



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

# Supporting pupils with Medical Conditions Policy

\*All policies are electronically signed and available on Governors Hub

Ratified by the Board of Trustees

Signed by the Board of Trustees

**Date: Feb 2026**

To be reviewed annually

**Date: Feb 2027**

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## 1. Legislation and statutory responsibilities

This policy is based on the most recent government advice [“Supporting pupils with medical conditions at school” \(DfE – current statutory guidance\)](#), and [“The Administration of Medicines in Schools and Settings” \(BCC – February 2018\)](#), guidance from local Health Services, professional associations.

This policy is written in line with Section 100 of the the [Children and Families Act 2014](#). 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 is 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, Learning Disability Team (Forward Thinking Birmingham- Mental Health Support) and Orthotisit.

Our offsite provisions 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: Pediatricians 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. This policy applies to pupils with physical and mental health conditions that require support during the school day
2. Pupils, staff and parents understand how our school will support pupils with medical conditions
3. 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.
4. Make arrangements for staff to ensure that they receive adequate and appropriate training for them to support children with medical needs.
5. To reassure parents/carers that pupils with medical conditions are properly supported, safe and included.
6. To work in partnership with Health Service colleagues
7. To be fully compliant with the Equality Act 2010 and its duties.
8. To manage medicines within school in accordance with government and local advice.
9. To keep, maintain and monitor records as detailed in this policy.
10. To contribute to Individual Healthcare Plans where appropriate, in partnership with health professionals.
11. To ensure that the pupils in our school are safe and are able to attend school regularly with their medical condition.
12. 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.
13. 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 our offsite provisions 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 parents whose children have anaphylaxis parents must provide 2 auto injectors for their child at all times to attend school.

#### 4.2. The Board of Trustees

The Board has strategic oversight of arrangements and ensures the policy is implemented effectively.

#### 4.3. Head Teacher

- The Headteacher ensures that Trustees are kept informed of the implementation and effectiveness of this policy through Local Governing Body (LGB) quality assurance reviews of Health and Safety and outcomes from the Judicium External Health & Safety Audit.
- Make sure all staff are aware of this policy and understand their role in its implementation

#### 4.4. Designated Medical Liaison Lead

- This role includes oversight of physical and mental health needs, liaison with the SENDCo and pastoral team, and monitoring the impact of medical needs on attendance and wellbeing.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- 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)
- Ensure suitable cover arrangements are in place in the event of staff absence.
- Risk assessments and arrangements for off-site visits are checked and Head Teacher is informed
- 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
- 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/ Learning Disability Team)
- Notify staff and parents with regard to the academy's 'nut free school' policy
- To liaise with Health & Safety Lead, attend Health & Safety Committee Meetings and Judicium External Health and Safety Audit.

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

**Offsite Provisions:**

To liaise with Head of Centres 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;*

**4.5. 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.

**4.6. 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.

#### 4.7. 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 (except for inhalers, epipens and VNS).
- 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. Administering Medication**

- 5.1. The school administers medicines in line with *Supporting pupils at school with medical conditions* (DfE) and follows Birmingham City Council guidance *The Administration of Medicines in Schools and Settings* (February 2018).
- 5.2. On admission of learners parents complete a medical questionnaire and consent form for the Special School Nursing Team and school staff to administer medication. Stockland Green SSN Team provide this for learners based at our offsite provisions based learners).
- 5.3. Parents are to notify SSN Team of any changes of medical need and a new consent form is to be requested and completed by parents for

each new medication required to manage their child's medical condition

- 5.4. NHS Trust Special School Nurses deliver annual training to staff at all school sites for Administering Medication in Schools
- 5.5. Birmingham Community Healthcare NHS Foundation Trust provide a Nurse Educator from the Medical Needs Team to deliver annual training for school staff for:
  - Allergies and Anaphylaxis Awareness (administering emergency medication-auto injectors)
  - Diabetes Awareness (administering medication)
  - Asthma Awareness (administering medication)
  - Epilepsy Awareness (administering emergency medication)
- 5.6. Speech and Language Therapists from Birmingham Community Health Care NHS Foundation Trust provide annual Dysphagia training which covers the administration of prescribed thickening powders and their storage, food textures, risks of aspiration and how to make referrals.
- 5.7. 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.
- 5.8. The Special School Nursing Team shall support staff via training of how to record and administer medication for educational trips and visits.
- 5.9. For Residential trips the Special School Nursing Team support the visit lead with the completion of administration of medicine forms needed 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. The EVC and Head Teacher shall risk assess and quality assure this process and that trained, competent staff are responsible for the administration, storage and recording of medication prior to the residential trip.
- 5.10. Designated Medical Liaison Lead collates training records of staff who have attended training and are willing to administer medication including emergency medication
- 5.11. Wherever possible, medications should be administered by parents at home (4.1)
- 5.12. Non-prescription medications will not be administered at school (4.4)

- 5.13. The Special School Nursing Team provide a clinical service which includes medications administration and management of medicines at Calthorpe main site (with the exception of emergency medication e.g. epipens, inhalers and VNS which shall be administered by school staff)
- 5.14. Prescription medicines will only be administered at school:
- When it would be detrimental to the pupils health or school attendance not to do so
  - Where we have parents' written consent, except where the medicine has been prescribed to the pupil without the knowledge of the parents, as outlined in section 9.1
- 5.15. At our offsite provisions the Head of Centre or Deputy DSL alongside of a member of trained staff administer medication that is prescribed more than twice daily
- 5.16. Healthcare plans identify the conditions under which emergency medications need to be administered and this information is shared with all staff working with that pupil and is monitored by the Extended Leads, Medical Liaison Leads and Special School Nursing Team (Stockland Green Special School Nursing Team at our offsite provisions)
- 5.17. Our insurance policy with Zurich provides liability cover relating to the administration of medication, individual cover has been arranged for any healthcare procedures.
- 5.18. Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and will be reflected in their IHP's. Pupils will be allowed to carry their own medicines and relevant devices where possible.
- 5.19. Specialised training is necessary if a school or college agrees to administer emergency medication. An appropriate health care practitioner (such as an on-site nurse, nurse specialist, nurse educator, or nurse adviser) must have trained staff members before they consent to provide emergency medication. Every year, this should be updated. Every training session will be documented.

## **6. Equal opportunities**

- 6.1. 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.

- 6.2. The school will make anticipatory reasonable adjustments, in line with the Equality Act 2010, to enable pupils with medical conditions to participate fully and safely in school trips, visits and sporting activities.
- 6.3. 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.

## **7. Being notified that a child has a medical condition**

- 7.1. 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.
- 7.2. Parents must notify the school of any changes to pre-existing medical conditions or any new medical conditions.
- 7.3. 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.

## **8. Individual Health Care Plans and Education Health Care Plans**

Not all pupils with a medical condition will require an Individual Healthcare Plan (IHP). The decision to implement an IHP will be made jointly by the school, parents/carers and a relevant healthcare professional, based on clear medical evidence and the impact of the condition on the pupil's education, health and wellbeing. Where agreement cannot be reached, the Headteacher will make the final decision, in line with *Supporting Pupils with Medical Conditions* (DfE statutory guidance).

The Headteacher has overall responsibility for ensuring that effective arrangements are in place to support pupils with medical conditions. This responsibility is delegated to the Medical Liaison Lead, who oversees the development, implementation and review of all IHPs.

### **8.1. Development of Individual Healthcare Plans**

Individual Healthcare Plans may be initiated, in consultation with parents/carers, by a healthcare professional involved in the pupil's care.

Plans will be developed in partnership between parents/carers, the relevant healthcare professional(s), and the school. Pupils will be involved wherever appropriate.

Relevant professionals may include school nursing services, specialist nurses, NHS physiotherapists, dieticians or other medical practitioners. For example:

- Feeding needs (including gastrostomy, nasogastric feeding and modified diets) will be supported by school nursing services.
- Plans for pupils with allergies, asthma or epilepsy will be overseen by a special school nurse (or, for offsite provisions nurses at Stockland Green Community Hub).

The purpose of the IHP is to clearly set out how the school will support the pupil to manage their condition and overcome any potential barriers to accessing education and school life.

## 8.2. Content of Individual Healthcare Plans

An Individual Healthcare Plan will be proportionate and personalised, and will include:

- details of the pupil's medical condition, triggers, signs, symptoms and treatments
- what constitutes an emergency and the action to be taken
- what should not be done in the event of an emergency
- emergency medication requirements, including dosage, administration, storage, side effects and consent
- emergency contact details and contingency arrangements
- the roles and responsibilities of staff, including training and cover arrangements
- any specific educational, social or emotional support required
- special requirements, such as dietary needs or pre-activity precautions
- arrangements for school trips, visits and off-site activities
- who in school needs to be aware of the pupil's condition

Healthcare Plans must clearly identify the circumstances under which emergency medication is required, and this information must be shared with all staff working with the pupil.

## 8.3. Roles and Responsibilities

Class teachers, in consultation with relevant healthcare professionals, are responsible for contributing to the development and implementation of Individual Healthcare Plans and ensuring they are followed consistently.

## 8.4. Mealtime and Allergy Plans

For pupils requiring specific feeding protocols or modified diets, class teachers will ensure that appropriate Mealtime Plans and Allergy Forms are in place. These plans will:

- clearly identify all known allergens and treatments
- outline feeding protocols or dietary modifications
- be shared with all relevant staff, including lunchtime supervisors and supply staff

Class teachers must liaise with catering staff where modified diets or food allergens are identified. These plans will be reviewed at least annually, or sooner if protocols change.

#### 8.5. Review of Plans and Links to EHCPs

Individual Healthcare Plans will be reviewed at least annually, or earlier if evidence is presented that the pupil's needs have changed. Reviews will be conducted in the pupil's best interests and will aim to minimise disruption to education, health and social wellbeing.

Where a pupil has an Education, Health and Care Plan (EHCP), the IHP will be linked to, or form part of, that plan. Where a pupil returns to school following hospital education or alternative provision (including remote education), the school will work with the local authority and healthcare professionals to ensure the IHP clearly identifies reintegration support.

#### 8.6. Contribution to EHCP Reviews

The Special School Nursing Team, NHS Physiotherapists and other relevant healthcare professionals will provide updated medical information for inclusion in the annual EHCP review.

#### 8.7. Escalation of Medical Changes

Any changes to medical needs identified during EHCP reviews must be referred by the class teacher or meeting lead to the Medical Liaison Lead and the relevant healthcare professionals to ensure timely review and update of the Individual Healthcare Plan.

### 9. Best Practice

Calthorpe Academy will endeavor 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.

#### 9.1. 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.

## 9.2. 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 under a 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 (e.g.: 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

## 9.3. Children with health needs who cannot attend school:

Parents have a statutory obligation to always ensure their child attends school 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 be short-term and during the period of illness, the child will be too unwell to participate in their schoolwork. 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 with the family and health professionals will determine when the child can return to school.

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

## **10. Controlled drugs**

- 10.1. [Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.
- 10.2. All other controlled drugs are kept in a secure cupboard in the medical department and only named medical staff have access. At our offsite site provisions controlled medication shall be kept secure in a locked cupboard which the Head of Centre and DSL shall have access.
- 10.3. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## **11. Pupils managing their own needs**

- 11.1. 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.
- 11.2. 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.

## 12. Unacceptable practice

12.1. 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

## 13. Emergency procedures

13.1. 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)

13.2. All emergency responses are guided by the pupil's IHP and staff will follow emergency services advice.

- 13.3. Care is taken to ensure that all pupils/students/staff are safe. Both at Calthorpe Academy and our offsite provisions have a number of staff trained in Paediatric First Aid. In addition, there are additional staff who are 'First Aid' trained too across all sites. (see appendix ? 'Roles and Responsibilities for Responding to a Medical/ Health Need' written in collaboration with School, SSN Team & Physiotherapy)
- 13.4. 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
- 13.5. If in doubt, staff will call 999 for emergency medical care. All pupils have emergency contact details available on Arbor.
- 13.6. 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.
- 13.7.** 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.
- 13.8. School spare inhalers and Auto Injectors are in line with learners prescriptions and stored in a locked cupboard in the main office on each site for emergency use where parents have given consent (Consent is recorded on the schools medical matrix: S:\Medical Information)

#### **14. Staff Training and Support**

- 14.1. 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 must be delivered or validated by an appropriate healthcare professional.
- Records of Training Forms must be completed and maintained.

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

14.3. 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.

14.4. 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.

14.5. 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

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

14.7. 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.

## **15. Record keeping**

15.1. 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.

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

- 15.3. 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.

## **16. Liability and indemnity**

- 16.1. 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:
- 16.2. 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.

## **17. 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.

## **18. Educational Trips/ Visits**

- 18.1. 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.
- 18.2. 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.
- 18.3. 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 permitted to self-medicate without their parents' written request, except in circumstances outlined in section 9.1 of this policy.

**18.4.** 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.

## **19. Residential Visits:**

19.1. 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. Medication Management on Educational Trips/ Residential Visits:

19.2. 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 City Council's Health & Safety Team](#) and the local authority's Schools Nursing Service.

19.3. 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.

## **20. Monitoring arrangements**

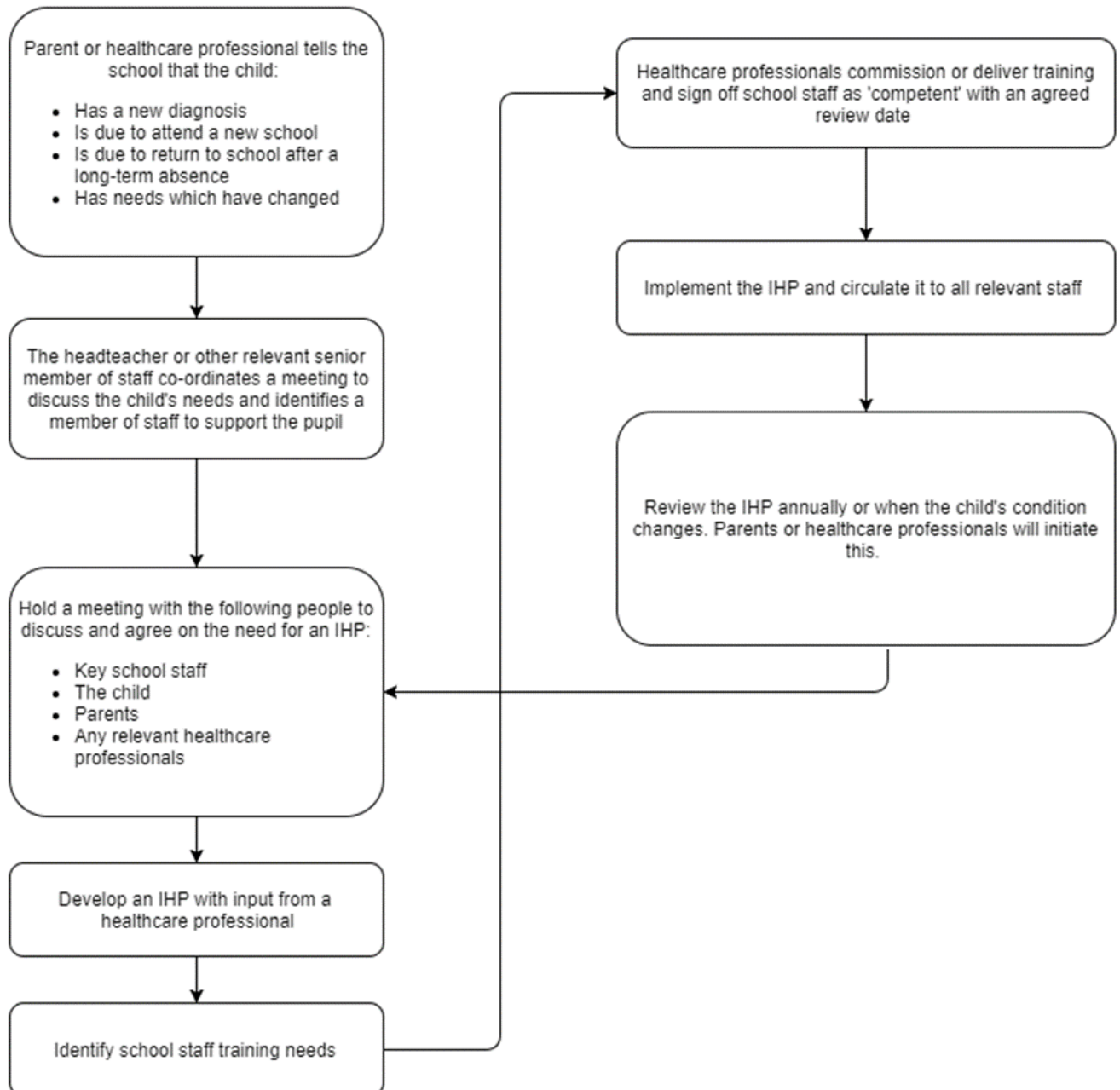
- 20.1. The policy is reviewed annually at operational level and approved by the trustee board every year.
- 20.2. Termly audits of medication and care plans stored in classes (including adrenaline auto-injectors and inhalers) and the school's Medical Database are undertaken by the Medical Liaison Lead, in collaboration with the Special School Nursing Team at the main site and with the Head of Centre at off-site provisions.

## **21. Links to other policies**

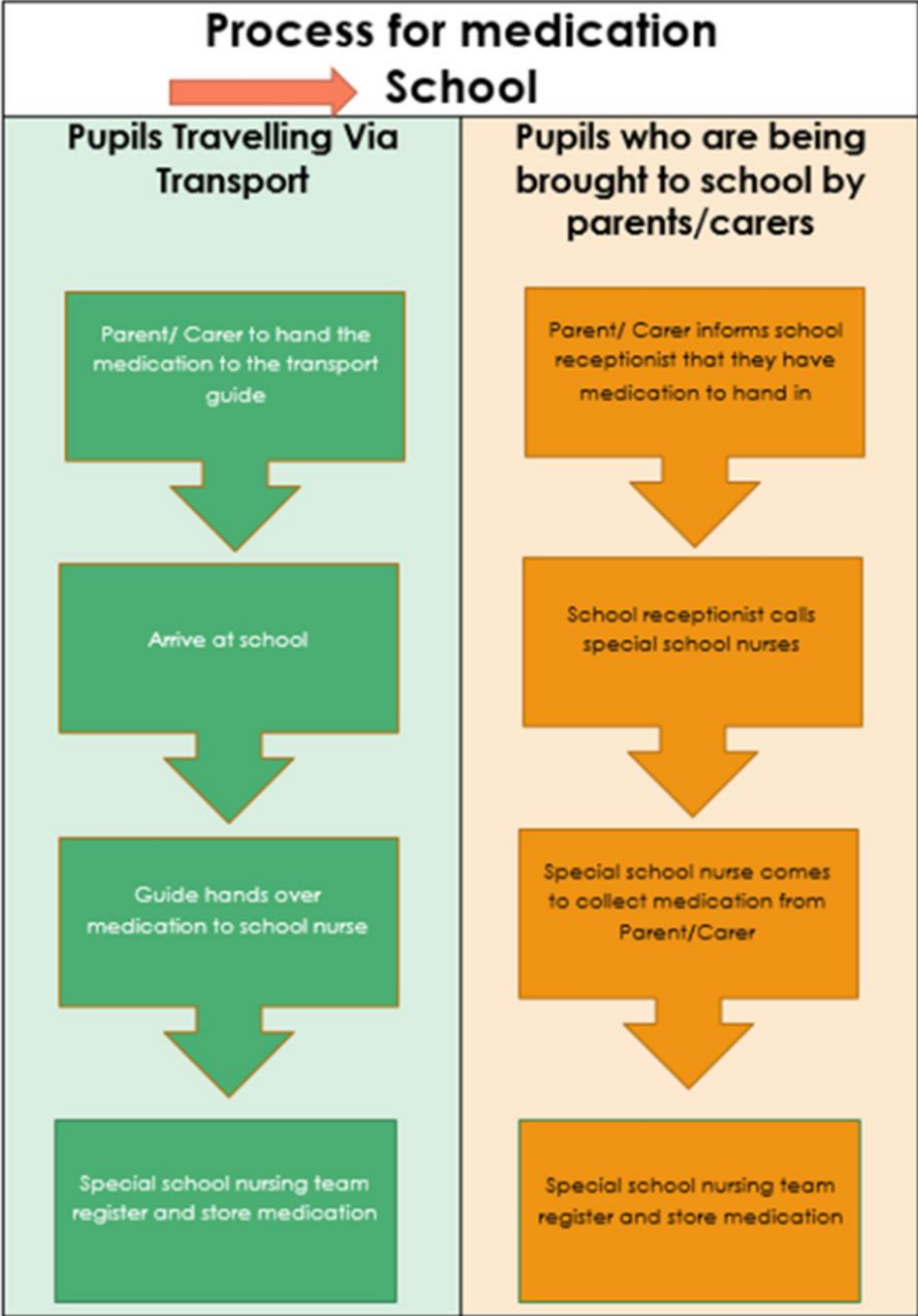
This policy links to the following policies:

- 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
- Attendance Policy
- Allergy Policy (Thrive Educational Partnership)
- Children with health needs who cannot attend school (Thrive Educational Partnership)

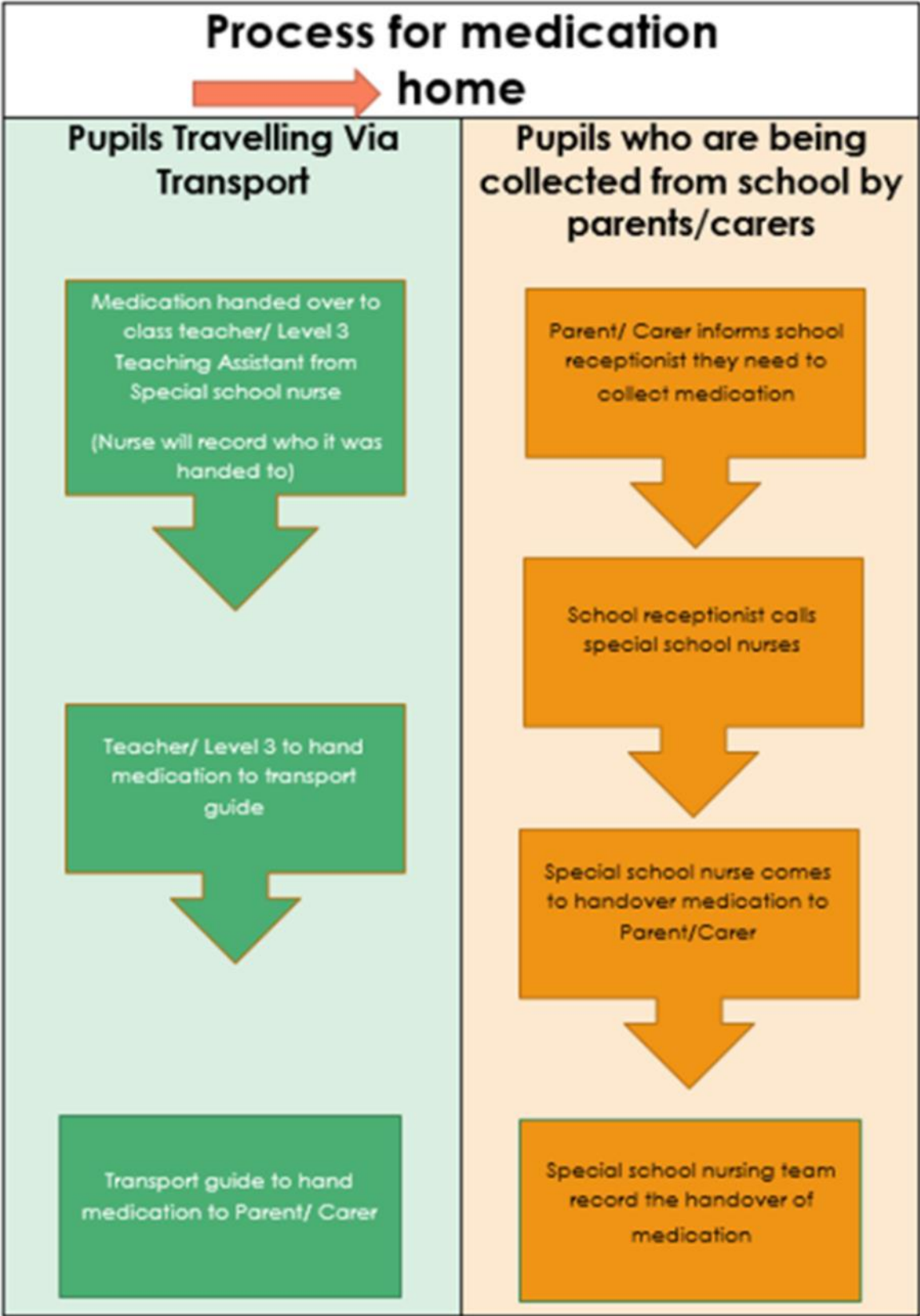
## 22. Appendix 1: Being notified a child has a medical condition



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



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



## 25. 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

### 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 Aid

### 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.calthorpesnt  
eam@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

## 26. Appendix 12: Guidance on Medication Expiry Dates

Expiry dates listed below are in-line with having an up to date medicine consent form completed by parents on an annual basis and a completed medicine information sheet a or a photo-copy of the latest prescription from the prescriber/ GP. Please record 'date when opened on a sticky label and affix to bottle to ensure that the medication is used within the use by date or use expiry labels

<b>Creams / Ointments - pots</b>	28 days from opening, or course length, whichever is shorter (Record date when opened)
<b>Creams / Ointments – tubes</b>	3 months from opening, or course length, whichever is shorter (Record date when opened)
<b>Creams / Ointments – pump dispenser</b>	Expiry date on container, or course length, whichever is shorter.
<b>MDS Packs</b>	8 weeks from dispensed date on label or expiry date added by the dispensing pharmacy  (See also UKMi MDS stability document on <a href="http://www.ukmi.nhs.uk">www.ukmi.nhs.uk</a> )
<b>Manufacturer's Original Packs – Tablets / Capsules</b>	Expiry on container
<b>Bottled Tablets / Capsules (Pharmacy label only)</b>	3 months or expiry on container (whichever is shortest)
<b>Eye Drops / Ointment</b>	28 days from opening – unless otherwise stated by manufacturer (Record date when opened)
<b>Insulin Out Of Fridge</b>	Four or Six weeks as per manufacturer's instructions (Record date when opened)
<b>Liquids in Dispensed Pharmacy Bottles (Pharmacy label only)</b>	3 months or expiry on bottle (whichever is shortest)
<b>Liquid in Manufacturers' Original bottles</b>	6 months or expiry on bottle – may be shorter once opened - whichever is shortest (Record date when opened if there is a 'use by date')
<b>Enemas</b>	Expiry on container
<b>Nutritional supplements, thickeners</b>	Expiry on container
<b>Midazolam Buccal liquid</b>	Follow manufacturer's instructions. Do not use if cloudy (Record date when opened)

**Please Note:** Individual community pharmacies may have their own expiry guidelines.

*(Guidance from: Special School / College Nursing Service Medicines Operational Procedure)*

## 27. Appendix 13: General Information Sheet Administering Medication

### **A few important points to remember for medication to be given in school:**

1. Written consent must be given by a person with parental responsibility (Appendix 1).
2. A new consent form is required each time there is a change to medication.
3. Details on the consent form must be completed by the person signing the form and must clearly show:
  - the name and strength of the medication.
  - the dose to be given.
  - the time to be given as advised by the doctor.
4. Medication supplied to school must be in its original container and in date and clearly labelled with:
  - the child's name.
  - the name of the medication.
  - the strength of the medication.
  - the amount of medication e.g. number of tablets/ mls in the bottle.
  - the dose to be given and how often.
  - the date it was dispensed.

This information should be printed on a label by the pharmacist and each box or bottle must be labelled.

5. Only medication prescribed by a doctor can routinely be given in school.
6. All medication for school must be handed to the child's bus guide/ taxi escort and not put in the child's bag.
7. Paracetamol (see below) .

**If it is within the school policy to administer paracetamol, and a child becomes unwell in school e.g. in pain, high temperature, a dose of paracetamol can be given with written consent.**

**New consent will be needed at the start of every new school year (Appendix 1).**

**N.B. Please remember before administering a dose of paracetamol to check with parents/carers if paracetamol or a product containing paracetamol has been given before coming to school.**

*(Guidance from: Special School / College Nursing Service Medicines Operational Procedure)*

## 28. Appendix 14: Procedures for Administering Medication

	Action	Rationale
1.	<ul style="list-style-type: none"> <li>Explain/ inform the procedure to the child/young person</li> <li>Ensure child/ young person agreement with the procedure and that verbal/showing consenting behaviours</li> </ul>	<ul style="list-style-type: none"> <li>To ensure valid consent is sought.</li> <li>To encourage the child/young person's cooperation.</li> <li>To be able to document consent.</li> <li>If child/young person doesn't consent then medication is not given (recorded on MARS sheet parents contacted)</li> </ul>
2.	Arrange a signal by which the child/young person can communicate if he/she wants to stop e.g., raising his/her hand if appropriate.	The child / young person is often less frightened if he/she feels able to have some control over the procedure
3.	Two trained staff to <ul style="list-style-type: none"> <li>Ensure prescription label is legible</li> <li>Check medication against valid prescription sheet to ensure correct learner medication, dose, date, time and how to administer.</li> <li>Check expiry date of medication to be given</li> </ul>	To ensure the correct child is given the correct medication in the prescribed dose using the correct method.
4.	Two trained staff to <ul style="list-style-type: none"> <li>1 trained staff administer/ support learner to take their medication</li> <li>1 to observe medication administered</li> <li>Both staff record on MARS sheet with prescribed medication, the correct learner, correct medication, dose, date, time and if administered/ refused-initial and sign</li> <li>Store medication in locked bag (if on a trip or visit)</li> <li>Store medication in a locked cabinet/ fridge in lines with prescription guidance</li> </ul>	To ensure staff have followed the safe practice of administering, storage and recording medication and the process is quality assured.
5.	Wash hands	To reduce risk of cross infection

## 29. Operational Guidance:

### a) Enteral Feeding Protocols

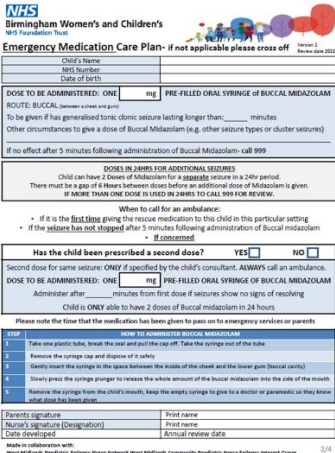
The formula for making up feeds (including thickener for drinks/liquids) to be administered by tube/peg feed are also prescribed substances and are, therefore, to be treated in the same way as other medications.

Generally students requiring peg-feeding will be supported by an NHS Enteral Feeder. However, in some situations e.g. on a residential trip, school staff may agree to administer feeds. Staff cannot be required to do this, so any agreement to do so is entirely voluntary.

- Parents must give written consent for their child to be given their enteral feed by a trained member of school staff.
- Staff administering enteral feeds must be trained to do so by a healthcare professional and training records held on staff files.
- Parents must provide the formula and staff must store and make it up according to package directions and the student's enteral feeding plan. Full hygiene precautions must be followed at all times and the administering staff member must keep a written record of feeds administered.

### b) Epilepsy Protocols

Emergency rescue medication, such as buccal midazolam, may be administered for students who are at risk of having prolonged seizures. This is kept with the Calthorpe Special School Nursing Team, who normally give medication on-site. Trained school staff would administer medication when on an educational trip, residential visit, or at an off-site provision. Ideally, two staff members should be present when emergency rescue medication is administered.



**Emergency Medication Care Plan - if not applicable please cross off** Version 2 March 2021

Child's Name: \_\_\_\_\_  
 NHS Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

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

ROUTE: BUCCAL (between 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

**DOSE IN ZONES FOR ADDITIONAL SEIZURES**  
 Child can have 2 doses of Midazolam for a prolonged seizure in a 24hr period.  
 There must be a gap of 4 hours between doses before an additional dose of Midazolam is given.  
**IF SEIZURE HAS NOT STOPPED IN ZONE 2 PLEASE 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  NO

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

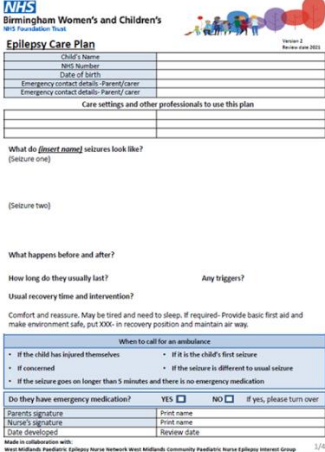
Please note the time that the medication has been given to pass on to emergency services or parents

**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: \_\_\_\_\_ Actual review date: \_\_\_\_\_

Made in collaboration with: West Midlands Paediatric Epilepsy Nurse Network West Midlands Community Healthcare Nurses Epilepsy Interest Group 2/4



**Epilepsy Care Plan** Version 2 March 2021

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 XXXX in recovery position and maintain air way.

When to call for an ambulance:  
 • If the child has injured themselves  
 • If concerned  
 • If the seizure is different to usual seizure  
 • If the seizure goes on longer than 5 minutes and there is no emergency medication

Do they have emergency medication? YES  NO  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 Healthcare Nurses Epilepsy Interest Group 1/4

### c) Diabetes Protocols

Students with diabetes must always have an emergency supply kit on hand. Quick acting glucose, such as glucose drinks or sweets, ought to be included in this package. Additionally, the majority of pupils will get a concentrated glucose gel preparation, such as Glucogel. These are used in the management of hypoglycemia, or low blood sugar. A form of longer-acting carbohydrate, like biscuits, may also be included in the kit. If blood glucose monitoring is performed in a classroom, a spotless private area with hand washing facilities should be made available. A diabetes specialist nurse must train staff who consent to do this kind of procedure. There will be a Diabetes Health Care Plan in place for students who have the disease.

The image shows four pages from a 'Health Care Plan For a Child With Medical Needs' for Diabetes. The pages contain the following information:

- Page 1:** Contact information for Sandwell and West Birmingham Hospitals (NHS) and the child's details (Name, Date of Birth, School, Class, etc.). It also lists medical conditions, specifically Type 2 Diabetes requiring insulin.
- Page 2:** A detailed explanation of diabetes, how insulin works, and a list of diabetes medications (Metformin, Glargine, Lispro, etc.). It includes instructions on when to take these medications and what to do if a dose is missed.
- Page 3:** A table for recording blood glucose levels, with columns for 'Time' and 'Notes'. Below the table are instructions for managing hypoglycemia (low blood glucose) and high blood glucose levels, including when to seek medical help.
- Page 4:** Further management instructions for hypoglycemia, including a list of symptoms to watch for and a note that the child should not be left alone until fully recovered from a hypoglycemic episode.

### d) Asthma Protocols

Asthma is a potentially dangerous condition. Students with known asthma must always carry a relief inhaler with them. Students should always have access to their own reliever inhaler. In line with the recommendations of Asthma UK, there are generic inhalers available on site for use in an emergency. An asthma health care plan will be in place for students who are known to have the condition

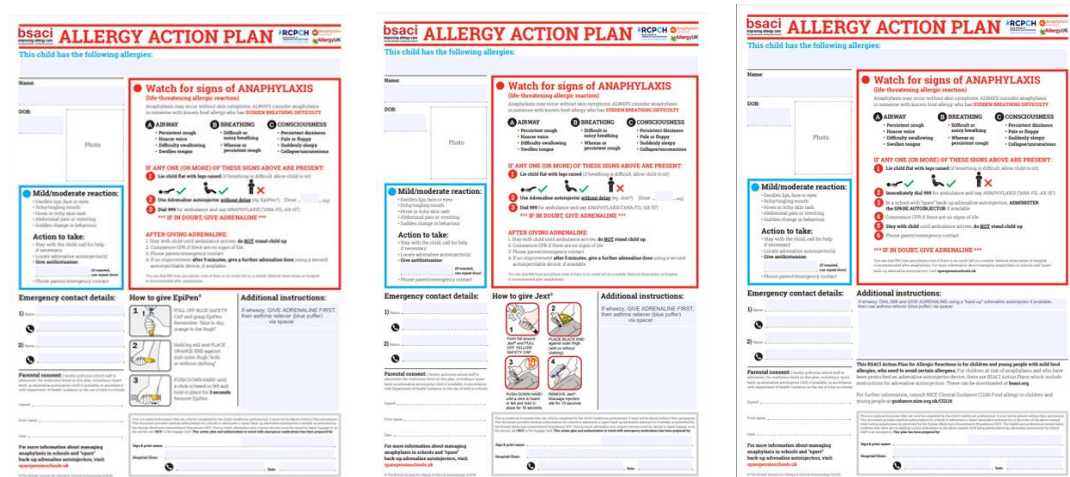
The infographic 'My Asthma Plan' provides clear instructions for managing asthma:

- 1 My usual asthma medicines:** Lists instructions for taking preventer and reliever inhalers, including how many puffs to take and when to take them.
- 2 My asthma is getting worse if...:** Lists signs of worsening asthma, such as wheezing, chest pain, or difficulty breathing, and provides instructions on when to seek medical help.
- 3 I'm having an asthma attack if...:** Lists signs of an asthma attack, such as the reliever inhaler not helping, and provides instructions on how to handle the attack, including sitting up and using the inhaler.

Additional instructions include: 'If I have an asthma attack, I will...' (Call for help, Sit up, Use inhaler, Wait for ambulance) and '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.'

### e) Anaphylaxis Protocols

It is best practice for two adrenaline (also known as epinephrine) auto-injectors, such as the EpiPen or Jext, are always carried by a trained staff member who is assisting the learner, with a spare auto-injector device kept in the school. Written directions with dates and precise descriptions of the dose, delivery time, and next steps are required. A backup copy of these instructions should be stored in the child's classroom along with the medication. Asking parents to make sure that dose requirements are updated frequently and that any changes are communicated to the school or college is essential. A health care plan will be in place for students who experience severe allergic reactions. The teachers who will be working with that student must be informed about their allergies.



### f) Nut Free School Protocol

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:

<ul style="list-style-type: none"> <li>• Peanut butter sandwiches</li> <li>• Chocolate spreads</li> <li>• Cereal bars</li> <li>• Some granola bars</li> <li>• Cakes that contain nuts</li> <li>• Biscuits / Cookies that contain nuts</li> </ul>	<ul style="list-style-type: none"> <li>• Peanut butter cakes</li> <li>• Some Asian food, including satay</li> <li>• Sauces that contain nuts</li> <li>• (This list is not exhaustive, so please check the packaging of products closely.)</li> </ul>
--	--



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-pen (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

## g) 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 supply sunscreen labelled with their child's name (which staff shall apply within school) 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 in the shade or alternatively indoors if it is too hot to participate in outdoor play
- For learners with medical needs who require extra protection from the sun (e.g. leukaemia) medical advice sought and followed where applicable by staff or alternative arrangements shall be made for indoor play.



### 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 slip slip rules below:

- Slip on a t-shirt
- Slip on sunscreen
- Slip 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 avoid 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. Eg:

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

### h) Dysphagia (Eating, Drinking and Swallowing Difficulties)

The school will ensure the safe storage, preparation and administration of food and drink for learners with dysphagia in line with NHS Speech and Language Therapy (SaLT) advice and individual Mealtime Plans.

- Each learner will have a current Mealtime Plan detailing required posture and positioning, approved food textures (IDDSI level), fluid thickness, equipment, pacing strategies and signs of aspiration.
- All texture-modified foods must be clearly labelled with the learner's name and IDDSI level and stored hygienically; food prepared for dysphagia must not be altered, substituted or shared.
- Thickeners and any dysphagia-specific food or drink stored in classrooms must be kept in a lockable cupboard, out of reach of learners, in their original containers, clearly labelled, and separate from general food supplies; access is restricted to trained staff only.
- Specialist feeding equipment must be labelled for individual use, cleaned after each use and stored hygienically.
- Only trained staff may prepare modified diets or thicken fluids, which must be prepared exactly as prescribed.
- Learners must be correctly positioned and closely monitored during mealtimes, and feeding must stop immediately if signs of aspiration, distress or fatigue are observed.
- Concerns will be recorded, reported promptly to the designated medical lead and parents/carers, and medical advice sought where required.
- Dysphagia arrangements and staff training will be reviewed regularly and following any updated SaLT guidance or incident.

### 30. Changes

Description	Date	Page	Section
FTB added to health professionals listed	23/01/26	5	2
1)Physical and mental health conditions 5)Pupils with medical conditions- supported/ safe and included	23/01/26	5	3
Examples of nut products removed- added in appendix for operational guidance	23/01/26	7	4.1
-Role now including mental health  -Suitable cover arrangements in event of staff absence added	23/01/26	8	4,4

Reworded to align with statutory and local guidance	23/01/26	10	5.1
Reworded in line with Equality Act	23/01/26	13	6.2
Section 8 IHP's reworded to remove duplication in later section	23/01/26	13-15	Whole section amended
Emergency responses	23/01/26	20	13.2
'training received or cascaded by parents will not be accepted' removed and replaced with 'Training must be delivered or validated by an appropriate healthcare professional'	23/01/26		14.1
Monitoring arrangements amended in line with offsite provisions	23/01/26	24	20.1
Linked Trust held policies added	23/01/26	24	21
Operational guidance moved from administering medication to new appendix (Step-by-step medication procedures/ Enteral feeding detail/ Diabetes emergency kit contents/ Detailed anaphylaxis protocols/ Sun safety)Dysphagia	23/01/26	33-36	29
Amended from Board Feedback: Birmingham City Council's Health & Safety Team	12/02/26	23	19.2
Amended from Board Feedback: cross-reference 9.1 explicitly.	12/02/26	10	5.14
Amended from Board Feedback: cross-reference 9.1 explicitly.	12/02/26	22	18.3