



**CALTHORPE
ACADEMY**
Skills for the life we want

Supporting pupils with Medical Conditions Policy

2022-23

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Ratified by the Board of Trustees

Signed by the Board of Trustees

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To be reviewed annually

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1. Legislation and statutory responsibilities

This policy is based on the most recent government advice "[Supporting Pupils with Medical Conditions](#)" (DfE - August 2017), and "[The Administration of Medicines in Schools and Settings](#)" (BCC – February 2018), guidance from local Health Services, professional associations. Calthorpe Academy adheres to the duty as stated in the [Children and Families Act 2014](#)

that pupils/students with medical conditions will have the same right of admission to our academy as other pupils and will not be refused admission or excluded from school on medical grounds. Appropriate levels of assessments will be undertaken to establish and determine what support pupils with medical conditions require. This will be done in partnership with parents, Health and Care professionals. This is consistent with the United Nations Convention on the Rights of the Child, Article 24 which states that 'all children and young people have the right to good quality health care'.

The prime responsibility for a pupil's health rests with parents. It is anticipated that parents / carers will ensure that appropriate information is provided to school enabling efficient management and a good understanding of their child's medical condition; this includes working in partnership in the management of any medicines administered at school. The school takes advice and guidance from a range of sources, including the Special School Nursing Service, Paediatric Consultants, and other Health and Care professionals in addition to the information provided by parents in the first instance. This enables us to effectively manage health supports to minimise any disruption to learning.

2. Key Personnel

The designated person(s) (medical needs coordinators) with overall responsibility to implement this policy are: the Head Teacher and Assistant Head with lead responsibility for Medical Liaison. They are assisted in this task by the Senior and Extended Leadership Team and Pastoral Team. They will also ensure that staff are appropriately aware of the medical condition of pupils/students with whom they work and that any

confidential information pertinent to the medical condition is entrusted to individual staff across all sites. This information is provided in order to keep children and young people safe. Such information will be collected, stored, shared and destroyed consistent with the requirements of the General Data Protection Regulation (GDPR).

Calthorpe Academy and the Waverley Satellite Unit Base (at Waverley School) are supported by the NHS Special School Nursing Service and receive advice and support from NHS Community Paediatricians, Physiotherapists, Occupational Therapists and Speech and Language Therapists as necessary. Some pupils receive support from Complex Health Care staff, the Dietician and Orthotist

At our Belgravia School base for Primary ASD learners they are supported by Stockland Green Community Hub by Special School Nurses who are responsible for referrals and developing Individual Health Care Plans.

Pupils also receive health care from their own GPs and Consultants. The people responsible for developing Individual Healthcare Plans are: Paediatricians and Special School Nurses.

The Governor with specific responsibility to oversee the arrangements to support pupils with medical conditions is Emily Wilcox

3. Aims:

Calthorpe is committed to assisting children and young people with short-term, long-term or complex medical conditions and working in partnership with their parents / carers.

1. Pupils, staff and parents understand how our school will support pupils with medical conditions
2. To ensure that pupils at school with short or long term medical conditions, are properly supported so that they have full access to education, including off-site activities, sporting activities and residential visits.
3. Make arrangements for staff to ensure that they receive adequate and appropriate training for them to support children with medical needs.
4. To ensure that parents and children have confidence in the medical support arranged at school.
5. To work in partnership with Health Service colleagues
6. To be fully compliant with the Equality Act 2010 and its duties.

7. To manage medicines within school in accordance with government and local advice.
8. To keep, maintain and monitor records as detailed in this policy.
9. To contribute to Individual Healthcare Plans where appropriate, in partnership with health professionals.
10. To ensure that the pupils in our school are safe and are able to attend school regularly with their medical condition.
11. To support pupils with complex medical conditions and or long term medical needs in partnership with Health professionals and parents to enable their access to education.
12. To adhere to the statutory guidance contained in "Supporting Pupils with Medical Conditions" (DfE August 2017).

4. Roles and Responsibilities

4.1. Parents

Parents will:

- provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

Parents are asked to provide the Special School nurses (or for Belgravia Special School- Nurses at Stockland Green Community Hub) with sufficient and up-to-date information about their child's medical needs so that arrangements to manage their short or long term medical conditions can be implemented in partnership.

- At Calthorpe, the school nurses will administer medication which is required by the pupils/students more than twice a day.
- At Belgravia School, medication which is required by the pupils/students more than twice a day shall be administered by Head of Centre and/ or Pastoral Lead who will administer such medications with trained school staff and are responsible for recording of medications administered and their storage.

Parents/carers are responsible for ensuring that there is sufficient medication to be administered and that it is within the expiry date and in the original container from the pharmacy. Wherever possible, medications should be administered by the parents at home.

All medication must be clearly labelled with:

- The child's name
- Prescribed dose and pharmacist's instruction, e.g., after meal
- Expiry date

Parents must notify the school immediately (in writing) of any changes or alteration to a prescription or recommended treatment so that Special School Nursing Team can make an adjustment to Individual Healthcare Plans or previous agreement. It is important that the school is aware and informed by parents about other issues or symptoms their child may have experienced over night or before school; this is particularly important for asthma conditions.

Parents must keep children at home when they are unwell and respond quickly to collect their child if they become unwell at school. This is both for their own child's wellbeing and to limit the spread of infection.

In cases where a child has vomiting or diarrhea, they must be kept at home for 48 hours after the last bout of both vomiting and diarrhea. It must be remembered that the prime responsibility for a child's health rests with parents / carers.

Parents are responsible for adhering to the academy's policy of being a 'nut free school'. We cannot have nuts in school in any form as People who suffer from nut allergies can develop a severe, potentially life-threatening allergic reaction.

Parents are responsible that no nut products are provided in their child's lunch box or brought into the school as treats.

For example

- Peanut butter sandwiches
- Chocolate spreads
- Cereal bars
- Some granola bars
- Cakes that contain nuts
- Biscuits / Cookies that contain nuts
- Peanut butter cakes
- Some Asian food, including satay
- Sauces that contain nuts
- (This list is not exhaustive; parents are to check packaging of products closely.)

4.2. The Board of Trustees

The Board of Trustees has ultimate responsibility to make arrangements to support pupils with medical conditions. The Board of Trustees will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

4.3. The Board of Trustees will:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Ensure supply teachers are provided with appropriate information about the policy
- Ensure that specific arrangements are made for the self-management of medicine where applicable and how this will be both monitored and managed by staff;
- Oversee the school's management of medicines to ensure that Health & Safety standards are met and that parents have confidence in the schools ability to support their child's medical needs;
- Ensure that insurance arrangements cover staff in carrying responsibility for medical procedures; have 'due regard' to the rights of pupils who are disabled as set out in the [Equality Act 2010](#);
- Ensure that appropriate arrangements are made to include pupils with medical conditions on off-site activities;
- Ensure that children who are unable to attend school owing to illness, receive an appropriate level of support while at home or in hospital;
- Ensure that parents / carers are aware of the school's complaints policy.

4.4. Head Teacher

- Trustees are informed about the implementation and effectiveness of this policy,
- Arrangements are made with staff supporting pupils with medical conditions, and for any medicines required in delivering that support to be stored safely and in line with guidance provided by the local authority;

- Suitable arrangements are agreed in partnership and liaison with parents / carers to support the medical needs of pupils;
- Staff will not be directed to administer medicines - they can choose to volunteer to do so if they so wish (all staff are advised to refer to advice from their professional associations before volunteering to administer medicines).
- Non-prescription medications will not be administered at school;
- Liaison with Trustees in the annual review of this policy
- All staff and parents/carers are aware of this policy and the procedures for dealing with medical needs at Calthorpe Academy

4.5. Designated Medical Liaison Lead

Arrangements are made through the designated teacher to manage the following:

At Belgravia:

To liaise with Head of Centre at Belgravia and Stockland Green Special School Nursing Team with regards to:

- prescription medicines in school;
- prescription medicines on trips and outings, including school transport;
- accurate record keeping when administering medicines;
- the safe storage of medicines;
- procedures for access to medicines during emergency situations;

At Calthorpe:

To liaise with the Special School Nursing Team with regards to:

- *prescription medicines in school;*
- *prescription medicines on trips and outings, including school transport;*
- *accurate record keeping when administering medicines;*
- *the safe storage of medicines;*
- *procedures for access to medicines during emergency situations;*
- *adhering to risk management procedures involving medicines;*
- *Adherence to Individual Healthcare Plans and updating medical database accordingly;*
- *Medical provision for learners at Waverley Satellite Unit*

Additionally the designated teacher is responsible for:

- Appropriate training has been provided for staff that enables them to carry out agreed procedures;
- For all new staff to receive an appropriate induction of the medical processes (Including reporting, recording and signposting)
- Risk assessments and arrangements for off-site visits are checked and that governors are informed of the details
- Staff work in partnership with parents/carers to ensure the well-being of children and young people;
- Interruption to school attendance for medical reasons will be kept to a minimum and where appropriate learners access remote education;
- Staff who have agreed to administer medicines will receive the appropriate training;
- All cultural and religious views, made known to the school in writing, will be respected;
- To liaise with the First Aid lead to ensure the required number of appropriately trained First Aiders are available to provide First Aid to pupils as required, keeping appropriate records of First Aid administration and keeping First Aid boxes properly stocked.
- Liaise with other health care professionals and services in supporting the health care needs of learners (ie. Immunisation service/ dietician/ SaLT/ Physiotherapists/ Continuing Health Care Nursing Team)
- Notify staff and parents with regard to the academy's 'nut free school' policy

4.6. Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

We are a 'nut free school' staff are responsible in checking food sent in from home (snacks/ pupils' lunchboxes) to ensure that they do not contain any nut products. People who suffer from nut allergies can develop a severe, potentially life-threatening allergic reaction. If someone has a nut

allergy it is not just eating nuts that can cause a severe reaction, just being touched on the skin or smelling the breath of someone who has had nuts or a product containing nuts can trigger anaphylactic shock (which can cause breathing and swallowing difficulties). Staff in the school are trained to administer and responsible for the storage of the Epi-pens (an injection of adrenalin) which is required immediately if this happens.

Staff must check food packaging for:

- Peanut butter sandwiches
- Chocolate spreads
- Cereal bars
- Some granola bars
- Cakes that contain nuts
- Biscuits / Cookies that contain nuts
- Peanut butter cakes
- Some Asian food, including satay
- Sauces that contain nuts
- (This list is not exhaustive, so please check the packaging of products closely.)

4.7. Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

4.8. School nurses and other healthcare professionals

Our special school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

The Special School Nursing Service provide the following support:

- Responding to acute medical emergencies (Calthorpe)
- Work in liaison with parents/ carers and other health professionals in developing Medical Alert Cards (IHPs)

- Support of the medical needs in school, providing training, advising school staff how to implement IHPs and care planning
- A clinical service- medications administrations, management of medicines at Calthorpe
- Continence advice- assessment for continence products plus support and advice with toileting.
- Healthy lifestyle advice- signposting to relevant healthcare services
- Transition support to adult services
- EHCP support and advice
- Safeguarding- working in liaison with other healthcare professionals, agencies and school's safeguarding team

5. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school 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.

6. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school shall liaise closely with the Special School Nursing Service to make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

7. Individual Health Care Plans and Education Health Care Plans (EHCPs)

An IHCP will include:

- details of the child's condition

- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play
- special requirements e.g. dietary needs, pre-activity precautions
- any side effects of medicines

Individual Healthcare Plans, (and their review), may be initiated, in consultation with the parent/carer, by a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between parents/carers, and the relevant healthcare professional, who can best advise on the particular needs of the child. For example, school nursing services will contribute sections on feeding needs: gastrostomy, nasogastric, modified diets. Plans for children with allergies, asthma and epilepsy will be overseen by a special school nurse (or for Belgravia- Nurses at Stockland Green Community Hub). Pupils will also be involved whenever appropriate. The aim will be to capture the steps which Calthorpe will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Healthcare Plans must also identify the conditions under which emergency medications need to be administered and this information must be shared with all staff working with that pupil.

Class teachers, in consultation with relevant Health professionals are responsible for developing

Meal Time Plans for pupils who need specific feeding protocols or a modified diet, together with Allergy forms to identify all known allergens and treatments for each pupil. These plans will be made available to all class staff, Lunch Time Supervisors and any supply staff working with the child. The Plans must be reviewed at least annually or when any part of the protocols change. The Class teacher needs to liaise with catering staff where modified diets are required or food allergens are known.

Plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans will be developed with the child's best interests in mind and ensure that Calthorpe Academy assesses and manages risks to the child's education, health and social well-being and minimises disruption. The Individual Healthcare Plan will be linked to or become part of each child's Education Health and Care Plan (EHCP). Where a child is returning to school following a period of hospital education or alternative provision (including remote education), school will work with the local authority and healthcare professionals to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

The Special School Nursing team, NHS Physiotherapists and other relevant healthcare professionals will provide updated medical information for inclusion in the annual review of each child's Education, health and Care Plan (EHCP).

8. Best Practice

Calthorpe Academy will endeavour to eliminate unacceptable situations by promoting best practice in supporting pupils with medical conditions. In doing so we will:

- Ensure that pupils have access to the medicine they need as arranged with parents;
- Manage each medical condition through an Individual Healthcare Plan;
- Listen to the views of pupils and their parents and take advice from medical professionals in planning the support needed;
- Ensure that pupils with medical conditions are supervised appropriately and not left alone when ill;
- Support access to the full curriculum or as much as medical consultants recommend;
- Work in partnership with health services to ensure swift recovery or access to treatment;
- Facilitate opportunities to manage medical conditions with dignity;
- Manage medical needs such that parents are not required to support their child in school; include all children in school on and off-site activities, meeting their medical needs in the best way possible.

8.1. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' 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 will always be informed.

The school 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 school 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 be able to access them immediately. 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.

8.2. Infection Control

Staff will observe proper hygiene precautions at all times to limit the spread of infection. This will include:

- Washing hands thoroughly for at least 20 seconds with soap and water before and after feeding a child, before and after administering first aid or medication, after toileting a child or using the toilet themselves, and before eating or drinking, then wiping hands dry on paper towel or an air hand dryer. Paper towel should then be disposed of in the bin.
- Wearing suitable Personal Protective Equipment (PPE) such as disposable gloves and apron when potentially exposed to bodily fluids (eg: urine, faeces, nasal secretions, vomitus), and disposing of that PPE in orange clinical waste bags.
- Observing and encouraging good respiratory hygiene by using disposable tissues to “catch it – bin it – kill it” for sneezes and coughs
- Cleaning potentially contaminated surfaces such as changing beds between pupils

8.3. Sun Safety:

We aim to provide an environment that enables children and staff to stay safe in the sun and staff shall work in collaboration with parents to reinforce awareness about sun safety.

- Parents are asked to apply sunscreen (labelled with their child's name) and provide a sunhat for their child on warm, sunny days.
- Education staff will ensure that children are offered additional water to drink during warm weather and encourage play indoors or in the shade.

8.4. Children with health needs who cannot attend school:

Parents have a statutory obligation to ensure their child attends school at all times except when they are too unwell to do so. However, for the wellbeing of ill children and to reduce the spread of infection, parents must keep children who are unwell at home. Such situations will generally be short-term and during the period of illness, the child will be probably too unwell to participate in their school work. In these situations, teachers will provide appropriate support to help the pupil catch up on missed work when they return to school and are well enough to do so.

However, in some circumstances, a child may be at risk of missing a considerable amount of school because of situations such as long-term infection risk or post-surgery recovery. In such cases, the Pastoral Team will work with families to determine how best to support the child at home / in hospital to reduce the amount of time lost from accessing the curriculum.

This work may include any of the following:

- Home visits by the Pastoral Team
- Regular telephone contact
- Work packs delivered or posted home
- "Virtual" lessons using video meeting technology
- Learning resources posted on the school website

Each situation will be agreed on a case by case basis depending on how well the pupil is, the family's access to computer technology and internet and the length of the pupil's absence. Individual circumstances and risk assessment carried out by the school in collaboration with the family and health professionals will determine when it is safe for the child to return to school.

After a prolonged absence, the return may be phased to support the pupil's transition back to full-time attendance.

9. **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.

All other controlled drugs are kept in a secure cupboard in the medical department and only named medical staff have access. At Belgravia controlled medication shall be kept secure in a locked cupboard which the Head of Centre and DSL shall 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.

10. Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

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 IHP and inform parents so that an alternative option can be considered, if necessary.

11. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office/ classroom/ medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments

- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

12. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. (see appendix 9)

Care is taken to ensure that all pupils/students/staff are safe. Both at Calthorpe Academy and our satellite centre Belgravia School have a number of staff trained in Paediatric First Aid. In addition, there are additional staff who are 'First Aid' trained too across both sites and also at our satellite base at Waverley School. (see appendix ? 'Roles and Responsibilities for Responding to a Medical/ Health Need' written in collaboration with School, SSN Team & Physiotherapy)

Pupils with life threatening medical conditions or who require close monitoring / supervision may have Individual Healthcare Plans developed by Health professionals that provide contact details for emergency situations, e.g., anaphylaxis, diabetes, or epilepsy. Where these plans are in place, they must be closely followed

If in doubt, staff will call 999 for emergency medical care. All pupils have emergency contact details available on Eportal.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or a familiar member of staff shall accompany the pupil to hospital by ambulance until the parent arrives.

Asthma can be life threatening; our academy will follow the ["Guidance on the use of emergency salbutamol inhalers in schools"](#) issued by the Department of Health (March 2015). Pupils' emergency medication will be given to staff for safekeeping when going on educational visits. If staff are trained to administer emergency medication then they can do so if

needed; they should also call the emergency services (999) if emergency medication is required. Pupils who have emergency medication will have their authorisation sheet, emergency care plan, and parent/carer details on the documentation which will be held in a plastic wallet for easy access.

13. Staff Training and Support

Most medicines to be administered will not require professional training; however the school will ensure that staff supervising the administering of medicines understand that accurate records must be kept and are completed at the time of being administered. The Special School Nursing Team shall support staff via training of how to record and administer medication for educational trips and visits. Staff who maintain these records should be clear about what action to take, (such as referring to the Designated Safeguarding Lead for Child Protection) if they become

- Concerned about the welfare of an individual pupil.
- Training received or cascaded from parents will not be accepted.
- Records of Training Forms must be completed and maintained.

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

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Medical Liaison Lead for the academy. Training will be kept up to date.

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 IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

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 recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

14. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are readily accessible from the Special School Nursing Team (Calthorpe) and Special School Nursing Service (Stockland Green).

Staff must report any medical episode (asthma/ epilepsy/ anaphylaxis/ allergic reaction) via the school's Medical Reporting System (accessible via sharepoint). This system records the date, time, length of episode, medication administered and recovery time.

15. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The details of the school's insurance policy are:

Insurance arrangements which cover staff providing support to pupils with medical conditions are covered by Zurich. The insurance policy provides liability cover relating to the administration of medication, individual cover has been arranged for any healthcare procedures.

16. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Head teacher/ Medical Liaison Lead in the first instance. If the [Head Teacher/ Medical Liaison Lead cannot resolve the matter, they will direct parents to the school's complaints procedure.

17. Educational Trips/ Visits

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits.

Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or

other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

We will ensure that:

- Records are maintained detailing an accurate history of the administering of medicines as far as possible – this will not include self-administering of over the counter medicines for older pupils for whom parents have been granted permission.
- Suitable back-up systems are in place to cover administering of medicines in the event of staff absence;
- If there are any doubts or confusion about arrangements for administering medicines, staff
- must consult with the parents and the designated member of staff;
- No child or young person under 16 will be given medicines or be permitted to self-medicate without their parents written request.

All arrangements for medicines, including the storage and administration of medicines, Individual Healthcare Plans, and Risk Management programmes will apply for all off-site activities or school trips. A member of staff will be designated to ensure there are suitable off-site arrangements for storage, and recording of the medicines when assessing any risks associated for the trip, particularly for those children and young people with long term or complex health conditions. All plans and risk assessments will be discussed with parents/carers in preparation for the activity in advance of the departure day and agreed with the Head Teacher / Medical Liaison Lead. All off-site activities will be evaluated in terms of proximity and accessibility to emergency services and any implications for those with short or long term medical conditions before receiving approval to go ahead from the Head Teacher / Medical Liaison lead.

18. Residential Visits:

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the academy at the start of the visit.

18.1. Medication Management on Educational Trips/ Residential Visits:

Storage of medication:

The school will adhere to the advice contained in "[Guidance and Code of Practice - First Aid at Work](#)" and local guidance provided by [Birmingham County Council's Health & Safety Team](#) and the local authority's Schools Nursing Service.

Refusal or too unwell to take medicines:

If a child refuses to take medicine as prescribed and as requested by parents, the records must state 'REFUSED' clearly and the parents/carer informed immediately. Children / young people will not be forced to receive medicine if they do not wish to do so. If a child or young person is ill / injured and therefore unable to receive the agreed prescribed medication, the person designated to supervise the taking of medicine will consult with parents / carers immediately and advise the Head Teacher/Medical Liaison Lead of their actions. If the child vomits or has diarrhoea soon after receiving medication, parents must be contacted so that they can seek further medical advice.

19. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

20. Links to other policies

This policy links to the following policies:

Accessibility plan

Complaints policy

Equality information and objectives

First aid policy

Health and safety policy

Safeguarding policy

Special educational needs information report and policy

Intimate Care Policy

Educational Trips and Visits Policy

21. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Laura Marsden.

Plans will be reviewed in liaison with the Special School Nursing Service at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up by the Special School Nursing Service in partnership with the parents and other health care professionals such as a specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

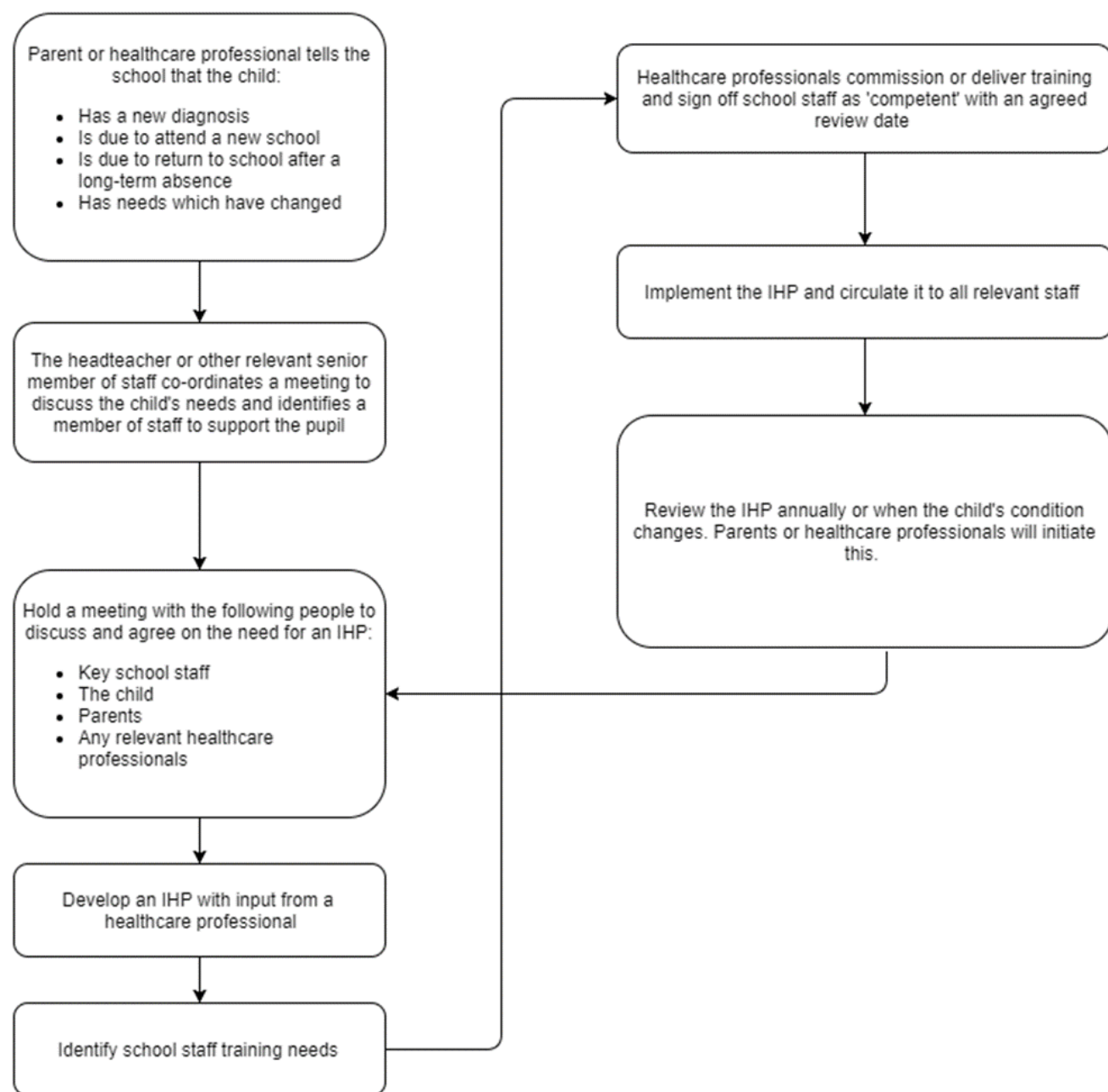
The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

The governing board and the headteacher/role of individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons

- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

22. Appendix 1: Being notified a child has a medical condition



23. Appendix 2: Allergy Action Plan for EpiPen

bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of Paediatrics and Child Health
Anaphylaxis
Association
AllergyUK

This child has the following allergies:

Name: _____
 DOB: _____

Photo

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

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

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

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

- 1** Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- 2** Use Adrenaline autoinjector without delay (eg. EpiPen®) (Dose: _____, 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.

● Mild/moderate reaction:

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

Action to take:

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

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

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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:

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


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

Sign & print name: _____



Hospital/Clinic: _____

Date: _____

24. Appendix 3: Allergy Action Plan Jext Pen



ALLERGY ACTION PLAN

This child has the following allergies:

Name: _____

DOB: _____

Photo

● 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**

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

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

- 1** Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- 2** Use Adrenaline autoinjector without delay (eg. Jext®) (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.

● Mild/moderate reaction:

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

Action to take:

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

Emergency contact details:

1) Name: _____

2) Name: _____

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

Signed: _____


Print name: _____

Date: _____

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


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How to give Jext®




1

Form fist around Jext® and PULL OFF YELLOW SAFETY CAP




2

PLACE BLACK END against outer thigh (with or without clothing)



3

PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4

REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

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

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

Sign & print name: _____

Hospital/Clinic: _____

Date: _____

25. Appendix 4: Allergy Action Plan (Non-emergency medication)

bsaci
improving allergy care
through education, testing and research

ALLERGY ACTION PLAN

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

● 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**

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

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

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

- 2** Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3** In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
- 4** Commence CPR if there are no signs of life
- 5** Stay with child until ambulance arrives, do **NOT** stand child up
- 6** Phone parent/emergency contact

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

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit sparepensinschools.uk

Mild/moderate reaction:

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

Action to take:

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

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:

Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

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

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document that can only be completed by the child's healthcare professional. It must not be shared without their permission. This document provides medical authorisation for schools to administer a "spare" adrenaline autoinjector in the event of the above named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name:

Hospital/Clinic:

..... Date:

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

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26. Appendix 5: Asthma Care Plan

My asthma triggers:
List the things that make your asthma worse and what you can do to help

I will see my doctor or asthma nurse at least once a year (but more if I need to)
Date I got my asthma plan: _____

Date of my next asthma review: _____

Doctor/asthma nurse contact details: _____



My Asthma Plan

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

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

Learn more about what to do during an asthma attack
www.asthma.org.uk/advice/asthma-attacks

Questions? Ask Asthma UK's nurses:

Call on 0300 222 5800 (9am-5pm, Mon-Fri)


Or message on WhatsApp 07378 606 728 (9am-5pm, Mon-Fri)

Your asthma plan tells you what medicines to take to stay well


And what to do when your asthma gets worse

Always keep your reliever Inhaler (usually blue) and your spacer with you.


You might need them if your asthma gets worse.



Name: _____



11/30/2016 © 2019 Asthma UK. Registered charity number in England 802341 and in Scotland SC191922. Last reviewed and updated 2019, next review 2022.




My Asthma Plan

1 My usual asthma medicines

- My preventer inhaler is called _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day: _____
- My reliever inhaler is called _____ and its colour is _____
- I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.



2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe, **or**
- I need my reliever inhaler (usually blue) three or more times a week, **or**
- My peak flow is less than _____ **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better

URGENT! If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take emergency action now (see section 3)

Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me)

Other things to do if my asthma is getting worse

3 I'm having an asthma attack if...


- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe, **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than _____

If I have an asthma attack, I will:


- Call for help**
- Sit up** – don't lie down. Try to be calm.
- Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.
- If I don't have my blue inhaler, or it's not helping, I need to call 999 straightaway.**
- While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

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

27. Appendix 6: Epilepsy Care Plan



Birmingham Women's and Children's
NHS Foundation Trust



Version 2
Review date 2021

Epilepsy Care Plan

Child's Name			
NHS Number			
Date of birth			
Emergency contact details - Parent/carer			
Emergency contact details - Parent/carer			

Care settings and other professionals to use this plan

What do (insert name) seizures look like?

(Seizure one)

(Seizure two)

What happens before and after?

How long do they usually last? Any triggers?

Usual recovery time and intervention?


Comfort and reassurance. May be tired and need to sleep. If required - Provide basic first aid and make environment safe, put XXX- in recovery position and maintain air way.

When to call for an ambulance	
<ul style="list-style-type: none"> If the child has injured themselves If concerned If the seizure goes on longer than 5 minutes and there is no emergency medication 	<ul style="list-style-type: none"> If it is the child's first seizure If the seizure is different to usual seizure


Do they have emergency medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please turn over
Parents signature	Print name		
Nurse's signature	Print name		
Date developed	Review date		

Made in collaboration with:
West Midlands Paediatric Epilepsy Nurse Network West Midlands Community Paediatric Nurse Epilepsy Interest Group

1/4



Birmingham Women's and Children's
NHS Foundation Trust



Version 2
Review date 2021

Emergency Medication Care Plan- if not applicable please cross off

Child's Name			
NHS Number			
Date of birth			

DOSE TO BE ADMINISTERED: ONE mg PRE-FILLED ORAL SYRINGE OF BUCCAL MIDAZOLAM

ROUTE: BUCCAL (between a cheek and gum)

To be given if has generalised tonic clonic seizure lasting longer than: minutes

Other circumstances to give a dose of Buccal Midazolam (e.g. other seizure types or cluster seizures)

If no effect after 5 minutes following administration of Buccal Midazolam- call 999

DOSES IN 24HRS FOR ADDITIONAL SEIZURES

Child can have 2 Doses of Midazolam for a separate seizure in a 24hr period.

There must be a gap of 6 Hours between doses before an additional dose of Midazolam is given.

IF MORE THAN ONE DOSE IS USED IN 24HRS TO CALL 999 FOR REVIEW.

When to call for an ambulance:

- If it is the first time giving the rescue medication to this child in this particular setting
- If the seizure has not stopped after 5 minutes following administration of Buccal midazolam
 - If concerned

Has the child been prescribed a second dose?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	------------------------------	-----------------------------

Second dose for same seizure: ONLY if specified by the child's consultant. ALWAYS call an ambulance.

DOSE TO BE ADMINISTERED: ONE mg PRE-FILLED ORAL SYRINGE OF BUCCAL MIDAZOLAM

Administer after minutes from first dose if seizures show no signs of resolving

Child is ONLY able to have 2 doses of Buccal midazolam in 24 hours

Please note the time that the medication has been given to pass on to emergency services or parents

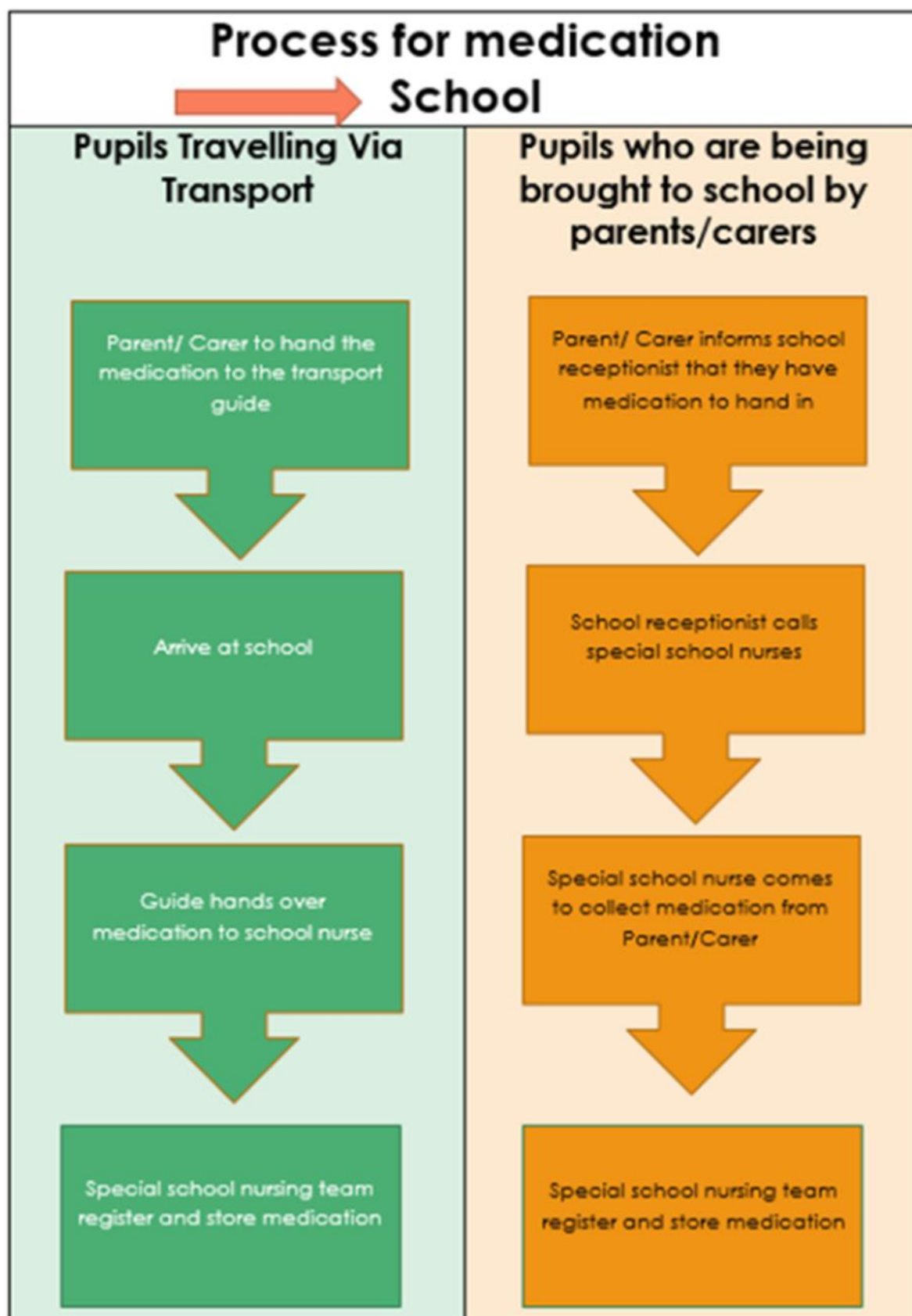
STEP	HOW TO ADMINISTER BUCCAL MIDAZOLAM
1	Take one plastic tube, break the seal and pull the cap off. Take the syringe out of the tube
2	Remove the syringe cap and dispose of it safely
3	Gently insert the syringe in the space between the inside of the cheek and the lower gum (buccal cavity)
4	Slowly press the syringe plunger to release the whole amount of the buccal midazolam into the side of the mouth
5	Remove the syringe from the child's mouth, keep the empty syringe to give to a doctor or paramedic so they know what dose has been given

Parents signature	Print name
Nurse's signature (Designation)	Print name
Date developed	Annual review date

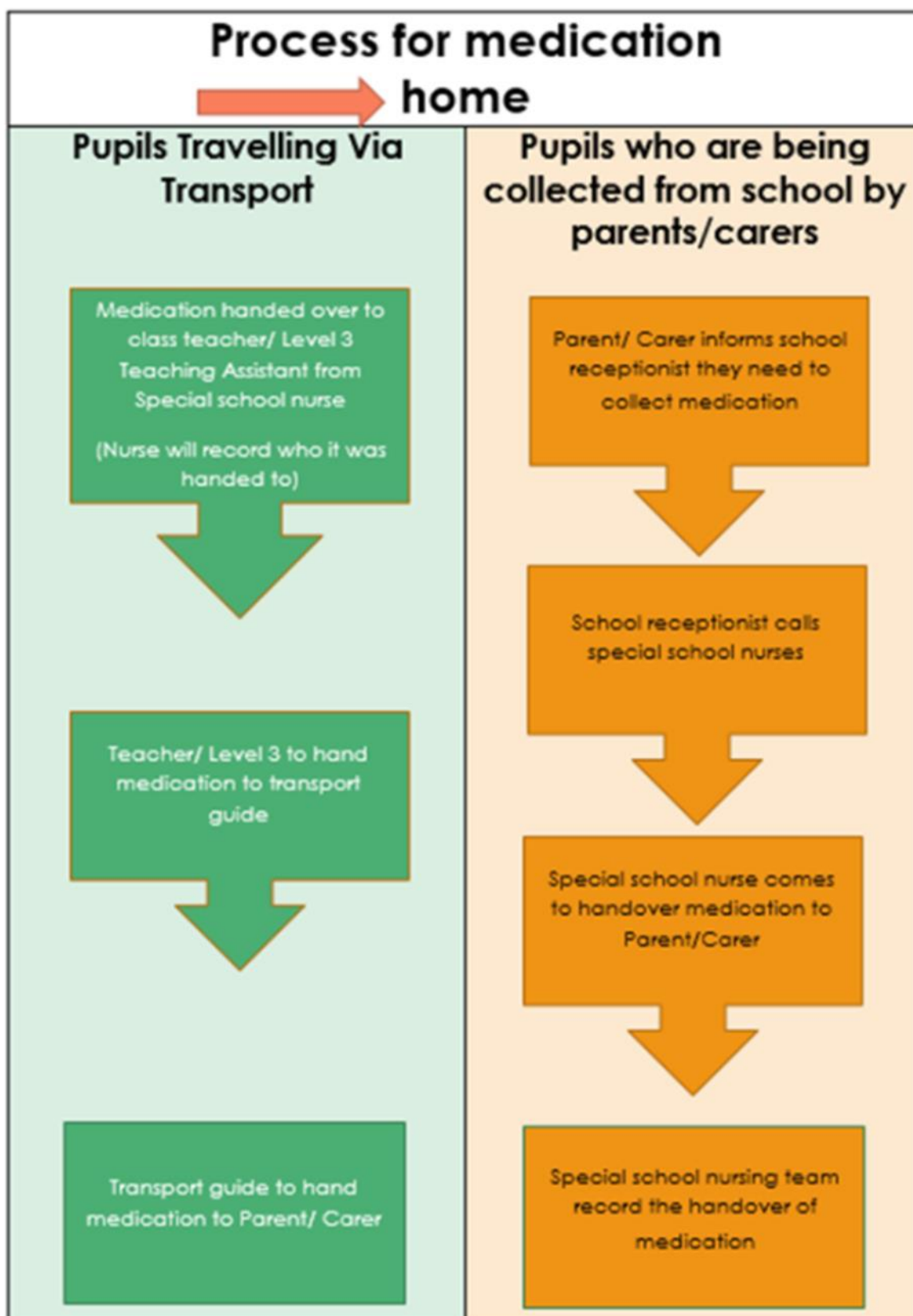
Made in collaboration with:
West Midlands Paediatric Epilepsy Nurse Network West Midlands Community Paediatric Nurse Epilepsy Interest Group

2/4

28. Appendix 7: Process for medication to be sent to school



29. Appendix 8: Process for medication to be sent home



30. Appendix 9: Responsibilities for Responding to Medical and Health Needs

Emergencies

In the event of an emergency

- follow the medical care plan-administer emergency medication if stated
- call the relevant health care professional
- Notify SLT/Ext leader

First Aid**NHS School Nursing Team**

Call immediately in the event of Acute Emergencies

(CLASSED AS THREAT TO LIFE)

- cardiac / respiratory arrest,
- anaphylaxis ,
- Repassing NGT / Gastrostomy tubes
- Epileptic Seizure requiring emergency medication

NHS Physio Therapy Team

Call immediately in the event of:

- Difficulty with breathing due to poor posture in equipment.
 - Nursing team to informed at the same time in case of respiratory issues,
 - Remove the learner from the equipment and report to PT team,
 - Don't use equipment again until reviewed
- Child complaining / unusually upset whilst in equipment
- Child is demonstrating signs of pain / reluctance to weight bear

First Aiders are trained to respond to:

- Adult resuscitation (CPR)
- Burns and scalds
- Choking adult
- Communication and casualty care
- Defibrillator prompts and how to respond (theory based)
- Defibrillator pad placement (theory based)
- Minor and severe bleeding
- Role of the first aider (including knowledge of health and safety regulations)
- Seizures
- Shock
- Unresponsive adult

Paediatric First Aiders are trained to respond to:

- Assessing an Emergency Situation & Prioritising Action
- Unresponsive Casualty (Not Breathing) - Infant & Child
- Unresponsive Casualty (Breathing) - Infant & Child
- Choking - Infant & Child
- Head Injuries
- Seizures
- Burns, Bleeds & Shock
- Anaphylaxis
- Asthma
- Croup
- Bites & Stings
- Suspected Fracture
- Neck or Back Injuries
- Head Injuries
- Burns & Scalds
- Diabetes
- Meningitis
- Minor Injuries
- Fevers
- Poisons
- Electric Shock
- Drowning
- Extreme temperatures

School

(SLT/ EXT
Leadership /
Pastoral Teams)

For any issues that are beyond capacity of First Aiders/ and are not an Emergency Need

SLT/Ext Leadership/ Pastoral Teams shall:

- Call Parents/ Carers and recommendation that parents are advised to take their child for further medical attention (either GP/ A&E- dependent on need).

Special School Nursing Team

Universal Support

(Email:
bchnt.calthorpesnteam@nhs.net)

The Special School Nursing Service provide the following universal support for pupil's health and medical needs:

- Clinical- medications administrations, management of medicines in school
- Continence Advice – assessment for continence products plus support and advice with toileting.
- Medical needs in school- training in school, completion of alert cards,
- Care planning, support & Advice.
- Referrals for Physiotherapy Input (for learners not known to Physio Service)

Healthy Lifestyle Advice –including:

- Height/Weight checks.
- Sign posting for Sexual Health Advice
- Social, Emotional & Mental Health Support - including advising where to get support.
- Transition to adult health services-Support/Guidance
- Signposting to other services
- Liaising with other services - working in partnership with school
- EHCP – support and advice
- Safeguarding
- New Starter assessments- care planning

Physiotherapy Team

Universal Support

Provided ONLY to children who have an open physiotherapy referral

(use Physio Referral tab on sharepoint)

The Physiotherapy Team provide the following universal support for pupils health needs:

- Equipment: Assessment with reps, provision, set up and review of equipment
- Supporting Orthotist in orthotic clinics to assess and review orthoses provided by BWCH orthotic service
- Supportive with EHCP
- Supporting and training school staff and carers for implementing physiotherapy exercise plans.
- Supporting BWS to run wheelchair clinics in school
- Physiotherapy needs for various medical
- Transition to adult health services-Support/Guidance
- Signposting to other services
- Liaising with other services - working in partnership with school
- EHCP – support and advice
- Safeguarding
- New Starter assessments- care planning and packages of care

31. Appendix 10: Sun Safety Information Letter to Parents



Tips for Keeping Safe in the Sun



Why is sun safety important?

Did you know that?

- One blistering sunburn in childhood more than doubles a person's chance of developing melanoma later in life
- Skin cancer is the UK's most common and fastest rising cancer and is now one of the biggest cancer killers in 15-34 year olds.
- 80% of all skin cancers are caused by over-exposure to UVR from the sun and/or sunbeds making it skin cancer largely

PREVENTABLE.

Did you know?

If your shadow is shorter than you, you could burn!

You can help your child by following the simple slip slap slop rules below:

- Slip on a t-shirt
- Slop on sunscreen
- Slap on a hat
- Shade, especially between 11 and 3
- Slide on shades

TOP TIPS

- Cover** your child up in loose cotton clothes where possible.
- Sunscreen:** Cover exposed parts of your child's skin with sunscreen even on cloudy or overcast days. Don't rub it in, smooth or pat it on.
- Remember your child needs to wear sun protection at school.**
- Make sure you put lots on them before they go
- Send extra sunscreen into school in a labelled bottle for them to reapply throughout the day.

- You don't have to buy expensive brands, cheap ones are fine as long as they are at least factor 15 and UVA 4 star rated.
- Check the expiry date on your sunscreen – most only last a year or 2.
 - Make sure you store it in a cool place or the protective chemicals can be ruined.
 - Always remember vulnerable areas like ears, back of hands, neck and feet.
 - Use sunscreen together with shade and clothing to avoiding getting caught out by sunburn.

Hats: Wide brimmed offer the most protection

Shade: Especially between 11 and 3 . You can find or create shade in many different ways. E.g:

- Trees and foliage
- Umbrellas and parasols
- Canopies and awnings
- Going indoors
- Tents and shelters
- Wide-brimmed hats

32. Appendix 11 Nut Free School Letter



Date



Dear Parents/Carers,

People who suffer from nut allergies can develop a severe, potentially life-threatening allergic reaction. If someone has a nut allergy it is not just eating nuts that can cause a severe reaction, just being touched on the skin or smelling the breath of someone who has had nuts or a product containing nuts can trigger anaphylactic shock (which can cause breathing and swallowing difficulties). Staff in the school are trained to use the Epi-pens (an injection of adrenaline) which is required immediately if this happens.

We cannot have nuts in school in any form.

So please can we ask that you have no nut products in the lunch boxes or brought into the school as treats.

For example

- Peanut butter sandwiches
- Chocolate spreads
- Cereal bars
- Some granola bars
- Cakes that contain nuts
- Biscuits / Cookies that contain nuts
- Peanut butter cakes
- Some Asian food, including satay
- Sauces that contain nuts

This list is not exhaustive, so please check the packaging of products closely. We appreciate that this is an additional thing to check and we know that you recognise the importance of it. We do have to insist we are a nut free school. I know if this was your child you would expect that we all help, especially as it is a life-threatening condition.

If you have any questions, please do not hesitate to contact me.

Yours sincerely,

, Calthorpe Academy

1.

33. Changes

Description	Date	Page	Section
Covid amendments for 2021-22	Sep 2021	3	(whole section)
Belgravia-responsibility for the recording of medication administered and their storage	Sep 2021	7	5.1
Special School Nursing Team can make an adjustment to Individual Healthcare Plans or previous agreement.	Feb 2022	8	5.1
Responsibilities of designated teacher	Feb 2022	10	5.5
The Special School Nursing Service	Sept 2021	11-12	5.8

provide the following support			
School shall liaise closely with the Special School Nursing Service to make every effort to ensure that arrangements are put into place	Feb 2022	12	7
alternative provision (including remote education),	Sep 2021	13	
Other relevant healthcare professionals will provide updated medical information (EHCP's)	Sep 2021	14	
Infection control	Feb 2022	15-16	9.2
Sun safety	Feb 2022	16	9.3
Children with health needs who cannot attend school	Feb 2022	16	9.4
At Belgravia controlled medication shall be kept secure in a locked cupboard which the Head of Centre and DSL shall have access.	Feb 2022	17	10
Emergency Procedures	Feb 2022	18-19	13
Staff Training & Support- SSN support	Feb 2022	19	14
Record keeping- IHP's being accessible from SSN Team; staff reporting system; pupils information available from Eportal	Feb 2022	20	15
Educational Trips and visits: 'We shall ensure that' (onwards)	Feb 2022	18	21

Storage and management of medication during residential visits	Feb 2022	22	19.1
Linked to: Intimate Care Policy Educational Trips and Visits Policy	Feb 2022	23	21
SSN Team input to IHP's	Feb 2022	23	22