



# SUPPORTING PUPILS WITH MEDICAL CONDITIONS

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## Statement of intent

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

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment. The policy covers the general administration of prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for pupils with ongoing support needs.

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

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

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

## 1. Legal framework

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

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

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Drug and Alcohol Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Equal Opportunities Policy: Pupils
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance Policy

## 2. Roles and responsibilities

The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.

- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.
- Accepts responsibility for members of the school staff giving or supervising pupils taking prescribed or non-prescribed medication during the school day.
- Ensuring that the educational setting store copies of parent consent forms and ensure this is accessible to members of staff trained in First Aid. The consent form should include:
  - The pupils name, age and class
  - Contact details of the parent/guardian and GP
  - Details of any allergies the pupil may have
  - Clear instructions on the medication required, dose to be administered, frequency of dose and period of time medication will be needed for.
  - Acknowledgment that the pupil has previously taken the required medication with no adverse reactions.
  - A dated signature of the parent/guardian.

Parents are responsible for:

- Completing a consent form in a timely manner. This includes completing a new consent form if there are changes to prescription or medication requirements.
- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Providing written consent to the school to give prescription or non-prescription medication.
- Prescribed medication must be in its original packaging, labelled with the pupil's name, dose and frequency of administration, storage requirements and expiry date.
- Non-prescription medicines such as hay fever treatment or cough/cold remedies will be treated in the same way as prescription medicines. The exception is where the child may already be taking prescribed medication and there may be an interaction between prescribed and non-prescribed medicines.
- Ensuring that the education setting has an adequate amount of medication for their child. As a general rule, no more than four weeks of medication should be stored at any one time.
- For collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term.
- Ensuring that medication is within its expiry date and that any expired medication is returned to the pharmacy for safe disposal. Provide the school with a sharps bin if needed for the school to safely dispose of sharp items. These are available on prescription where needed.

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.
- Prescribed emergency medication, such as epi-pens or asthma inhalers, should remain with the pupil at all times.
- In certain instances, pupils may be in charge of storing their own medication. This will depend on the nature of the medication, the age and maturity of the pupil and whether parental/guardian consent has been received.

School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.
- Where possible, pupils will be encouraged to self-administer their own medication.
- No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent, except in exceptional circumstances where:
  - the medicine has been prescribed without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents, while respecting his or her right to confidentiality.
  - A life threatening emergency and it has not been possible to obtain prior consent.
- Medication should be in its original packaging.
- Non-prescription medicines such as hay fever treatment or cough/cold remedies will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose and frequency of administration.
- If a child attends First Aid for treatment and the trained First Aider assessing the child considers non-prescription medication e.g. paracetamol, ibuprofen or anti-histamine may be appropriate, this will be discussed with the parent and verbal authorisation received before it is administered as a one-off event.
- Medication should be kept in a known, safe, secure location. This may need to be a fridge depending on the medication and manufacturer requirements.
- A record of medication given or supervised being taken should be kept including the date, time and dose taken. Parents/guardians should be informed that medication has been taken on the same day or according to the IHP.
- In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate.
- A record of emergency medicines and their expiry dates should be kept and recorded each term for those educational settings which store such medications (for example epi-pens or asthma inhalers).

The school nurse is responsible for:

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

Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.

- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

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

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

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

The LA is responsible for:

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

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural (SMSC) development.

### 3. Admissions

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

### 4. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in [section 8](#)).

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence (including medical evidence and consultation with parents).

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

### 5. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school nurse through the development and review of IHPs, on a **termly** basis for all school staff, and when a new staff member arrives. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions. Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on a **termly** basis for all staff, and included in the induction of new staff members.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be provided by the following bodies:

- **Commercial training provider**
- **The school nurse**
- **GP consultant**
- **The parents of pupils with medical conditions**

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

## **6. Self-management**

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP. Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

## **7. Supply teachers**

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

## **8. IHPs**

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

## 9. Managing medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

## 10. Adrenaline auto-injectors (AAIs)

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils who have prescribed AAI devices can keep their device in their possession.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via a [two-way radio](#). Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a [monthly](#) basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in [the medical room](#), ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

## 11. Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in [Appendix D](#) and [Appendix E](#) of this policy.

## 12. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

## 13. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits. Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

## 14. Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## 15. Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with [name of policy provider](#) covering liability relating to the administration of medication. The policy has the following requirements:

- [All staff must have undertaken appropriate training.](#)

The school holds an insurance policy with [name of policy provider](#) covering healthcare procedures. The policy has the following requirements:

- [All staff must have undertaken appropriate training.](#)

All staff providing such support will be provided with access to the insurance policies.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

## 16. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## 17. Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

## 18. Defibrillators

The school has a [Mediana HeartOn A15](#) automated external defibrillator (AED). The AED will be stored in [the medical room](#) in an unlocked, alarmed cabinet.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed [annually](#).

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Maintenance checks will be undertaken on AEDs on a weekly basis by the school nurse, who will also keep an up-to-date record of all checks and maintenance work.

## 19. Monitoring and review

This policy is reviewed on an [annual](#) basis by the governing board, school nurse and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is January 2023.

## 20. Further Information

Appendix A	Parental medicine consent form
Appendix B	Individual Health Care Plan (IHCP) procedure
Appendix C	Advice on Medical Conditions from health professionals
Appendix D	Supporting pupils at school with a medical condition
Appendix E	Guidance on the use of emergency asthma inhalers in schools.

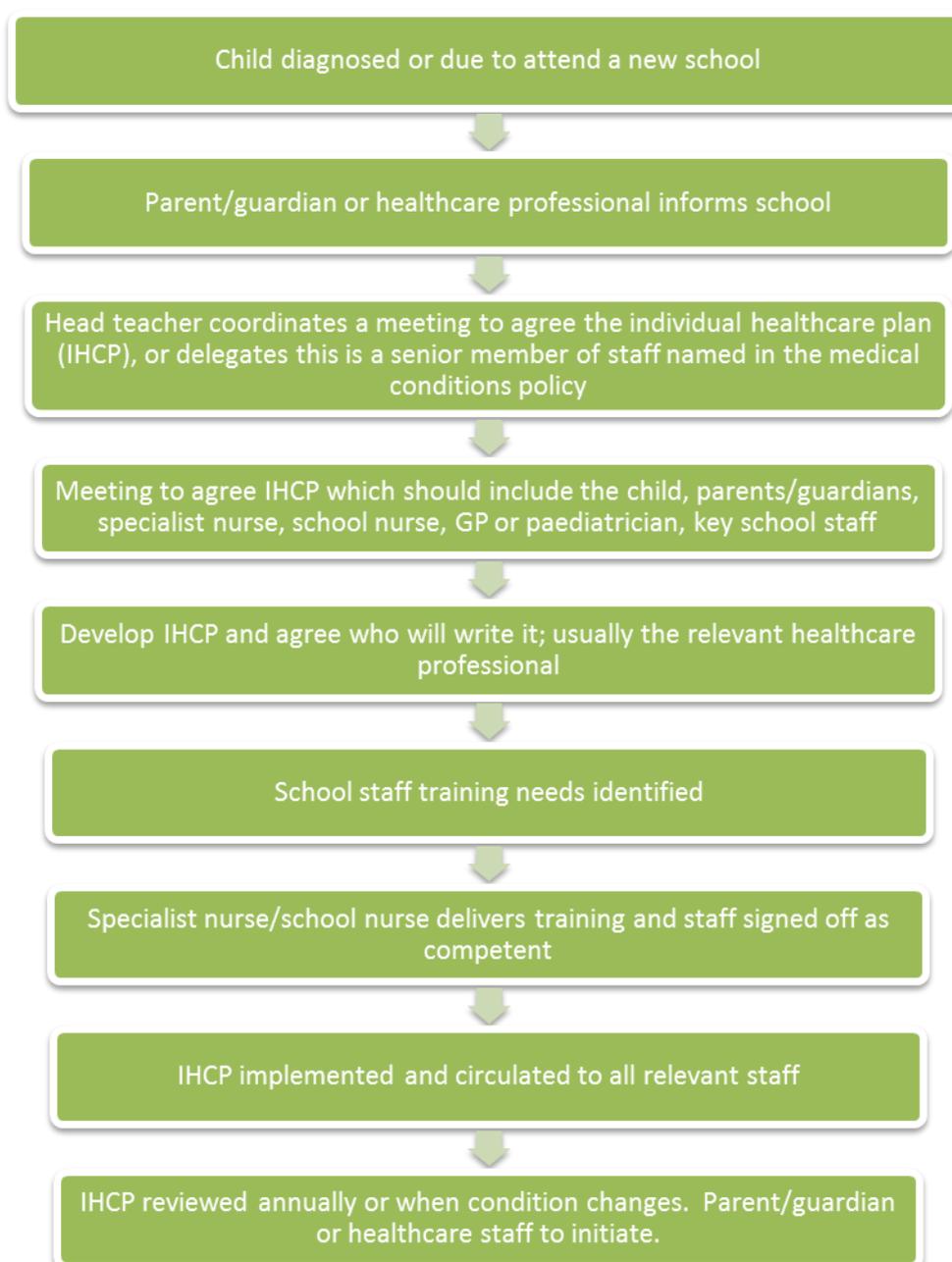
## Appendix A: Medicine Consent Form

Manor High School Medicine Consent Form	
Child's name and class	
Child's date of birth	
My child has been diagnosed as having ( <i>condition</i> )	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose	
With effect from [start date]	
Until [end date]	
The medicine should be taken by ( <i>mouth, nose, in the ear, other: please provide details as appropriate</i> )	
I consent/do not consent for my child to take the medicine by him/herself and therefore kindly request/do not request that you arrange for the administration of the above medicine as indicated. ( <i>Please delete as appropriate</i> )	
I consent/do not consent for my child to carry his/her own medicine and therefore kindly request/do not request the school to store it on his/her behalf. This medicine does/does not need to be kept in a fridge. ( <i>Please delete as appropriate</i> )	
<b>By signing this form I confirm the following statements:</b>	
<ul style="list-style-type: none"> <li>• That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions.</li> </ul>	
<ul style="list-style-type: none"> <li>• That I will update the school with any change in medication routine use or dosage</li> </ul>	
<ul style="list-style-type: none"> <li>• That I undertake to maintain an in date supply of the medication</li> </ul>	
<ul style="list-style-type: none"> <li>• That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication</li> </ul>	
<ul style="list-style-type: none"> <li>• That I understand the school will keep a record of medicine given and will keep me informed that this has happened.</li> </ul>	
<ul style="list-style-type: none"> <li>• That I understand staff will be acting in the best interests of my child whilst administering medication.</li> </ul>	
Signed	
Name (please print)	
Contact details	
Date	
Staff member signature	
Name (please print)	
Date	

## **Appendix B: Procedure for the development of an Individual Health Care Plan (IHCP)**

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensure that the pupil's needs will be met in the educational setting. Plans should be agreed by the head teacher and parents/guardians, be formally recorded and reviewed at regular intervals. A template/pro forma is available for download on the Schools website [www.leicestershiretradedservices.org.uk](http://www.leicestershiretradedservices.org.uk) system under 'A: Administration of medicines' and Medication and Management Procedures.

The procedure for development of an IHCP is given below:



## Appendix C: Advice on Medical Conditions

The Community Paediatrician or nurse, on request, will give advice to schools regarding medical conditions. Parents or guardians of children with medical conditions seeking general information should be advised to seek advice from their GP, school health professionals (providing name and contact details) or from specialist bodies, a selection of which are listed below.

<b>Asthma</b>	
General information	Asthma UK: <a href="http://www.asthma.org.uk">www.asthma.org.uk</a> Asthma helpline: 0300 222 5800
For teachers	Guidance on Emergency asthma inhalers for use in schools: <a href="http://www.gov.uk">www.gov.uk</a>
<b>Epilepsy</b>	
General information	Epilepsy action: <a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a> Helpline: 0808 800 5050
<b>Infectious diseases</b>	Public Health England: <a href="http://www.gov.uk">www.gov.uk</a> ; Tel: 0344 225 4524 option 1
<b>Haemophilia</b>	The Haemophilia Society: <a href="http://www.haemophilia.org.uk">www.haemophilia.org.uk</a> ; Tel: 0207 939 0780
<b>Anaphylaxis</b>	
General information	Anaphylaxis Campaign: <a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a> ; Tel: 01252 542 029
For teachers	<a href="#">Click here</a> for the latest advice from health professionals NB the need to report the administration of this medication to: Bridge Park Plaza, Fax: 0116 258 6694 and email to <a href="mailto:childrensallergy@uhl-tr.nhs.uk">childrensallergy@uhl-tr.nhs.uk</a>
<b>Thalassaemia</b>	UK Thalassaemia Society: <a href="http://www.ukts.org">www.ukts.org</a> ; Tel: 020 8882 0011
<b>Sickle Cell Disease</b>	The Sickle Cell Society: <a href="http://www.sicklecellsociety.org">www.sicklecellsociety.org</a> ; Tel: 020 8961 7795
<b>Cystic Fibrosis</b>	Cystic Fibrosis Trust: <a href="http://www.cftrust.org.uk">www.cftrust.org.uk</a> ; Tel: 020 846 47211
<b>Diabetes</b>	
General information	Diabetes UK: <a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a> ; Tel: 0345 123 2399
For teachers	<a href="#">Click here</a> to access the Diabetes Health Document. Note the opportunity to attend 'Diabetes inSchool' training days, regularly advertised on <a href="http://www.leicestershiretradedservices.org.uk">www.leicestershiretradedservices.org.uk</a> and funded by Diabetes UK Diabetes Specialist Nurse: 0116 258 6796 Consultant Paediatrician: 0116 258 7737 Diabetes Care line services: 0345 123 2399
<b>Other useful contact numbers</b>	
Insurance Section LCC	David Marshal-Rowan, Tel: 0116 305 7658 (for additional insurance) James Colford, Tel: 0116 305 6516 (for insurance concerns)
Corporate Health, Safety & Wellbeing, LCC, County Hall,	Tel: 0116 305 5515 Email: <a href="mailto:healthandsafety@leics.gov.uk">healthandsafety@leics.gov.uk</a>
<b>County Community Nursing Teams</b>	
<u>East Region</u> Market Harborough Rutland Melton	Locality managers: 1. Maureen Curley (PA: Janet Foster, Tel: 01858 438109) 2. Jane Sansom (PA: Clare Hopkinson, Tel: 01664 855069)
<u>West Region</u> Hinckley & Bosworth Charnwood	Locality managers: 1. Chris Davies } PA: Sally Kapasi, tel: 01509 410230 2. Teresa Farndon }

## **Appendix D: Supporting pupils at school with a medical condition**

Please [click here](#), for the latest advice from the Department of Education.

## **Appendix E: Guidance on the use of emergency asthma inhalers in schools**

Please [click here](#), for the latest advice from the Department of Education.

# Appendix F: Allergy Action Plan

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 available, 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 AAI 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)

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### 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 shared 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 baggage hold. This action plan and authorisation is based with emergency medications has been prepared by:

Sign & print name: \_\_\_\_\_

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



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