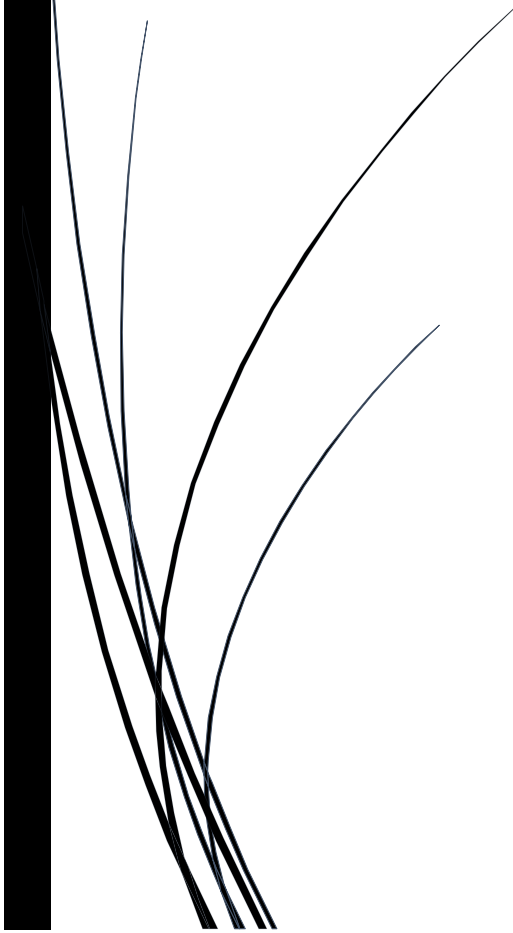




Supporting Pupils with Medical Needs and Conditions Policy

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1. Introduction

Almost all children at some time will have a medical condition or need that affects their attendance or ability to take part in play, attend childcare, school or take part in extracurricular activities.

Any condition must be managed so that each child's access to a learning, social and caring environment is safeguarded and that no child is discriminated against on the basis of disability caused by a medical condition. Medicines must be managed and administered safely.

We aim to provide all children with medical conditions the same opportunities as others. We will endeavour to ensure that they can receive a full education and that we have plans in place to reintegrate them back into the setting after periods of absence.

We are committed to providing, as far as reasonably practicable, a physical environment that is accessible to children with medical conditions and that relevant children are included in the consultation process (as far as is possible).

We are aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it and that certain conditions are serious and can be potentially life-threatening.

We will ensure the needs of each child with medical conditions are adequately considered to facilitate their involvement in structured and unstructured social activities, including during breaks and before and after the main activities. We acknowledge that almost all children at some time will have a medical condition which may affect their attendance or participation in play, school, extra-curricular activities, youth activities or in attending childcare.

Where these activities are provided by others, parents need to ensure that information on their child's medical conditions have been provided and that Individual Healthcare Plans are in place. Parents will be required to co-operate with policies and procedures.

Where the child attends more than one setting, every effort must be made to ensure any details of medical conditions are passed on. This must be with the parent's permission and Data Protection policies and procedures must always be adhered to.

We will endeavour to ensure that parents of children and young persons with medical conditions feel secure in the care their children receive and that the staff understand the common conditions that affect children and the importance of protecting the dignity of pupils.

All relevant staff have undergone appropriate training. (See part 11 Staff Training and Support)

We will ensure that staff are aware of the potential social problems children with some conditions may experience. Staff must use this knowledge to try to prevent and deal with problems in accordance with the Trust's anti-bullying and behaviour policies.

Staff will aim to include all children with medical conditions, to raise awareness of medical conditions and to help create a positive environment. This can be done by a variety of means such as PSHE, play activities etc.

Staff are informed and regularly reminded about the medical conditions policy:

- through information shared during induction training;
- at scheduled medical conditions training;
- through the key principles of the policy being displayed in several prominent staff areas;
- through communication about results of the monitoring and evaluation of the policy;
- all supply and temporary staff (and volunteers where appropriate) are informed of the policy and their responsibilities;
- Senior leaders ensure health and safety policies and risk assessments are inclusive of the needs of children with medical conditions.

2. Aims

This policy aims to ensure that:

- Pupils, staff, parents and carers understand how our academy will support pupils with medical conditions;
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including academy trips and sporting activities.

The Trust will implement this policy by:

- Making sure sufficient staff are suitably trained;
- Making staff aware of a pupil's condition, where appropriate;
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions;
- Providing supply teachers with appropriate information about the policy and relevant pupils' needs / conditions;
- Developing and monitoring Individual Healthcare Plans.

The named person with responsibility for implementing this policy is Jayne Foster CEO (Dewi Bennett CFOO with effect from 28.06.21)

3. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for

supporting pupils at their school with medical conditions. It is also based on the Department for Education's (DfE) December 2015 statutory guidance: Supporting pupils at school with medical conditions. This policy also complies with our funding agreement and articles of association.

4. Developing and Reviewing the Policy

This policy will be reviewed regularly to ensure that:

- it is effectively monitored, evaluated and updated;
- it is reviewed annually taking into account any recommendations and/or changes in legislation and local or national guidance;
- the implementation, successes and areas for improvement of the policy reported to key stakeholders.

Parents/carers are informed and regularly reminded about the medical conditions policy:

- by including the policy statement in the Ethos Academy Trust prospectus/Information pack and signposting access to the policy within the 4-way agreement or when communication is sent out about Individual Healthcare Plans;
- in the academy newsletters;
- when a child is enrolled at an academy within the Trust;
- via the Ethos Academy Trust / academy websites;
- through communication about results of the monitoring and evaluation of the policy.

5. Policy Implementation

The Head Teacher has overall responsibility. The Head Teacher will delegate responsibility in their absence to SLT who are responsible for:

- ensuring sufficient staff are suitably trained in dealing with medical conditions and administration of medicines (Section 7);
- a commitment that all relevant staff will be made aware of the child's condition (Section 6);
- cover arrangements in the case of staff absence or staff turnover to ensure someone is always available;
- ensuring that supply staff and volunteers are aware of the policy and those children affected (as appropriate);
- risk assessments for establishment visits, holidays and other social activities outside of the setting's normal routine;
- drawing up, implementing and monitoring of Individual Healthcare Plans.

6. Definitions of Medical Conditions

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

- Short-term: affecting their participation at an academy because they are on a course of medication and/or treatment.
- Long-term: potentially limiting access to education and requiring on-going support, medicines or care while at the academy to help them to manage their condition and keep them well, monitoring and intervention in emergency circumstances.

It is important that parents/carers feel confident that the academy will provide effective support for their child's medical condition and that pupil's feel safe. (Further information on specific medical conditions is available in the Kirklees Council Policy on Supporting Pupils at School with Medical Conditions). Some pupils with medical conditions may be considered disabled under the definition set out in the Equalities Act 2010. Where this is the case the Trust Board complies with their duties under that Act. Some may also have Special Education Needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs, as well as their special educational provision. For pupils with SEN, this policy should be read in conjunction with the SEND Code of Practice which explains the duties of the Local Authority, health bodies and the academy to provide for those with SEN. For pupils who have medical conditions that require EHC plans, compliance with the SEND Code of Practice ensures compliance with this policy in respect to those pupils.

7. Procedure to be Followed when Notification is Received that a Pupil has a Medical Condition

- I. Appoint a named person(s) who is responsible for supporting the child with medical needs. This role includes ensuring that any necessary transitional arrangements between academies are in place, or when the child's condition changes, ensuring that further staff training is provided.
- II. Ensure the right support is in place when the child starts. This may require consultation with parents/carers, often several weeks beforehand, and any medical evidence available if the condition is unclear.
- III. If a child moves settings, arrangements must be in place **before** the child starts the new setting.
- IV. Ensure that Individual Health Care Plans or EHCPs (Educational Health and Care Plans) have been completed /updated.
- V. State who is authorised, contracted, named and trained within each academy to administer medicines to the child concerned.
- VI. Clarify whether any appropriate training is available and how health professionals will support this.
- VII. State how information will be provided from and to parents/carers.
- VIII. State how parental consent will be recorded.
- IX. State arrangements for safe storage of medicines, including controlled substances and emergency access arrangements.
- X. State arrangements for children's Individual Healthcare Plan.
- XI. State where records and plans are kept.

- XII. Review the policy and arrangements regularly with the child/young person and parent/carer.
- XIII. See Appendices 1 and 2 for more information on dealing with medication.

8. Individual Healthcare Plans

The Head Teacher has overall responsibility for the development of Individual Healthcare Plans for pupils with medical conditions. Not all children with medical needs will require an individual plan. A short-written agreement with parents/carers may be all that is necessary.

Consultation with the relevant health care professional(s) and parent/carer should determine whether an Individual Healthcare Plan is appropriate. If a consensus cannot be reached the decision will be taken by the head teacher.

An Individual Healthcare Plan should be in place where there is a high risk that emergency intervention will be needed and/or where medical conditions are long-term and complex. The plan should include all activities where additional arrangements need to be put in place to ensure the well-being of the child e.g. Transport arranged by The Trust, off site visits, provision of meals, curricular activities etc. Individual Healthcare Plans will be linked to, or become part of, any My Support Plans or education, health and care plans (EHCPs). If a pupil has SEN but does not have an EHCP, the type of SEN will be documented in the Individual Healthcare Plan.

The level of detail within a plan will depend on the complexity of the child's condition and the degree of support needed. Different children with the same condition may require very different types of support.

8.1 Use of Individual Healthcare Plans

Individual Healthcare Plans are used for planning the child's medical needs to:

- inform staff about the individual needs of a child with a medical condition in their care;
- remind children with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times;
- identify common or important individual triggers for children with medical conditions that bring on symptoms and can cause emergencies. Staff will use this information to help reduce the impact of common triggers;
- ensure that all medication stored is within the expiry date;
- remind parents of children with medical conditions to ensure that any medication kept at the setting for their child is within its expiry dates. This includes spare medication;
- ensure local emergency services have a timely and accurate summary of a child's current medical management and healthcare in the event of an emergency;
- ensure Individual Healthcare Plans are reviewed on a regular basis considering changes in the medical condition or changes in medication.

Further documentation can be attached to the Individual Healthcare Plan if required.

If a child has a short-term medical condition that requires medication during academy hours, a medication form must be completed by the parents.

The parents should confirm all the medical information, in writing, and, in cases of complex or serious conditions this should be verified by the GP, consultant, specialist nurse or dietician, also in writing. Form 1b in the form section has been developed to assist with this. This should be shared with the parents.

8.2 Ongoing communication and regular review of Individual Healthcare Plans

Parents/carers are regularly reminded to update their child's Individual Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments have changed.

Staff use opportunities such as review meetings to check that information held by the setting on a child's condition is accurate and up to date.

Every pupil with an Individual Healthcare Plan will need to have their plan discussed and reviewed if there are any changes in the child's medical needs/condition.

8.3 Storage and access to Individual Healthcare Plans

Parents/carers and children are provided with a copy of the child's current agreed Individual Healthcare Plan.

Individual Healthcare Plans are kept securely on the pupil's electronic file on the academy's MIS system.

Apart from the central copy, specified members of staff (agreed by the child and parents/carers) securely hold copies of children's Individual Healthcare Plans. When the central copy is updated all specified members of staff will be given a copy of the updated version.

All members of staff who work with groups of children have access to the Individual Healthcare Plans of children in their care.

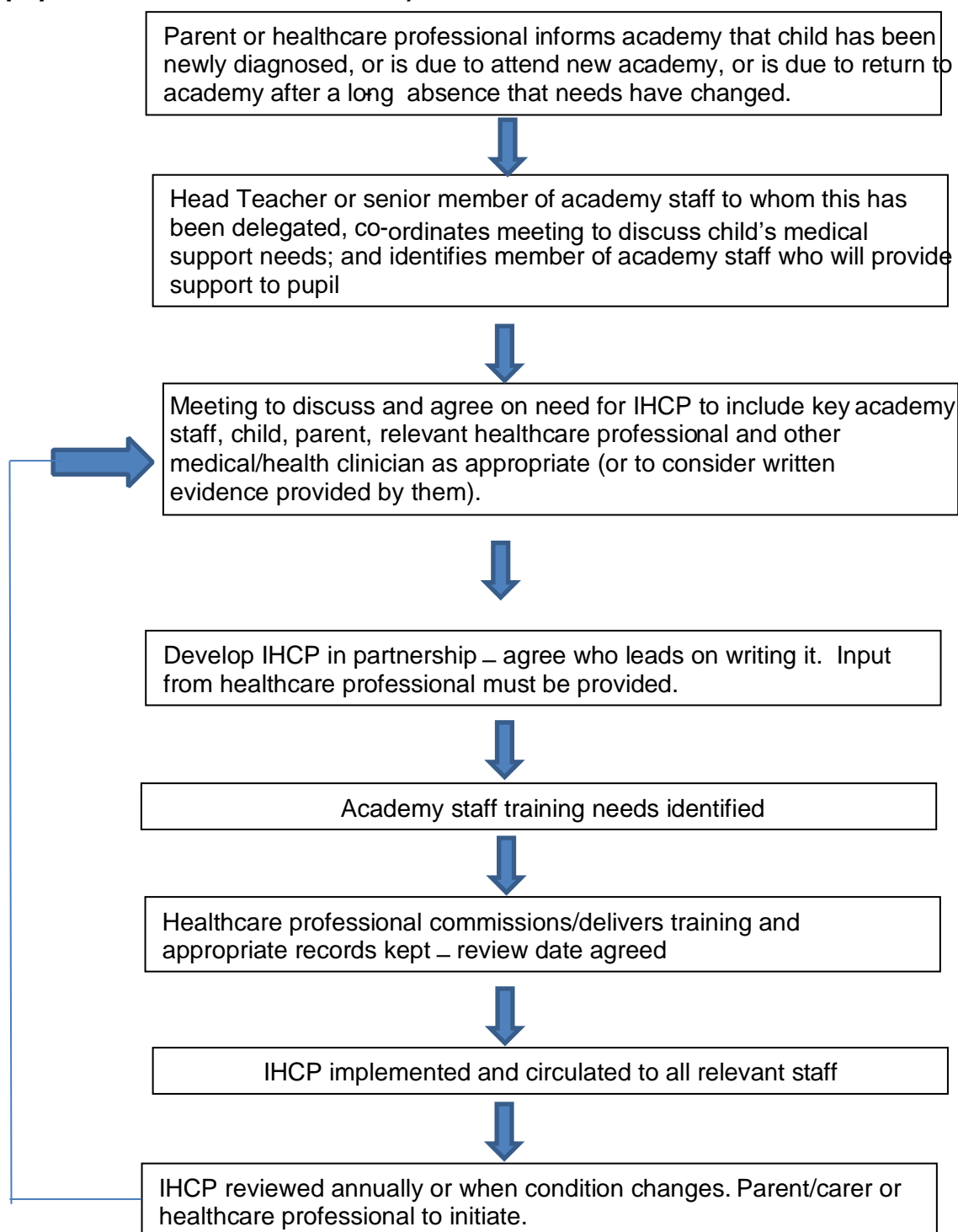
When a member of staff is new to a group of children, for example due to staff absence, the academy makes sure that they are made aware of (and have access to) the Individual Healthcare Plans of children in their care.

The academy ensures that the child's confidentiality is protected at all times.

The academy seeks permission from parents to allow the Individual Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen. This permission is included on the Individual Healthcare Plan.

The academy seeks permission from the child and parents before sharing any medical information with any other party, such as when a young person takes part in a work experience placement.

8.4 Model process for developing Individual Healthcare Plans (DfE Supporting pupils with medical needs 2016)



An Individual Healthcare Plan is completed for all children with a long-term medical condition.

This is completed and/or reviewed:

- at the start of the academic year;
- at enrolment;
- when a diagnosis is first communicated to the academy;
- when the situation changes (as informed by the parents/carers).

Some consultant paediatricians, GPs and specialist nurses may routinely provide a specialist Individual Healthcare Plan. Depending on the nature and severity of the child's medical needs this may negate the need for an additional Individual Healthcare Plan to be produced by the academy.

For the most severe conditions it is important to establish the team around the child in consultation with the parents, appropriate healthcare professionals and other specialists. In some situations, it may be necessary to involve specialist nursing support or the community nursing team. In some circumstances it may also be appropriate to involve the child/young person themselves.

A model form to assist in developing an Individual Healthcare Plan is available in Appendix 1. This is a generic form which can be used. There will be condition specific forms for common conditions such as asthma and allergies.

8.5 Common Chronic conditions

Some children suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from developing. The following chronic or potentially life-threatening medical conditions are commonly found amongst children:

- Anaphylaxis (severe allergic reaction);
- Epilepsy;
- Asthma;
- Diabetes.

In these cases, it will usually be necessary to draw up an **Individual Healthcare Plan**.

In all cases, the Trust must obtain professional training for staff before they make a commitment to support children with these conditions. Where children have conditions, which may require rapid intervention, all appropriate staff should be able to recognise the onset of the condition and take appropriate action. **Form 7a should be used to assist with this.**

8.6 Less common conditions and more complex needs

It is beyond the scope of this document to cover every medical condition that may be encountered. However, childcare providers should follow the principles of this guidance and develop relevant Individual Healthcare Plans where necessary.

8.7 Medic alert - bracelets/necklaces

These are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, staff should consider whether, in certain circumstances, it would be appropriate to remove them temporarily and have them kept safe by the person in charge of the activity.

In such cases, staff need to be alert to the significance of these bracelets/necklaces and be clear to whom they belong when removing and taking charge of them.

9. Equal Opportunities

The Trust is clear about and committed to the need to actively support pupils with medical conditions to participate in academy trips and visits, or in sporting activities, and not prevent them from doing so wherever possible. The academy will consider what reasonable adjustments need to be made to enable pupils to participate fully and safely on academy trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted, as appropriate.

10. Confidentiality

The Head Teacher and staff should always treat medical information confidentially. They should agree with the child/young person where appropriate, or otherwise the parent/carer, who else should have access to records and other information about the student. It is essential that relevant staff are informed on a strictly need to know basis. However, there may be circumstances where a significant number of staff would need to be informed of a child's condition e.g. anaphylaxis.

Young people and parents will be informed that certain medical information may have to be shared with third parties when involved in off-site activities such as outdoor centres, swimming pools, travelling abroad and/or where a condition may impact on the activity.

11. Roles and Responsibilities

Each member of the academy and health community knows and understands their roles and responsibilities in maintaining and following an effective medical conditions policy.

The academies work in partnership with all relevant stakeholders e.g. the senior leadership teams, Board of Trustees, staff, parents/carers, employers, community

healthcare professionals and pupils in our care to ensure that the policy is planned, implemented and maintained successfully.

The following roles and responsibilities apply to the medical needs and conditions policy. These roles are understood and communicated regularly.

The CEO has a responsibility to:

- ensure that the medical conditions policy is in line with local and national guidance and policy frameworks;
- ensure that the policy is reviewed by the Board annually

The Head Teacher has a responsibility to:

- ensure the academy is inclusive and welcoming;
- liaise with key stakeholders including children (as appropriate), named staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, setting nurses, parents, governors, the setting health service, local health care professional the local authority transport service, catering providers and local emergency care services to ensure provision meets need;
- ensure that the policy is shared with all staff;
- ensure the policy is implemented effectively;
- ensure that information held by the academy is accurate and up to date and that there are good information sharing systems in place using Individual Healthcare Plans;
- ensure confidentiality;
- ensure that staff are appropriately insured;
- assess the training and development needs of staff and arrange for them to be met;
- ensure that all temporary and new staff including trainees and work placements and those on work experience understand their roles and responsibilities in relation to the medical conditions policy;
- inform and share information with community nurses, LAC nurses, school nurses and other medical professionals if any new information comes to light.

All staff have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency;
- understand and follow the medical conditions policy;
- ensure that they are trained to achieve the necessary competence;
- know what to do and respond accordingly when a pupil with medical conditions needs help;
- know which children in their care have a medical condition and be familiar with the content of the child's Individual Healthcare Plan;
- allow all children where appropriate to have immediate access to their emergency medication;
- maintain effective communication with parents/carers including informing them if their child has been unwell;

- ensure that children who carry their medication with them have it with them at all times, including off site visits or where they may be relocated to another part of the Trust;
- be aware of children with medical conditions who may be experiencing bullying or need extra social support;
- understand the common medical conditions and the impact they can have on children (children should not be forced to take part in any activity if they feel unwell);
- ensure that all children with medical conditions are not excluded unnecessarily from activities they wish to take part in;
- ensure that children have the appropriate medication or food with them during exercise and are allowed to take it when needed.

Teachers and support staff have a responsibility to:

- manage the day to day protocols around the condition of the child/ren;
- ensure pupils who have been unwell catch up on missed school work;
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it;
- liaise with parents/carers, the pupil's healthcare professionals, special educational needs coordinator and Inclusion Manager if a child is falling behind with their work because of their condition;
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

First aiders have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the setting;
- ensure that an ambulance or other professional medical help is called as prescribed in the Individual Healthcare Plan or whenever appropriate.

Special educational needs coordinators have the responsibility to:

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

The school nurse or healthcare professional (Paediatrician, specialist nurses, GPs) has a responsibility to:

- help update the academy medical conditions policy;
- inform the academy when a child has been identified as having a medical condition, if known, which requires support;
- help provide advice and training for staff in managing the most common medical conditions;
- liaise with lead clinicians locally on appropriate support and to provide information about where the academy can access other specialist training;
- obtain consent from the parent/carer to share information with the academy;

- work alongside the parent/carer, LA, other professionals and academy to ensure the child remains in the setting.

Individual doctors and specialist healthcare professionals have a responsibility to:

- assist in developing the child's Individual Healthcare Plans provided by parents for those children with complex medical needs;
- notify the school nurse when a child has been identified as having a medical condition;
- ensure children and young people have regular reviews of their condition and their medication;
- provide the Trust with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parent/carer);
- understand and provide input into the development and review of the Trust's medical conditions policy.

Pupils (as far as is reasonably practicable) have a responsibility to:

- treat other pupils with and without a medical condition equally;
- tell their parent/carer or teacher or nearest staff member when they are not feeling well;
- let a member of staff know if another child is feeling unwell;
- know how to gain access to their own medication in an emergency;
- subject to their age and understanding, know how to take their own emergency medication and take it when they need it;
- ensure a member of staff is called in an emergency situation.

Parents/carers of a child with a medical condition have a responsibility to:

- inform the academy if their child has a medical condition and ensure the school has sufficient and up to date information including the Individual Healthcare Plan, where appropriate, for their child;
- inform the academy about the medication their child requires whilst in their care;
- inform the academy of any medication their child requires while taking part in visits, outings or field trips and other off-site activity;
- inform the school of any changes to their child's condition or changes to their child's medication: what they take, when, and how much;
- ensure their child's medication and medical devices are labelled with their child's full name and within expiry dates;
- provide the setting with appropriate spare medication labelled with their child's name;
- keep their child at home if they are not well enough to attend the academy;
- ensure their child catches up on any work they have missed;
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition;
- where a child has home to school transport, it is the parent's responsibility (not the school's) to inform the transport provider of any medical needs that their child suffers from.

Parents are respectfully reminded that they will need to ensure all necessary information is made available to other parties outside the Trust who may care for their child e.g. after school clubs, breakfast clubs and youth services etc. All organisations where you leave your child in their care will have similar arrangements in place to these.

The catering provider has responsibilities to:

- establish communications and training for all academy food service staff and related personnel;
- develop and review policies and procedures regarding the provision of special diets and severe food allergies;
- assist Head Teachers to determine whether a meal can be provided to children with food allergies and/or food intolerances.

The Head of Kitchen has a responsibility to:

- receive information from the Head Teacher regarding children with food allergies and food intolerances;
- ensure arrangements are in place so all kitchen staff (including temporary staff) know which children have a life-threatening allergy (the academy will provide information including a photograph which should be displayed in a discreet area in the kitchen);
- maintain contact information with vendors and purveyors to access food content information.

Catering staff in individual academies have a responsibility to:

- be able to recognise those children with a life-threatening allergy;
- have knowledge of menus, recipes, food products and ingredients, food handling practices, cleaning and sanitation practices in relation to life-threatening allergies.

Home to Academy (Academy Transport)

If a child needs supervision or access to medication during home to academy and transport is provided, trained escorts may be required. All drivers and escorts have the same training as staff, know what to do in a medical emergency and are aware of any children in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Individual Healthcare Plans.

Home to academy transport providers have responsibility to:

- carry out a risk assessment for each child to determine whether transport can be provided to transport the child safely;
- provide appropriate information to drivers and escorts about children who are placed in their care whilst being transported between academy and home and vice-versa;
- train escorts in exceptional procures including the administration of medication in extreme circumstances;

- train drivers and escorts in risk reduction procedures, recognition of allergic reactions and implementation of emergency plan procedures;
- ensure each vehicle used for home to academy transport has some form of communication by which to summon help in an emergency;
- inform staff who accompany young people on home to academy or academy to home transport of their responsibility to ensure that all medicines are available;
- Please note, where parents/carers have not provided relevant medication the child can be refused permission to travel on the organised transport.

12. Staff Training and Support

Staff must not give prescription (or any other) medicines or undertake health care procedures without appropriate training* (updated to reflect any Individual Healthcare Plans).

***The DfE provides the following guidance in relation to training:** ‘There may be some cases where written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils’ Individual Healthcare Plans.’ Training will:

- be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils;
- fulfil the requirements in the Individual Healthcare Plans;
- help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

Training needs should be identified during the development or review of Individual Healthcare Plans. Relevant healthcare professional(s) should normally lead on identifying and agreeing with the relevant staff members the type and level of training required, and how this can be obtained. Training will be kept up to date.

Staff should be aware that guidance from their unions may differ from this advice.

Management teams should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Where specific training is needed this will be given to all staff members who agree to administer medication and should be supported by health professionals where needed e.g. using an EpiPen or responding to a child who is having an epileptic fit.

Academies should seek and receive advice and training from health professionals where children have long term or complex needs. Training is refreshed on a task needs analysis.

If a trained member of staff who is usually responsible for administering medication is not available, alternative arrangements will be made. This is always addressed in the risk assessment and management arrangements and includes off-site activities.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognize and act quickly when a problem occurs. This will be provided for new staff during their induction.

13. Managing Medicines

Prescription [and non-prescription] medicines will only be administered at the academy:

- when it would be detrimental to the pupil's health or academy attendance not to do so **and**
- where we have parents'/carers written consent.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The academy will only accept prescribed medicines that are:

- in-date;
- labelled;
- provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The Trust will provide paracetamol (either in tablet or liquid form) in cases where pain relief is needed. The above information will be strictly adhered to.

The academy will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and will be able to access them as necessary. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

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

13.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

13.2 Pupils Managing their own needs

Children with medical conditions are encouraged to take control of their condition, subject to their age and understanding and where responsible enough to do so. This should be noted in the Individual Healthcare Plan and discussed with parents/carers.

Pupils must not pass medication to another pupil to use. Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the Individual Healthcare Plan and inform parents/carers so that an alternative option can be considered, if necessary.

If a child refuses to take their own medicine staff should not force them to do so. Parents/carers should be informed as soon as is practicable.

Parents /carers understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that **they** must notify the setting immediately.

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

If a child misuses medication, their own or another child's, their parents are informed and medical advice is sought as soon as possible. They will be subject to the academy's usual disciplinary procedures.

14. Unacceptable Practice

Staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan, but it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parent/carer; or ignore medical evidence or opinion, (although this may be challenged);

- send children with medical conditions home frequently or prevent them from staying for normal activities, including lunch, unless this is specified in their Individual Healthcare Plans;
- if the child becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents/carers, or otherwise make them feel obliged, to attend the academy to administer medication or provide medical support to their child, including toileting issues. No parent/carer should have to give up working because the academy is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in full.
- Administer, or ask pupils to administer, medicine in academy toilets

15. Emergency Procedures

Staff will follow the academy's normal emergency procedures (for example, calling 999). All pupils' Individual Healthcare Plans will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance. Every effort will be made to send a member of staff with whom the pupil is familiar. Generally, staff should not take pupils to hospital in their own car, but there may be times when this is appropriate. Permission must be sought from the most senior manager present and the parents notified that this is happening.

As part of general risk management processes, Ethos Academy Trust has arrangements in place for dealing with emergencies for all activities wherever they take place, including offsite visits.

The academy ensures all staff are aware of the most common serious medical conditions and understand their duty of care to young people in the event of an emergency and feel confident in knowing what to do in an emergency. Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

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 academy.

The Individual Healthcare Plans are used to inform the appropriate staff (including temporary staff and support staff) of pupils in their care who may need emergency help.

Ethos Academy Trust has procedures in place should an emergency occur, the information on the Individual Healthcare Plan is communicated to the first aiders as soon as possible and a copy printed if required.

15.1 Salbutamol Inhalers in Academy's

In October 2014 the Human Medicines (Amendment) (No2) Regulations 2014 were amended to allow schools to hold stocks of asthma inhalers containing salbutamol for use in an emergency.

Managers will decide on how many inhalers there should be on the premises.

- Only those children who have been prescribed salbutamol will be allowed to use the emergency inhalers.
- Parents/carers are asked to give consent on the 'Agreement to administer medication form'.
- All staff should be made aware of where they are stored. Spare inhalers are kept for emergency use only.
- Spare inhalers are taken on academy trips as deemed necessary by the Head Teacher/senior manager. A named member of staff is given the responsibility to look after the spare inhalers.
- It is prudent to have them easily available from outside and during PE/outdoor activities.

15.2 Emergency Adrenaline Auto-injectors (AAI) in the Academy

On 1 October 2017 the Department of Health produced guidance for schools to hold emergency adrenaline auto-injectors.

- The Trustees of Ethos College have decided the adrenaline auto-injectors (AAI) will be kept by the academy.
- Only those pupils who have been prescribed an AAI and where the authority from parents / carers has been obtained will be allowed to use the academy supply of emergency adrenaline auto-injectors.
- Spare AAI can be taken on academy trips as deemed necessary by the Head Teacher/senior manager. Staff should ensure that pupils prescribed an AAI have two in-date AAI's in their possession on any trip or off-site visit. A named member of staff on the trip will have responsibility to look after the spare AAI and this will need to be returned at the end of the trip.
- Spare AAI will be kept in the main academy office.
- The academy will not be able to provide a spare AAI for every trip or off-site visit. The priority will be for pupils who have been prescribed an AAI and the organizer of the trip will check that the pupil has two in date AAI's in their possession prior to leaving the academy premises.

- The academy will only use an AAI **without** parental / guardian consent if **a first aider is instructed to do so by the emergency services.**

15.3 Defibrillator

Ethos College and Engage Academy each has a defibrillator which will be used under the direction of the emergency services.

16. Day Trips, Residential Visits and Sporting Activities

The Trust will take every reasonable measure to ensure that off-site visits and sporting events are available and accessible to all, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group. Under the Equality Act (2010) if, after reasonable adjustments have been planned, the risk assessment indicates there is a risk to the health and safety of the individual or the group then this fact overrides the Equality Act.

It is good practice to encourage pupils with medical needs to take part in activities taking place off-site and residential trips wherever safety permits. Academies may need to take additional safety measures for such visits. We advise staff to refer to Kirklees guidance for off site visits for further guidance. In any cases of doubt staff are advised to contact Kirklees Emergency Planning.

Sporting activities

We understand the importance of all pupils taking part in sports, games and activities and as such all staff and sports coaches make appropriate adjustments to sports.

Most children with medical conditions can take part in the PE curriculum, sports activities, and a range of other extra-curricular sporting activities. As far as possible options are flexible so that all pupils can participate in ways appropriate to their own abilities and needs. Any restrictions on a pupil's ability to take part in PE or sporting activities are clearly identified and incorporated within their Individual Healthcare Plan. Each academy can find further guidance in the AfPE publication *Safe Practice in Physical Education and School Sport*.

16.1 Journeys abroad and exchange visits

It is advisable to have one copy of the parental consent form in the language of the country visited. Where a child requires and has a particular Individual Healthcare Plan, this should also be available in the host language. This is particularly important if children stay with host families during an exchange visit.

16.2 Residential visits

Individual risk assessments are carried out prior to any off site visit and medical conditions are considered during this process.

Factors considered include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

It is understood that there may be additional medication, equipment or other factors to consider when planning residential visits. Consideration will be taken of additional medication and facilities that are normally available at the academy.

16.3 Work Experience

Risk assessments are carried out before pupils start any work experience or off-site educational placement. It is each academy's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parent/carer before any medical information is shared with an employer or other education provider.

16.4 Safe storage – emergency medication

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

Some pupils will be able to self-manage and carry their medication with them at all times and know exactly where to access their additional emergency medication which has been provided to the academy.

16.5 Safe storage – non-emergency medication

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

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

16.6 Safe storage – general

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

It is the parent's responsibility to ensure new and in date medication comes into the academy on the first day of the new academic year or when a child starts their placement.

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

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

Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

It is considered good practice to check the temperature at which medicines are stored via a thermometer kept for that purpose.

All medication is sent home with the child when the child leaves the academy for good and is dependent upon the Individual Healthcare Plan.

Three times a year the identified member of staff checks the expiry dates for all medication stored and this is documented.

The identified member of staff, along with the parents of children with medical conditions, ensures that all emergency and non-emergency medication brought into the academy is clearly labelled with the child's name, the name and dose of the medication and the frequency of dose. This includes all medication that children carry themselves.

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

The only exception to this will be insulin pens which have daily variable doses.

16.7 Safe disposal

Parents/carers are asked to collect out-of-date medication.

If parents/carers do not pick up out-of-date medication, it will be taken to a local pharmacy for safe disposal.

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

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to the academy or the child's parent/carer.

Collection and disposal of sharps boxes can be arranged with the local authority's Environmental Services or alternatively the academy should take them to the local pharmacy.

17. Record Keeping

If controlled drugs are to be administered, the Head Teacher should make provision for controlled drug registers, in accordance with advice from health professionals which must include records of any drugs administered.

When the child is first enrolled at an academy the parents are asked if their child has any health conditions or health issues. The enrolment form is completed and is checked with the parents/carers at the start of each year and at other points that are appropriate for the child's needs.

17.1 Healthcare Plan register

Individual Healthcare Plans should be kept in a centralised register of children with medical needs. An identified member of staff has responsibility for the register.

The responsible member of staff liaises with the parents/carers on any details on a child's Individual Healthcare Plan and/or if permission for administration of medication is unclear or incomplete.

17.2 Consent to administer medicines

If a child requires regular prescribed or non-prescribed medication, parents/carers are asked to provide consent on their child's Individual Healthcare Plan giving the child or staff permission to administer medication on a regular/daily basis, if required.

A medication request form must be completed and is required from parents/carers for children taking short courses of medication that cannot be given to the child outside attendance at the academy.

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

If a child requires regular/daily help in administering their medication, arrangements for the administration of this medication is detailed in the child's Individual Healthcare Plan. The academy and parents keep a copy of the Individual Healthcare Plan.

Parents of children with medical conditions are all asked at the start of the academic year if they and their child's healthcare professional believe the child (subject to their age and understanding) is able to manage, carry and administer their own emergency medication. This should be recorded on the Individual Healthcare Plan.

17.3 Residential visits

Parents/carers are sent a residential visit form to be completed and returned to the academy. This should be completed as soon as possible after the initial plans for the trip have been confirmed. The form requests up-to-date information about the child's

current condition and their overall health and provides essential and up-to-date information to relevant staff to help the child manage their condition while they are away. This may include information about medication not normally administered by the academy.

Parents/carers should be reminded of the importance of ensuring that this information is accurate and up to date and that they need to inform staff of any changes to the medical information regarding their child.

All residential visit forms are taken by the relevant staff member on visits and for all off-site activities where medication is required. These are accompanied by a copy of the child's Individual Healthcare Plan.

All parents/carers of children with a medical condition attending an off-site visit or overnight visit are asked for consent, giving staff permission to administer medication during their time away if required.

The residential visit form also details what medication and what dose the child is currently taking at different times of the day, thus enabling staff and supervisors to help the child manage their condition while they are away.

17.4 Other record keeping

When an individual child is given or is supervised taking medication, details of the supervising staff member, child, dose, date and time are recorded. If a child refuses to have medication administered, this is also recorded and parents/carers are informed as soon as possible.

When staff are trained a log of the medical condition training is kept centrally and by the academy.

This is reviewed every 12 months to ensure all new staff receive training.

All staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The academies keep a register of staff that have had the relevant training.

The academy's also keep an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

18. Liability and Indemnity

The Trust will ensure appropriate insurance and indemnity is in place for all staff involved in the care of young people with medical conditions and those volunteers who administer medication to pupils with medical conditions.

19. Complaints

Complaints will always be taken seriously and will be dealt with as quickly as possible. Any formal complaints will follow the normal standard procedures for the Trust.

20. Further Advice and Resources

The Anaphylaxis Campaign PO Box 275, Farnborough Hampshire GU14 6SX Phone 01252 546100 Fax 01252 377140 info@anaphylaxis.org.uk www.anaphylaxis.org.uk	Department for Education Sanctuary Buildings Great Smith Street London SW1P 3BT Phone 0870 000 2288 Textphone/Minicom 01928 794274 Fax 01928 794248 info@dfes.gov.uk www.dfe.gov.uk
Asthma UK Summit House 70 Wilson Street London EC2A 2DB Phone 020 7786 4900 Fax 020 7256 6075 info@asthma.org.uk www.asthma.org.uk	Council for Disabled Children National Children's Bureau 8 Wakley Street London EC1V 7QE Phone 020 7843 1900 Fax 020 7843 6313 cdc@ncb.org.uk www.ncb.org.uk/cdc
Diabetes UK Macleod House 10 Parkway London NW1 7AA Phone 020 7424 1000 Fax 020 7424 1001 info@diabetes.org.uk www.diabetes.org.uk	National Children's Bureau National Children's Bureau 8 Wakley Street London EC1V 7QE Phone 020 7843 6000 Fax 020 7278 9512 www.ncb.org.uk
Epilepsy Action New Anstey House Gate Way Drive Yeadon Leeds LS19 7XY Phone 0113 210 8800 Fax 0113 391 0300 epilepsy@epilepsy.org.uk www.epilepsy.org.uk	Long-Term Conditions Alliance 202 Hatton Square 16 Baldwins Gardens London EC1N 7RJ Phone 020 7813 3637 Fax 020 7813 3640 info@ltca.org.uk www.ltca.org.uk

Schools Medical Conditions website contains a lot of useful, information which can be used and accessed by all childcare providers and other healthcare professionals

<http://www.medicalconditionsatschool.org.uk/>

21. How this Policy came about

The authors have used the current DfE Supporting Pupils at School with Medical Conditions (2014) as the template for this policy. They have consulted with a wide-range of key stakeholders within both Children's Services and health settings and the policy has been approved by the stakeholders and been scrutinized by the appropriate Governance.

Medicines management North Kirklees and Greater Huddersfield CCG
General Practitioner. Greater Huddersfield
School nursing service. Locala
Paediatrician. Mid Yorkshire Trust
Paediatrician Calderdale and Huddersfield Foundation Trust

Unions:
Main teaching Unions – NASUWT; NEU, NAHT
Unison
Unite

All those consulted understand the need for any setting to welcome and support young people with medical conditions who currently attend or receive our services now or in the future. No child will be excluded or refused admission because of their medical condition subject to an appropriate risk assessment being completed and/or the potential for infectious diseases to impact on the health of fellow young people and the staff.

Appendix 1

Form 1a	Contacting Emergency Services
Form 1b	Individual Healthcare Plan
Form 1c	Agreement to Administer Medication
Form 2	Request for additional information from medical practitioner
Form 3	Record of medicine administered to an individual child
Form 4	Record of medicines administered to all pupils
Form 5	Request for child to carry their own medication
Form 6	Staff training record – administration of medicines
Form 7a	Allergy Action Plan
Form 7b	Medical Consent & Information
Form 8	School Asthma Card
Form 9	Medical Information for all Off-Site Visits
Form 10	Medication Form for Residential Visits
Form 11a	Use of Emergency AAI Consent Form

Form 1a Contacting Emergency Services

Request for an ambulance

Dial 999, ask for ambulance and be ready with the following information

Please speak slowly and clearly and be ready to repeat information, if asked.

Our telephone number:

Give your location:

State what the postcode is:

WF13 4QS

1	Note the time of the call	
2	Exact location of the incident on site	
3	Name of person requesting the call	
4	Name of person calling the emergency services	
5	Name of pupil / person	
6	Date of Birth	
7	Brief description of symptoms (does the individual have a life-threatening condition e.g. is having an anaphylactic attack tell the operator the pupil has ANAPHYLAXIS. This will prioritise the response from the emergency services)	

8	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the casualty	
9	Inform a First Aider that an ambulance has been called Name of SLT member who has been informed Time	
10	Which first aider is involved in the incident	
11	Arrival time of first responder or ambulance crew	
12	Is further emergency support required from the hospital or have any other professionals attended?	
13	Did anyone cover reception during the incident?	
14	Parents/Carers contacted? Name of person contacting parents/carers Time	Yes No

Return this form to a First Aider as soon as possible after the incident. Please ensure that all information has been completed. Thank you.

Individual Healthcare Plan

Form 1b

ONLY REQUIRED IF THERE IS A MEDICAL CONDITION

i.e. Asthma, Epilepsy, Diabetes, Allergies

Name of Academy:	
Name of Pupil:	Date of Birth:
Group/Class:	Year:
Home Address:	
Medical Diagnosis <i>condition/symptoms/triggers/signs</i> :	
Review Date:	
Daily Care Requirements:	
Describe what constitutes an emergency for the child, and the action to take if this occurs:	
GP Name:	
GP Address:	Postcode:
	GP Telephone no:

Clinic/Hospital Contact:	
Clinic/Hospital Address:	Postcode:
	Telephone no:
Responsible staff providing support in the academy:	
Staff training needed/undertaken: <i>Who/What/When</i>	
Other Information : <i>Insert/attach any specialist healthcare plans</i>	
Name of medication: <i>(as described on the container)</i>	
Dose:	
Method of administration (self-administered):	
When to be taken:	
Arrangements for academy visits/trips/work experience, etc:	

Family Contact Information 1	
Name:	Relationship to Child:
Home No:	Mobile No:
Work No:	

Family Contact Information 2	
Name:	Relationship to Child:
Home No:	Mobile No:
Work No:	

Parent/Carer Signature: _____ **Date:**

Parent/Carer Print Name:

EAT Staff Signature: _____ **Date:**

EAT Staff Name:

Form 1C

Agreement to Administer Medication



Nurturing inclusive learning communities

THE ACADEMY WILL ONLY GIVE YOUR CHILD MEDICINE WHEN YOU COMPLETE AND SIGN THIS FORM. THE ACADEMY HAS A POLICY THAT STATES STAFF CAN ADMINISTER MEDICINE.

Name of Academy:

Name of Pupil :

Date of Birth:

Group/Class:

Year:

Date for review to be initiated by:

Condition/Illness:

Medicine

Name/Type of medicine: *(as described on the container)*

Expiry date:

Dosage and method:

Timing:

Special precautions/other instructions:

Self-administered: Yes / No

Are there any side effects that the academy/setting needs to know about?

***NB: Medicines must be in the original container as dispensed /purchased
Non-Prescription Medicines (Does NOT include aspirin)***

Asthma – Inhalers	
The academy is allowed to buy spare salbutamol inhalers, without a prescription, for use in emergencies. These are not shared.	
I give permission for my child to use one in an emergency:	Yes / No
Non-Prescription Medicines – Paracetamol (Does NOT include aspirin)	
I give permission for my child to take paracetamol provided by the academy	Yes / No
I confirm that my child has used this medication before and did not suffer any allergic or other adverse reaction.	Yes / No
<i>Ethos Academy Trust confirm that the maximum dosage will not be exceeded if they are administered.</i>	
Family Contact Information	
Name:	Relationship to Child:
Home No:	Mobile No:
Work No:	
I understand that I must deliver the medicine personally to:	

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

I am aware that if my child refuses to take their medication, staff cannot force

them to and I will be informed as soon as possible.

Signed: _____ **Parent/Carer**

Print Name: _____ **Parent/Carer**

Date: _____

Form 2

Request for information from Child's GP, Hospital Consultant or Dietician

<p>Parents / Carers are requested to take or send this form to either their child's GP, hospital consultant or dietician. The information is required to enable the academy to make appropriate arrangements to ensure the health, safety and welfare of children with chronic / acute or potentially life threatening medical conditions, including administering medication. This information is to be provided by the parents / carers who have responsibility for sharing it with the academy.</p>	
Child's name	
Date of birth	
Home address	
Medical condition	
List any triggers / causes e.g. allergens (be specific)	
What to do if the child is experiencing or has the following symptoms?	
List mild to moderate symptoms	List severe symptoms
<p>This is a mild reaction (List action, order of action and any medication including dosage to be taken)</p> <p>1. 2. 3. 4.</p>	<p>This is a mild reaction (List action, order of action and any medication including dosage to be taken)</p> <p>1. 2. 3. 4.</p>
Can the child self-administer their own emergency medication?	<input type="checkbox"/> Yes • Yes with supervision • No
Any training requirements for the academy? (Please specify what is required and who should provide it) also consider training / support for the parents / guardians and child)	
Name of person providing this information	
Signature	
Date	
Review date	
Please return to:	

Form 3 Record of medicine administered to an individual child

**Attach photo of
pupil here**

Name of pupil	
Group / Year	/
Date medication received	
Quantity received	
Name and strength of medication	
Expiry Date	
Dose and frequency of medication	

Staff signature _____ **Staff name** _____

Person responsible for medication _____

DATE	TIME GIVEN	DOSE GIVEN	STAFF NAME	2 nd STAFF INITIALS

[illegible]

Form 5 Request for child to carry their own medicine
Parents/Carers must complete this form.

If staff have any concerns discuss this request with healthcare professionals

Child's name	
Group	
Address	
Name of medicine	
Procedures to be taken in an emergency	
Contact Information	
Name	
Daytime phone no.	
Relationship to child	

I would like my child to keep their medicine on them for use as necessary.

Signed (Parent/Carer) _____

Name (Parent/Carer) _____

Date _____

Please note that if more than one medicine is given, a separate form should be completed for each one.

Form 6 Staff training record – administration of medicines

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

I confirm that (name of staff member) has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated every (please state how often).

Trainer's name/signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

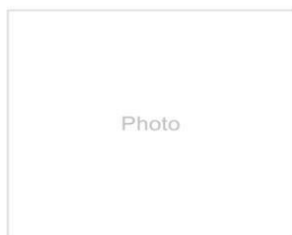
Form 7a

Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

Emergency contact details:

1)

2)

Child's Weight: Kg

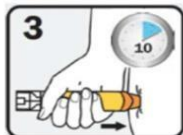
How to give EpiPen®



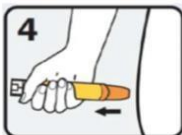
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Produced in conjunction with:



©The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013

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
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

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

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

1. Lie child flat. If breathing is difficult, allow to sit
2. Give EpiPen® or EpiPen® Junior
3. Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving EpiPen:

1. Stay with child, contact parent/carer
2. Commence CPR if there are no signs of life
3. If no improvement **after 5 minutes**, give a further EpiPen® or alternative adrenaline autoinjector 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.

Additional instructions:

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by: _____

Hospital/Clinic:

Date: _____

Parent/guardian name and signature:

Medical Consent / Information

Form 7b

Name of Academy:	
Name of Pupil:	
Does your child suffer from any conditions requiring medical treatment? (i.e. asthma, epilepsy, diabetes) <i>Complete an Individual Healthcare Plan if medication is required in the academy</i>	Yes / No
Condition or Illness:	
Treatment:	
Does your child have any identified allergies? Please note that school dinners may contain traces of nuts <i>Complete an Individual Healthcare Plan if medication is required in the academy</i>	Yes / No
Allergy:	
Medicine/Treatment:	
Does your child have any special dietary requirements?	Yes / No
If yes please specify:	

Glasses	
Does your child need to wear glasses? If yes we have discussed making sure that they always have a pair in the academy?	Yes / No
Medical Consent	
I consent to my child taking paracetamol (which I have provided and is in the original packaging, with clear directions)	Yes / No
<p>Non-Prescription Medicines ONLY (Does not include Aspirin) Paracetamol/Calpol</p> <p>I consent to EAT supplying Paracetamol/Calpol sachets and administering it by a first aid trained member of staff to my child if they become unwell at the academy. My child has used this medication before and did not suffer any allergic or other adverse reaction.</p>	Yes / No
I consent to EAT staff administering additional medication (which I have provided) to my child and understand that I am responsible for providing the academy with up-to-date information about dosage and possible side effects etc.	Yes / No
I consent for EAT to allow my child (who is diagnosed with asthma) to use the academy's spare inhaler cases of emergencies. This is not shared.	Yes / No
I consent for my child to receive immediate treatment by a doctor and/or a hospital because of a serious accident or serious illness.	Yes / No

Parent/Carer Signature: _____ Date: _____

Parent/Carer Print Name: _____

Form 8

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 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, give 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"/>

Expiry dates of medicines checked

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

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

Parent/carer's signature

Date

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)?

Does your child need to take medicines before exercise or play?

☐ Yes ☐ No

If yes, please describe below

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

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 by doctor or nurse

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

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

Form 9**Medical Information for all off-site visits during 2020/21**

It is essential that the information provided on this form is up to date and accurate. Please notify the academy in writing of any changes to your child's health or medication.

Child's Full Name & Date of Birth	
Group	

Does your child suffer from any conditions requiring medical treatment, including medication	YES / NO
	If YES please give details:
Does your child have an Individual Healthcare Plan	YES / NO
To the best of your knowledge has your child been in contact with any contagious or infectious diseases (within the last 4 weeks)?	YES / NO
	If YES please give details
Does your child have any allergies? I.e. Hayfever, food allergies etc	YES / NO
	If YES please give details:
Has your child received a tetanus injection in the last three years?	YES / NO
In an emergency if a doctor advises an anti-tetanus injection following an injury, do you agree to this?	YES / NO
Are there any additional health concerns that may make taking full part in any trip difficult in anyway? Please outline here:	

Please ensure your child carries any emergency medication they need with them at all times. Failure to do so may prevent them from attending the trip. (This includes inhalers, epi-pens etc).

This form will be kept for the whole academic year. You must inform the academy as soon as possible of any changes to your child's medical condition or medication.

Signed
 Name of Parent/carer.....
 Date

Form 10 Medication Form for Residential Visits 2020/21

Please hand this form to the person responsible for the trip before your child departs

Child's Name			
Group			
Visit or Activity			
Date from		Date to	
Name, address and telephone number of your doctor			

Please label medicine clearly and put into a labelled plastic bag with your child's name and specific instructions. This should include any travel sickness medication you give.

Day	Date	Time to be given	Name of Medication	Amount to be administered	Administered by (member of staff on site)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Staff should initial this sheet each time they administer any medication to the child named on this form. Please record any occurrence's or problems relating to medication on the rear of this form and let the parents know when you return. A copy of the form should be retained by the group leader and Business Manager for future reference.

I agree that my child can be given the medication above.

Signed:

Name:

Date:

Form 11a**Use of Emergency Adrenaline Auto Injector Consent Form for Pupils Prescribed an AAI**

For children who are showing signs of a severe allergy or anaphylaxis

I can confirm that my child has been diagnosed with an allergy and has been prescribed an adrenaline auto injector (AAI).

My child has two working, in-date adrenaline auto injector, clearly labelled with their name, which they will bring with them to the academy every day and keep with them. A spare is also kept in the main academy office.

In the event of my child displaying symptoms of a severe allergy and if their adrenaline auto injector is not available or is unusable, I consent for my child to receive the academy's adrenaline auto injector which is kept for any emergencies.

Adrenaline Auto Injector Strength:	0.30mg / 0.15mg
Signed	
Name (print)	
Date	
Child's name	
Group	
Parent / Carer address	
Telephone Home/Work	
Mobile	

Appendix 2 Form 2.1 Types of Asthma Inhalers

ASTHMA DRUG THERAPY

RELIEVERS

1. Short-acting β_2 -agonists

Asthavent[®] MDI /
DP-Haler[®] /
Revolizer[®]
(Salbutamol)



Berotec[®] MDI
(Fenoterol)



Venteze[®] MDI
(Salbutamol)



Ventolin[®] MDI /
Accuhaler[®]
(Salbutamol)



2. Anticholinergics

Atrovent[®] MDI
(Ipratropium Bromide)



Ipvent-40[®] MDI
(Ipratropium Bromide)



Spiriva Handihaler[®]
(Tiotropium)



CONTROLLERS

Long-acting β_2 -agonists

Foratec DP-Haler[®] /
Revolizer[®]
(Formoterol)



Oxis Turbuhaler[®]
(Formoterol)



Serevent[®] MDI /
Accuhaler[®]
(Salmeterol)



COMBINATIONS

DP-Haler[®] / Revolizer[®]
(Budesonide + Formoterol)



Seretide[®] MDI /
Accuhaler[®]
(Fluticasone + Salmeterol)



Symbicort Turbuhaler[®]
(Budesonide + Formoterol)



PREVENTERS

1. Inhaled Corticosteroids

Alvesco[®] MDI
(Ciclesonide)



Beclate HFA[®] MDI
(Beclomethasone)



Budeflam DP-Haler[®] /
Revolizer[®]
(Budesonide)



Budeflam HFA Gentle-Haler[®]
(Budesonide)



Flixotide[®] MDI /
Accuhaler[®]
(Fluticasone)



Inflammid[®] MDI /
Novolizer[®]
(Budesonide)



Pulmicort Turbuhaler[®]
(Budesonide)



QVAR[®] MDI
(Beclomethasone)



2. Leukotriene receptor antagonist

Singulair[®] tablets
(Montelukast)



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PROVIDED IN THE INTEREST OF
ASTHMA EDUCATION BY



FEBRUARY 2008

Cipla Medpro (Pty) Ltd. Reg. No. 1995/004182/07, Rosen Heights, Paula Street, Rosen Park, Bellville, 7530. Tel (021) 943 4200, Fax (021) 914 4699, E-mail: medicalpo@ciplamedpro.co.za Website: www.cipla.co.za

What to do in an asthma attack

- 1 **Sit up** – don't lie down. Try to keep calm.
- 2 **Take one puff of your reliever inhaler** (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 **If you feel worse** at any point while you're using your inhaler OR you don't feel better after 10 puffs OR you're worried at any time, **call 999 for an ambulance**.
- 4 **If the ambulance is taking longer than 15 minutes** you can repeat step 2.

IMPORTANT! This asthma attack information is not designed for people using a SMART or MART medicine plan. Speak to your GP or asthma nurse to get the correct asthma attack information for them.



Any asthma questions or concerns?

Speak to our expert Helpline nurses,
Monday to Friday from 9am to 5pm

0300 222 5800

www.asthma.org.uk



Common signs of an asthma attack include any one or more of the following:

- Coughing.
- Shortness of breath.
- Wheezing.
- Tightness in the chest.
- Being unusually quiet.
- Difficulty speaking in full sentences.
- Lips are blue.

14 Allergens

Coming to a food label near you



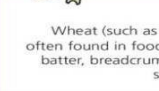
The way allergens are labelled on prepacked foods is changing because of new regulations. The Food Information Regulation, which comes into force in December 2014, introduces a requirement that food businesses must provide information about the allergenic ingredients used in any food they sell or provide.

There are 14 major allergens which need to be mentioned (either on a label or through provided information such as menus) when they are used as ingredients in a food. Here are the allergens, and some examples of where they can be found:



1 Celery

This includes celery stalks, leaves, seeds and the root called celeriac. You can find celery in celery salt, salads, some meat products, soups and stock cubes.



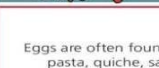
Cereals containing gluten

Wheat (such as spelt and Khorasan wheat/Kamut), rye, barley and oats is often found in foods containing flour, such as some types of baking powder, batter, breadcrumbs, bread, cakes, couscous, meat products, pasta, pastry, sauces, soups and fried foods which are dusted with flour.



3 Crustaceans

Crabs, lobster, prawns and scampi are crustaceans. Shrimp paste, often used in Thai and south-east Asian curries or salads, is an ingredient to look out for.



Eggs

Eggs are often found in cakes, some meat products, mayonnaise, mousses, pasta, quiche, sauces and pastries or foods brushed or glazed with egg.



5 Fish

You will find this in some fish sauces, pizzas, relishes, salad dressings, stock cubes and Worcestershire sauce.

Lupin

Yes, lupin is a flower, but it's also found in flour! Lupin flour and seeds can be used in some types of bread, pastries and even in pasta.



7 Milk

Milk is a common ingredient in butter, cheese, cream, milk powders and yoghurt. It can also be found in foods brushed or glazed with milk, and in powdered soups and sauces.

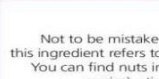
Molluscs

These include mussels, land snails, squid and whelks, but can also be commonly found in oyster sauce or as an ingredient in fish stews



9 Mustard

Liquid mustard, mustard powder and mustard seeds fall into this category. This ingredient can also be found in breads, curries, marinades, meat products, salad dressings, sauces and soups.



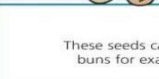
10 Nuts

Not to be mistaken with peanuts (which are actually a legume and grow underground), this ingredient refers to nuts which grow on trees, like cashew nuts, almonds and hazelnuts. You can find nuts in breads, biscuits, crackers, desserts, nut powders (often used in Asian curries), stir-fried dishes, ice cream, marzipan (almond paste), nut oils and sauces.



11 Peanuts

Peanuts are actually a legume and grow underground, which is why it's sometimes called a groundnut. Peanuts are often used as an ingredient in biscuits, cakes, curries, desserts, sauces (such as satay sauce), as well as in groundnut oil and peanut flour.



Sesame seeds

These seeds can often be found in bread (sprinkled on hamburger buns for example), breadsticks, humous, sesame oil and tahini. They are sometimes toasted and used in salads.



13 Soya

Often found in bean curd, edamame beans, miso paste, textured soya protein, soya flour or tofu, soya is a staple ingredient in oriental food. It can also be found in desserts, ice cream, meat products, sauces and vegetarian products.

Sulphur dioxide (sometimes known as sulphites)

This is an ingredient often used in dried fruit such as raisins, dried apricots and prunes. You might also find it in meat products, soft drinks, vegetables as well as in wine and beer. If you have asthma, you have a higher risk of developing a reaction to sulphur dioxide.



For more information, visit: food.gov.uk/allergy or nhs.uk/conditions/allergies

Sign up to our allergy alerts on food.gov.uk/email, or follow #AllergyAlert on Twitter and Facebook

Let's keep connected at food.gov.uk/facebook

Join our conversation @[foodgovuk](https://twitter.com/foodgovuk)/twitter

Watch us on food.gov.uk/youtube

Form 2.4 What to do during Anaphylaxis (A Severe 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):

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

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

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

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

After giving Adrenaline:

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

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

Form 2.5 Epilepsy - What to do when someone has a seizure

Tonic-clonic (convulsive) seizures

[Tonic-clonic seizures](#) are the type of seizure most people recognise. They used to be called grand mal seizures. Someone having a tonic-clonic seizure goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may go blue around the mouth due to irregular breathing. Sometimes they may lose control of their bladder or bowels, and bite their tongue or the inside of their mouth.

Here's how to help if you see someone having a tonic-clonic seizure.

DO:

- Protect them from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card or identity jewellery – it may give you information about their seizures and what to do
- Time how long the jerking lasts
- Aid breathing by gently placing them in the recovery position once the jerking has stopped (see picture)
- Stay with them until they are fully recovered • Be calmly reassuring

DO NOT:

- Restrain their movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call for an ambulance if:

- You know it is their first seizure **or**
- The jerking continues for more than five minutes **or**
- They have one tonic-clonic seizure after another without regaining consciousness between seizures **or**
- They are injured during the seizure **or**
- You believe they need urgent medical attention

Focal seizures

You may also hear this type of seizure called a partial seizure. Someone having a [focal seizure](#) may not be aware of their surroundings or what they are doing. They may have unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around.

Here's how to help if you see someone having a focal seizure.

DO:

- Guide them away from danger (such as roads or open water)
- Stay with them until recovery is complete
- Be calmly reassuring
- Explain anything that they may have missed

DO NOT:

- Restrain them
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume they are aware of what is happening, or what has happened
- Give them anything to eat or drink until they are fully recovered • Attempt to bring them round

Call for an ambulance if:

- You know it is their first seizure **or**
- The seizure continues for more than five minutes **or**
- They are injured during the seizure **or**
- You believe they need urgent medical attention

Form 2.6 Diabetes – How to treat Hypoglycaemia (low blood sugar) or Hyperglycaemia (high blood sugar)

Treating severe hypos: seizures

When a seizure is occurring, it will not be possible for a person to take sugar. It is also not advised to feed someone when they are having a seizure as this could lead to choking.

Where possible try to ensure the person having the seizure will not hit anything and cause themselves injury.

If they are on the floor, place something soft like a pillow or article of clothing to cushion their head.

Often a seizure will pass after a few minutes and this may allow the person having the seizure to take some sugar. If the seizure persists for more than 5 minutes, call for an ambulance.

How to Treat a Hypo (low blood sugar)

Hypos are periods of low blood sugar. Although common for diabetics, a hypo can be unnerving. With appropriate treatment the effects and length of hypos can be reduced.

Noticing you're having a hypo

Before you can treat the hypo, you need to notice that you are low on blood sugar. The sooner you notice hypoglycemia, the less disruptive it's likely to be.

Typical signs of [hypoglycemia](#) include:

- Feeling suddenly tired or weak
- Having difficulty concentrating
- Exaggerated mood changes
- Feeling dizzy

Hypos can occur at any time, pay close attention to your blood sugar levels when exercising, playing sports or during physical activity.

Check it is a hypo by blood glucose testing

Where possible, [test your blood sugar](#) to ensure it is low blood sugar as some of the signs of low blood sugar may also represent higher blood sugar (such as tiredness or mood changes).

If you cannot test and are unsure if you have low or high blood glucose, it may be best to treat it as a hypo as hypoglycemia can quickly become dangerous if left untreated.

Act quickly

It is important that as soon as you notice or confirm you are hypo you treat the hypo immediately.

Immediate hypo treatment helps by:

- Preventing a severe hypo occurring
- Speeding up recovery
- Reducing the chances of losing hypo awareness

Treatment

Treating a hypo involves taking quick acting carbohydrate, such as a sugary drink or glucose tablets. This should be followed by a longer-acting carbohydrate, such as a cereal bar, sandwich or piece of fruit and the individual testing their blood glucose.

