anaphylaxis within schools and provide support to parents and carers of school age children.

## **Spare Auto-Injectors in School**

Department of Health Guidance issued in 2017



Guidance on the use of  
adrenaline auto-injectors  
in schools

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

This change applies to all primary and secondary schools (including independent schools) in the UK. Schools are not required to hold AAI(s) – this is a discretionary change enabling schools to do this if they wish. Those facilities choosing to hold a spare AAI(s) should establish a policy or protocol for their use in line with "Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England"<sup>2</sup> (*Supporting Pupils*), and with reference to the guidance in this document.

## **Glue Ear**

Glue ear is one of the most common childhood illnesses, and occurs when the middle ear becomes filled with sticky fluid. It is usually temporary and often linked with ear infections but long-term glue ear can affect children's hearing and speech. Treatment includes grommets or hearing aids, but glue ear can have a major impact on children's development.

Where children are identified as having glue ear it is important that parents let school know as soon as possible. We follow the advice of the National Deaf Children's Society on making adjustments to create good listening conditions for learning within the classroom. Sometimes it is also helpful for the child to have some additional help to ensure they can learn effectively. Our Inclusion Lead will support teachers in planning and delivering this.

## **Appendix:**

**Individual Healthcare Plan**

**Parental Agreement for setting to administer medicines**

**Asthma Card**

**Allergy Action Plan**

**Allergy Risk Assessment**

## Individual Healthcare Plan

Child's name	
Year group / class	
Date of Birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family contact information	
Name and relationship to child	
Phone no. home	
work	
mobile	
Name and relationship to child	
Phone no. home	
work	
mobile	
Clinic / hospital contact	
Name	
Phone no.	
GP	
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

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by or 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*)

--

# School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

## Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature  Date

## Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature  Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes  No

Does your child need help taking his/her asthma medicines?

Yes  No

What are your child's triggers (things that make their asthma worse)?

- Pollen  Stress  
 Exercise  Weather  
 Cold/flu  Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes  No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

## Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

## What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
  - they don't feel better after 10 puffs
  - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



**Any asthma questions?**

Call our friendly helpline nurses

**0300 222 5800**

(9am - 5pm; Mon - Fri)

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

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**

- |                         |                                |                        |
|-------------------------|--------------------------------|------------------------|
| <b>A AIRWAY</b>         | <b>B BREATHING</b>             | <b>C CONSCIOUSNESS</b> |
| • Persistent cough      | • Difficult or noisy breathing | • Persistent dizziness |
| • Hoarse voice          | • Wheeze or persistent cough   | • Pale or floppy       |
| • Difficulty swallowing |                                | • Suddenly sleepy      |
| • Swollen tongue        |                                | • 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 Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3** In a school with 'spare' back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
- 4** Commence CPR if there are no signs of life
- 5 Stay with child** until ambulance arrives, **do NOT stand child up**
- 6** Phone parent/emergency contact

### \*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\*

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. For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

### 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](http://sparepensinschools.uk)

### Additional instructions:

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at [bsaci.org](http://bsaci.org)

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at [guidance.nice.org.uk/CG116](http://guidance.nice.org.uk/CG116)

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' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

sign & print name: .....

Hospital/Clinic: .....



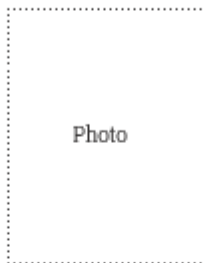
Date: .....



This child has the following allergies:

Name: .....

DOB: .....



**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**

- |   |  |   |
|---|--|---|
| <b>A AIRWAY</b>   | <b>B BREATHING</b>   | <b>C CONSCIOUSNESS</b>  |
| <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |

### 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: ..... 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 autoinjectable 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](http://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:

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: .....



This child has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_



**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**

- |   |  |   |
|---|--|---|
| <b>A AIRWAY</b>   | <b>B BREATHING</b>   | <b>C CONSCIOUSNESS</b>  |
| <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |

**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. Emerade®) (Dose: ..... 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 autoinjectable 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](http://sparepensinschools.uk)

### How to give Emerade®

- REMOVE NEEDLE SHIELD
- PRESS AGAINST THE OUTER THIGH
- HOLD FOR 5 SECONDS  
 Massage the injection site gently, then call 999, ask for an ambulance stating 'Anaphylaxis'

### Additional instructions:

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sign & print name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_



Date: \_\_\_\_\_



## Anaphylaxis Risk Assessment

Form completed by:	
Child/Young person:	Date of Birth:
Class teacher: Teaching Partner:	
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due:
<b>Signatures:</b>	
Inclusion Lead:	Date
Parents	Date
Young person	Date
What is this child allergic to?	
Under which conditions is the allergy? Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/>	
Does this child already have an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Summary of current medical evidence seen as part of the risk assessment (copies attached)	
Describe the container the medication is kept in:	
<b>Outcome of Risk Assessment</b>	
Is an individual health care plan required? YES <input type="checkbox"/> NO <input type="checkbox"/>	