



## **Medical Conditions in School (Secondary)**

**Author: Beth Gannon**

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**Next Review Date: Sept 2026**

**Reviewed by The Laurus Trust**

# Policy statement

**At the Trust we are an inclusive community that aims to support and welcome students with medical conditions.**

**We aim to provide all students with all medical conditions the same opportunities as others at school.**

**We will help to ensure they can through the following:**

- + The Trust ensures all staff understand their duty of care to children and young people (See appendix 6) in the event of an emergency.
- + All staff feel confident in knowing what to do in an emergency. (See appendix 6)
- + The Trust understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- + The Trust understands the importance of medication being taken as prescribed.
- + All staff understand the common medical conditions that affect children within the Trust. Laurus Trust allows adequate time for staff to receive training on the impact medical conditions can have on students.
- + Staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Health Plan (IHP).
- + **This policy is followed and understood by our school community, the Local Authorities and NHS Stockport, Tameside and Manchester.**

# **1. The Laurus Trust is an inclusive community that aims to support and welcome students with medical conditions**

a. The Laurus Trust understands that it has a responsibility to make our schools welcoming and supportive to students with medical conditions who currently attend and to those who may enroll in the future.

b. The Laurus Trust aims to provide all children with all medical conditions the same opportunities as others within our schools. We will help to ensure they can:

- + be healthy
- + stay safe
- + enjoy and achieve
- + make a positive contribution
- + achieve economic well-being.

c. Students with medical conditions are encouraged to take control of their condition.

d. The Laurus Trust aims to include all students with medical conditions in all school activities.

e. Parents/carers of students with medical conditions are aware of the care their children receive at the Laurus Trust.

f. The Laurus Trust ensures all staff understand their duty of care to children and young people in the event of an emergency.

g. All staff have access to information about what to do in an emergency.

h. The Laurus Trust understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

i. All staff have an understanding of the common medical conditions that may affect children who attend a Laurus Trust School. Staff receive regular updates. Each Head of school is responsible for ensuring staff receive regular updates. The School Nursing Service can provide the updates if the Trust and/or School requests.

j. The medical conditions policy is understood and followed by the whole Trust and local health community.

k. The Laurus Trust understands and encourages the importance of immunisation and the role this has to play in ensuring a safe and inclusive school and will work in partnership with parents/carers and health professionals to this end.

## **2. The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation**

a. Students are informed and reminded about the medical conditions policy:

- + in personal, social and health education (PSHE) classes or Tutor time

b. Parent/carers are informed about the medical conditions policy:

- + by including a policy statement in the schools' prospectus and signposting access to the policy

- + at the start of the school year when communication is sent out about Individual Health Plans

- + when their child is enrolled as a new student

- + via the school's website, where it is available all year round

c. School staff are informed and regularly reminded about the Trust's medical conditions policy:

- + through the staff handbook and staff meetings and by accessing the school's intranet

- + through scheduled medical conditions updates

- + through the key principles of the policy being displayed in several prominent staff areas throughout the Trust and on the school's intranet

- + all supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies

- + Staff are made aware of Individual Health Plans as they relate to their teaching/supervision groups. This is a role for the designated person.

### **3. Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at the Laurus Trust.**

- a. Relevant staff at the Laurus Trust are aware of the most common serious medical conditions.
- b. Staff at the Laurus Trust understand their duty of care to students both during, and at either side of the school day in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.
- c. Staff receive updates at least once a year for asthma and other medical needs, eg anaphylaxis, and know how to act in an emergency. Additional training is prioritised for key staff members who work with children who have specific medical conditions supported by an Individual Health Plan.
- d. The action required for staff to take in an emergency for the common serious conditions at the Laurus Trust is displayed in prominent locations for all staff including classrooms and all departmental work spaces.
- e. The Laurus Trust uses Individual Health Plans to inform the appropriate staff (including supply teachers and support staff) of students with complex health needs in their care who may need emergency help.
- f. The Laurus Trust has procedures in place so that a copy of the student's Individual Health Plan is sent to the emergency care setting with the students. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- g. If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives. The Laurus Trust will try to ensure that the staff member will be one the student knows. The staff member concerned should inform a member of the school's senior management and/or the schools critical incidents team.

## 4. The Laurus Trust has clear guidance on the administration of medication at school

### Administration – emergency medication

- a. The Laurus Trust will seek to ensure that students with medical conditions have **easy access to their emergency medication**.
- b. The Laurus Trust will ensure that all students understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely.

### Administration – general

- c. The Laurus Trust understands the importance of medication being taken as prescribed.
- d. All use of medication is done under the appropriate supervision of a member of staff at the Laurus Trust unless there is an agreed plan for self-medication. Staff should be aware if students are using their medication in an abnormal way and should discuss this with the child.

Important Note: If staff become aware that a student is using their reliever (usually blue) inhaler more than they normally do, their asthma may not be under control and they may be more at risk of having an asthma attack. If this is observed immediate action should be taken – alerting parents/carers and actions/discussions should be recorded.

- e. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.
- f. Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer medication to students under the age of 16, but only with the consent of the students' parent. (See form 3a). Medication should be primarily administered by 1<sup>st</sup> Aid and HOY. Other staff may be required to do this should these staff not be available/students are on a school trip.
- g. The Laurus Trust will ensure that specific training and updates will be given to all staff members who agree to administer medication to students if necessary.
- h. All school staff at The Laurus Trust have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent/carer in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.
- i. In some circumstances, medication is only administered by an adult of the same gender as the students, and preferably witnessed by a second adult. This will be agreed in the Individual Health Plan.
- j. Parents/carers of the Laurus Trust understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

k. If a student of the Laurus Trust refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this non-compliance as soon as possible.

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

m. If a trained member of staff, who is usually responsible for administering medication, is not available the Laurus Trust makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

n. If a student misuses medication, either their own or another students', their parents/carers are informed as soon as possible. The school will seek medical advice by ringing A+E if this situation arises. In such circumstances, students will be subject to the school's usual disciplinary procedures.

o. If the Laurus Trust receives a request or instruction from a parent/carer which would appear to be contrary to the advice in the document and from the DFE, the Trust will seek clarification from the parents/carers and any advice they can from consultant/clinicians associate with the students' case. The Trust may also contact School Support – [bramhallsn@stockport.nhs.uk](mailto:bramhallsn@stockport.nhs.uk) (0161 474 3917)/School Nurse (0161 835 6087) to discuss the matter before agreeing any further action.

## **Use of 'over the counter' i.e. non-prescription medications**

There must be parental consent for recurring 'over the counter' medications e.g. Piriton for hayfever (form 3a).

Where a non-prescribed medicine is administered to a student it should be recorded on Bromcom and the parents/carers informed.

Medication e.g. for pain relief, should never be administered without first checking the label for the appropriate dosage and checking when the previous dose was taken.

If a student suffers regularly from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin unless prescribed by a doctor.

## **Guidelines for administering Paracetamol**

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

The Local Authority, in consultation with health practitioners, has carefully considered the benefits and dangers of administering this non-prescription drug in schools and settings. Administering paracetamol to children under 5 is not usually recommended.

For older students, it is sometimes appropriate to give paracetamol to control specific pain such as migraine or period pain. Schools administering paracetamol to students should adhere to the following conditions:

The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children. If a student complains of pain as soon as they arrive at school setting and asks for painkillers, it is not advisable to give paracetamol until the amount given over the past 24 hours has been established. No more than 4 doses should be given in a 24 hour period. There should be at least 4 hours between any 2 doses of paracetamol containing medicines. No more than 4 doses of any remedy containing paracetamol should be taken in any 24 hours. Always consider whether the student may have been given a dose of paracetamol before coming to school. Many non-prescription remedies such as Beechams Powders, Lemsip, Night Nurse etc. contain paracetamol. If paracetamol tablets are taken soon after taking these remedies, it could cause an unintended overdose.

There must be parental consent to give paracetamol (appendix 6)

Paracetamol must be administered according to the instructions on the box or label. Stronger doses or combination drugs, which contain other drugs besides paracetamol must not be administered. It is recommended that the school keep its own stock of tablets. This reduces the risk of pupils carrying medicines.

Paracetamol must be stored securely and should not be kept in first aid boxes. Students must not carry paracetamol around with them. Students should only be given one dose during the school day. If this does not relieve the pain, contact the parent/carer or the emergency contact.

The member of staff responsible for giving medicines must witness the student taking the paracetamol and make a record of it on Bromcom. The school must notify the parent/carer on the day, stating the time and the amount of the dose.

The pupil should be made aware that paracetamol should only be taken when absolutely necessary, that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

## **5. The Laurus Trust has clear guidance on the storage of medication at school**

### **Safe storage – emergency medication**

- a. Emergency medication is readily available to students who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- b. If the student concerned is involved in extended school services then specific arrangements and risk assessments should be agreed with the parent and appropriate staff involved.
- c. It is appropriate for a student to carry an adrenaline auto injector (epi pen/jext pen) on their person in school after a risk assessment has been completed.

### **Safe storage - non-emergency medication**

- d. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Students with medical conditions know where their medication is stored and how to access it.
- e. Staff ensure that medication is accessible only to those for whom it is prescribed
- f. It is not appropriate for a student to carry insulin on their person in school. This should be stored in a locked room.

### **Safe storage – general**

- g. The Laurus Trust has an identified member of staff/designated person who ensures the correct storage of medication at school.
- h. All controlled drugs are kept in a locked cupboard and only named staff have access.
- i. The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).
- j. The identified member of staff, along with the parents/carers of students with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the students' name, the name of the medication, route of administration, dose and frequency, an expiry date of the medication.
- k. All medication is supplied and stored in its original containers. All medication is labelled with the students' name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- l. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.
- m. Some medication for students at the Laurus Trust may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised students or lockable as appropriate.

- n. All medication (including blue inhalers) is sent home with students at the end of the school year.
- o. It is the parent/carer's responsibility to ensure new and in date medication comes into school with the appropriate instructions and ensures that the school receives this.

### **Safe disposal**

- p. Parents/carers of the Laurus Trust are asked to collect out-of-date medication.
- q. If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- r. A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least 3 times a year and is always documented.
- s. Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in the Laurus Trust are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. The temporary closure (safety catch on the sharps box) MUST be used when the box is not in use.
- t. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to school or to the students' parent.
- u. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

## 6. The Laurus Trust has clear guidance about record keeping for students with medical conditions

### Enrolment forms

- a. Parents/carers of the Laurus Trust are asked if their child has any medical conditions.
- b. If a student has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form plus explanation is sent to the students' parents/carers to complete. (Form 3a)

### Individual Health Plans (Form 1)

#### *Drawing up Individual Health Plans*

c. The Laurus Trust uses an Individual Health Plan for children with complex health needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Health Plan if required. (see Form 1)

Examples of complex health needs which may generate an Individual Health Plan following discussion with the school nurse and the school:

The child has

- diabetes
- gastrostomy feeds
- a tracheostomy
- anaphylaxis
- a central line or other long term venous access
- severe asthma that has required a hospital admission within the last 12 months
- epilepsy

d. An Individual Health Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of students with a complex health need. This is sent:

- + at the start of the school year
- + at enrolment
- + when a diagnosis is first communicated to the school
- + transition discussions
- + new diagnosis

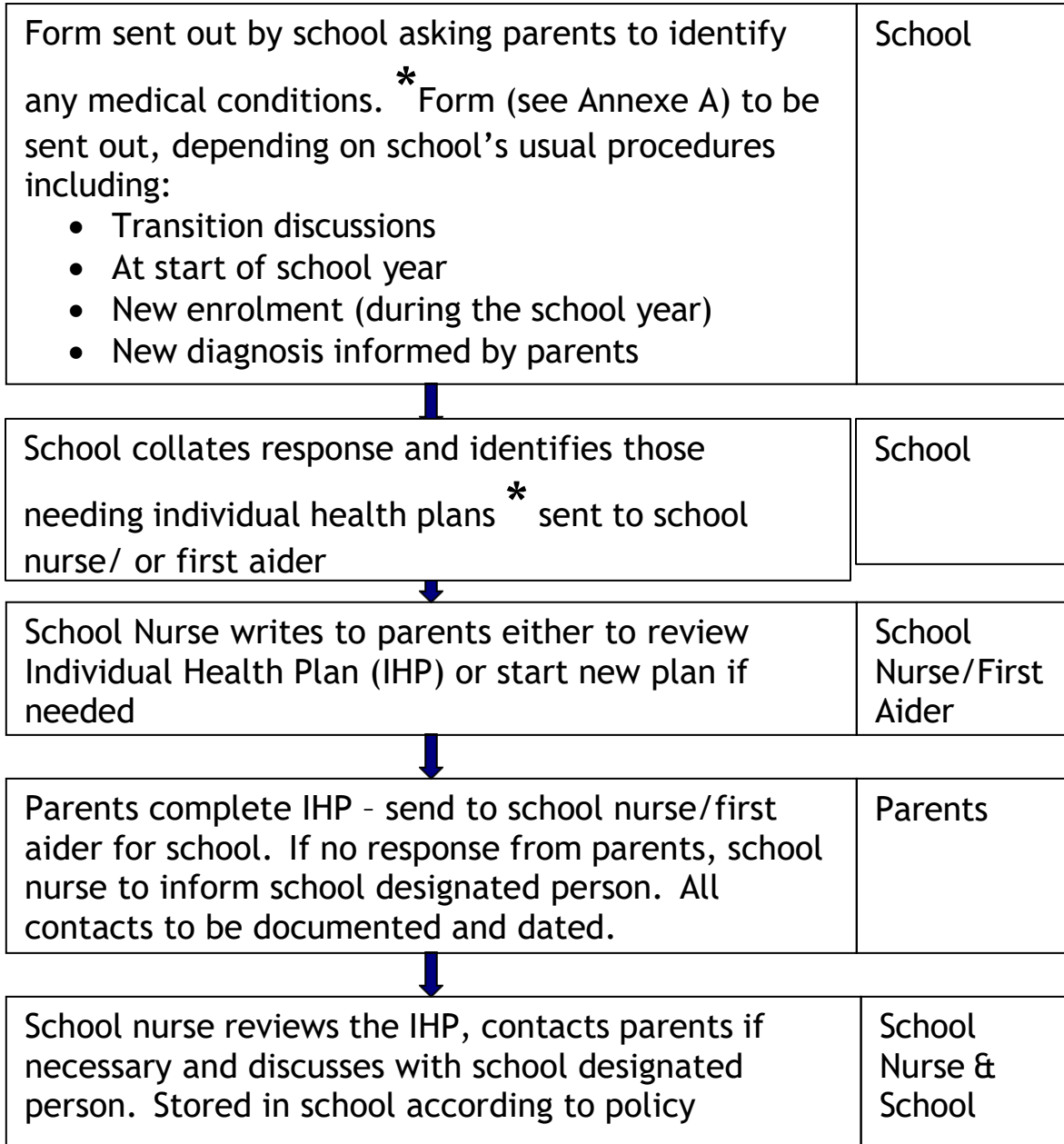
e. It is the parent's responsibility to fill in the Individual Health Plan and return the completed form to the school nurse. If the school nurse does not receive an Individual Health Plan, all school staff should follow standard first aid measures in an emergency. The school will contact the parent/carer if health information has not been returned. If an Individual Health Plan has not been completed, the school nurse will contact the parents and may convene a TAC meeting or consider safeguarding

children procedures if necessary.

f. The finalised plan will be given to parents/carers, school and school nurse.

g. The Laurus Trust ensures that a relevant member of school staff is present, if required, to help draw up an individual health plan for students with complex health or educational needs.

## Medical Conditions Information Pathway



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Students with medical conditions requiring Individual Health Plan are: diabetes, epilepsy, anaphylaxis, gastronomy feeds, central line or other long term venous access, tracheotomy, severe asthma that has required a hospital admission within the last 12 months, and others.

## **School Individual Health Plan register**

h. Individual Health Plans are used to create a centralised register of students with complex health needs. An identified member of school staff has responsibility for the register at each school within the Trust. Schools should ensure that there is a clear and accessible system for identifying students with health plans/medical needs such as names being 'flagged' on the Bromcom system. A robust procedure should be in place to ensure that the child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the school's record system.

i. The responsible member of school staff follows up with the parents/carers and health professional if further detail on a students' Individual Health Plan is required or if permission or administration of medication is unclear or incomplete.

## **Ongoing communication and review of Individual Health Plans**

j. Parents/carers of the Laurus Trust are regularly reminded to update their child's Individual Health Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Each Individual Health Plan will have a review date with the school nurse. The school will inform the nurse of any changes to the IHP.

Parents/carers should have a designated route/person to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

## **Storage and access to Individual Health Plans**

k. Parents/carers and students (where appropriate) of the Laurus Trust are provided with a copy of the students' current agreed Individual Health Plan.

l. Individual Health Plans are kept in a secure central location at school.

m. Apart from the central copy, specified members of staff (agreed by the students and parents/carers) securely hold copies of students' Individual Health Plans. These copies are updated at the same time as the central copy. The school must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated, and hold the same information.

n. When a member of staff is new to a student's group, for example due to staff absence, the school makes sure that they are made aware of the Individual Health Plans and needs of the students in their care.

o. The Laurus Trust ensures that all staff protect students' confidentiality.

p. The Laurus Trust informs parents/carers that the Individual Health Plan would be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This is included on the Individual Health Plan.

q. The information in the Individual Health Plan will remain confidential unless needed in an

emergency

### **Use of Individual Health Plans**

Individual Health Plans are used by the school to:

- + inform the appropriate staff about the individual needs of a students with a complex health need in their care
- + identify important individual triggers for students with complex health needs at school that bring on symptoms and can cause emergencies. Each school uses this information to help reduce the impact of triggers
- + ensure the Laurus Trust's emergency care services have a timely and accurate summary of a students' current medical management and healthcare in an emergency

### **Consent to administer medicines**

r. If a student requires regular prescribed medication at school, parents/carers are asked to provide consent on their child's medication plan (form 3a) giving the students or staff permission to administer medication on a regular/daily basis, if required. This form is completed by parents/carers for students taking short courses of medication.

s. All parents/carers of students with a complex health need who may require medication in an emergency are asked to provide consent on the Individual Health Plan for staff to administer medication.

### **Residential visits**

t. Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the students' current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the students manage their condition while they are away. This includes information about medication not normally taken during school hours (See Appendix 5).

u. All residential visit forms are taken by the relevant staff member on visits where medication is required. These are accompanied by a copy of the students' individual health plan.

v. All parents/carers of students with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication at night or in the morning if required.

w. The residential visit form also details what medication and what dose the students is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the students manage their condition while they are away (See appendix 5). A copy of the Individual Health Plan and equipment/medication must be taken on off site activities.

### **Record of Awareness Raising Updates and Training**

x. The Laurus Trust holds updates on common medical conditions once a year. A record of the content and attendance of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive updates. The School Nursing Service will provide updates if the school request this.

y. All school staff who volunteer or who are contracted to administer emergency medication are

provided with training, if needed, by a specialist nurse, doctor or school nurse. The school keeps a register of staff who have had the relevant training, it is the school's responsibility to arrange this (see appendix 4).

z. School should risk assess the number of first aiders it needs and ensure the first aiders are suitably trained to carry out their responsibilities.

## **7. The Laurus Trust ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities**

### **Physical environment**

a. The Laurus Trust is committed to providing a physical environment that is as accessible as possible to students with medical conditions.

b. Schools should be encouraged to meet the needs of students with medical conditions to ensure that the physical environment at The Laurus Trust is as accessible as possible.

c. The Laurus Trust's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this may sometimes mean changing activities or locations.

### **Social interactions**

d. The Laurus Trust ensures the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

e. The Laurus Trust ensures the needs of students with medical conditions are adequately considered to ensure they have access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.

f. All staff of The Laurus Trust are aware of the potential social problems that students with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

g. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst students and to help create a positive social environment.

### **Exercise and physical activity**

h. The Laurus Trust understands the importance of all students taking part in sports, games and activities.

i. The Laurus Trust seeks to ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.

j. The Laurus Trust seeks to ensure that all classroom teachers, PE teachers and sports coaches understand that if a student reports they are feeling unwell, the teacher should seek guidance before considering whether they should take part in an activity.

k. Teachers and sports coaches are aware of students in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities.

l. The Laurus Trust ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for students' medical conditions when exercising and how to minimise

these triggers.

m. The Laurus Trust seeks to ensure that all students have the appropriate medication or food with them during physical activity and that students take them when needed.

n. The Laurus Trust ensures all students with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

### **Education and learning**

o. The Laurus Trust ensures that students with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided in accordance with their needs and/or their IHP or EHCP.

p. Teachers of the Laurus Trust are aware of the potential for students with medical conditions to have special educational needs (SEN). Students with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator.

q. The Laurus Trust ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

r. Students of the Laurus Trust learn how to respond to common medical conditions.

### **Risk Assessments**

s. Risk assessments are carried out by The Laurus Trust prior to any out-of-school visit or off site provision and medical conditions are considered during this process. The Laurus Trust considers: how all students will be able to access the activities proposed; how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.

t. The Laurus Trust understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities. The Laurus Trust considers additional medication and facilities that are normally available at school.

u. The Laurus Trust carries out risk assessments before students start any work experience or off-site educational placement. It is The Laurus Trust 's responsibility to ensure that the placement is suitable, including travel to and from the venue for the students. Permission is sought from the students and their parents/carers before any medical information is shared with an employer or other education provider. Copies of IHP are sent to off site placement with parents/carers consent.

## **8. The Laurus Trust is aware of the triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing these health and safety risks.**

a. The Laurus Trust is committed to working towards reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

b. School staff have been updated on medical conditions. This update includes information on how to avoid and reduce exposure to triggers for common medical conditions.

## **9. Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy**

a. The Laurus Trust works in partnership with all interested and relevant parties including the school's governing body, school staff, and community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully.

b. The following roles and responsibilities are used for the medical conditions policy at the Laurus Trust. These roles are understood and communicated regularly.

### **Governors**

*have a responsibility to:*

+ ensure the health and safety of their staff and anyone else on the premises or taking part in school activities (this includes all students). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips

+ ensure the schools health and safety policies and risk assessments are inclusive of the needs of students with medical conditions and reviewed annually.

+ make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated

+ ensure that the school has robust systems for dealing with medical emergencies and critical incidents (see Tameside's Critical Incidents Guidelines), at any time when students are on site or on out of school activities.

### **Head of School**

*has a responsibility to:*

+ ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks

+ ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors

+ ensure every aspect of the policy is maintained

- + ensure that if the oversight of the policy is delegated to another senior member of staff ensure that the reporting process forms part of their regular supervision/reporting meetings
- + monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders
- + report back to governors about implementation of the health and safety and medical conditions policy.
- + ensure through consultation with the governors that the policy is adopted and put into action.

## **All school staff**

*have a responsibility to:*

- + be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- + call an ambulance in an emergency
- + understand the school's medical conditions policy
- + know which students in their care have a complex health need and be familiar with the content of the students' Individual Health Plan
- + know the schools registered first aiders and where assistance can be sought in the event of a medical emergency
- + know the members of the schools Critical Incident Team if there is a need to seek assistance in the event of an emergency.
- + maintain effective communication with parents/carers including informing them if their child has been unwell at school
- + ensure students who need medication have it when they go on a school visit or out of the classroom
- + be aware of students with medical conditions who may be experiencing bullying or need extra social support
- + understand the common medical conditions and the impact these can have on students.
- + ensure that all students with medical conditions are not excluded unnecessarily from activities they wish to take part in
- + ensure that students have the appropriate medication or food during any exercise and are allowed to take it when needed.
- + follow universal hygiene procedures if handling body fluids
- + ensure that students who present as unwell should be questioned about the nature of their illness, if anything in their medical history has contributed to their current feeling of being unwell, if they have felt unwell at any other point in the day, if they have an Individual Health Plan and if they have any medication. The member of staff must remember that while they can involve the students in discussions regarding their condition, they are in loco parentis and as such must be assured or seek further advice from a registered first aider if they are in doubt as to the child's health, rather than take the child's word that they feel better.

## **Teaching staff**

*have an additional responsibility to also:*

- + ensure students who have been unwell have the opportunity to catch up on missed school work
- + be aware that medical conditions can affect a students' learning and provide extra help when students need it, in liaison with the SENCO.
- + liaise with parents/carers, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- + use opportunities such as PSHE and other areas of the curriculum to raise students awareness about medical conditions

## **School nurse or healthcare professional**

*has a responsibility to:*

- + help provide regular updates for school staff in managing the most common medical conditions at school at the schools request
- + provide information about where the school can access other specialist training.
- + update the Individual Health Plans in liaison with appropriate school staff and parents/carers

## **First aiders**

*have an additional responsibility to:*

- + give immediate, appropriate help to casualties with injuries or illnesses
- + when necessary, ensure that an ambulance is called
- + ensure they are trained in their role as 1<sup>st</sup> aider
- + it is recommended that first aiders are trained in paediatric first aid for Primary school settings.

## **Special educational needs coordinators**

*have the additional responsibility to:*

- +ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or coursework.

## **Pastoral Support**

*has the additional responsibility to:*

- +know which students have a medical condition and which have special educational needs because of their condition
- +ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.

## **Students**

*have a responsibility to:*

- + treat other students with and without a medical condition equally
- + tell their parents/carers, teacher or nearest staff member when they are not feeling well
- + let a member of staff know if another student is feeling unwell
- + treat all medication with respect
- + know how to gain access to their medication in an emergency
- + ensure a member of staff is called in an emergency situation.

## **Parents/carers**

*have a responsibility to:*

- + tell the school if their child has a medical condition or complex health need
- + ensure the school has a complete and up-to-date Individual Health Plan if their child has a complex health need
- + inform the school about the medication their child requires during school hours
- + inform the school/provider of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- + tell the school about any changes to their child's medication, what they take, when, and how much
- + inform the school of any changes to their child's condition
- + ensure their child's medication and medical devices are labelled with their child's full name
- +ensure that the school has full emergency contact details for them

- + provide the school with appropriate spare medication labelled with their child's name
- + ensure that their child's medication is within expiry dates
- + keep their child at home if they are not well enough to attend school
- + ensure their child catches up on any school work they have missed
- + ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- + if the child has complex health needs, ensure their child has a written Individual Health Plan for school and if necessary an asthma management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- + have completed/signed all relevant documentation including form 3a and the Individual Health Plan if appropriate

## **12. The medical conditions policy is regularly reviewed evaluated and updated.**

- a. The Laurus Trust's medical condition policy is reviewed, evaluated and updated in line with the school's policy review timeline.
- b. The views of students with various medical conditions are actively sought and considered central to the evaluation process.

# Legislation and guidance

## Introduction

- + Local authorities, schools and governing bodies are all responsible for the health and safety of students in their care.
- + Areas of legislation that directly affect a medical conditions policy are described in more detail in Managing Medicines in Schools and Early Years Settings. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

The following local authority guidelines/policies need to be considered -

DFE SEND Code of Practice 0-25 years

CYPD Health and Safety Policies

Head of Schools Toolkit

Critical Incidents Guidelines

Visits and Journeys Guidelines

Records Management and Retention Policies

Reporting of Injuries, Diseases & Dangerous Occurrences Regulations. (R.I.D.D.O.R)

## Supporting Pupils at school with medical conditions (2014)

This document replaces previous guidance on Managing medicines in schools and early years settings published in March 2005 and provides guidance from the DfE with the aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The document includes the following key points:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

The document covers the following points

- developing medicines policies

- Procedures
- roles and responsibilities
- managing medicines on school premises
- drawing up an Individual Health Plan
- relevant forms.
- Staff training and support
- Child's role in managing their own medical needs
- Emergency procedures
- Record keeping

## **Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability Acts (2001 and 2005)**

- + Many students with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.
- + The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

### **Schools' responsibilities include:**

- + not to treat any students less favourably in any school activities without material and sustainable justification
- + to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other students. Examples of reasonable adjustments can be found in the DfES resource: Implementing the DDA in Schools and Early Years Settings\*
- + to promote disability equality in line with the guidance provided by the DCSF and CEHR through the Disability Equality Scheme.

\*DfES publications are available through the DCSF.

## **The Education Act 1996**

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

## **The Care Standards Act 2000**

This act covers residential special schools and responsibilities for schools in handling medicines.

## **Health and Safety at Work Act 1974**

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the Head of School and teachers, non-teaching staff, students and visitors.

## **Management of Health and Safety at Work Regulations**

## **1999**

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

## **Medicines Act 1968**

This act specifies the way that medicines are prescribed, supplied and administered.

## **Additional guidance**

Other guidance resources that link to a medical conditions policy include:

- + DFE SEND Code of Practice 2015
- + Equality Act 2010: Advice for Schools
- + Reasonable Adjustments for disabled pupils (2012)
- + The Mental Capacity Act Code of PracticeL Protecting the Vulnerable (2005)
- + Healthy Schools Programme – a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
- + Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda
- + National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
- + Health and Safety of Students on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits
- + Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs
- + Home to School Travel for Students Requiring Special Arrangements (2004) – provides guidance on the safety for students when travelling on local authority provided transport
- + Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).

# Further advice and resources

## The Anaphylaxis Campaign

Alexandra Road  
Farnborough  
Hampshire GU14 6SX  
**Phone 01252 546100**  
**info@anaphylaxis.org.uk**  
**www.anaphylaxis.org.uk**

## Asthma UK

Supporter Care Team  
18 Mansell Street  
London E1 8AA  
**Phone 0300 222 5800**  
**info@asthma.org.uk**  
**www.asthma.org.uk**

## Diabetes UK

Wells Lawrence House  
126 Back Church Lane  
London E1 1FH  
**Phone 0345 1232399**  
**helpline@diabetes.org.uk**  
**info@diabetes.org.uk**  
**www.diabetes.org.uk**

## Epilepsy Action

New Anstey House  
Gate Way Drive  
Yeadon  
Leeds LS19 7XY  
**Phone 0113 210 8800 (working hours)**  
**Phone 07823 558569 (out of hours)**  
**epilepsy@epilepsy.org.uk**  
**www.epilepsy.org.uk**

## **The Kings Fund**

11-13 Cavendish Square

London W1G 0AN

**Phone 020 7307 2400**

**enquiry@kingsfund.org.uk**

## **Department for Education**

Piccadilly Gate

Store Street

Manchester M1 2WD

**Phone 0370 000 2288**

**Textphone/Minicom 01928 794274**

**info@dcf.gov.uk**

**www.dcf.gov.uk**

## **Council for Disabled Children**

National Children's Bureau

23 Mentmore Terrace

Hackney

London E8 3PN

**Phone 020 7843 6000**

**Fax 020 7843 6313**

**cdc@ncb.org.uk**

**www.ncb.org.uk/cdc**

# Appendix 1 Individual Health Care plans (including Epilepsy, Diabetes, Asthma and Cystic Fibrosis)

 <b>STOCKPORT</b> METROPOLITAN BOROUGH COUNCIL		Stockport  NHS Foundation Trust	
<b>Form 1 - Individual Health Plan</b> For pupils with complex medical needs at school/ early years setting			
Date form completed:			
Date for review:			
<b>Reviewed by</b>	<b>Date (dd/mm/yyyy)</b>	<b>Changes to Individual Health Plan</b>	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies held by:			
<b>1. Pupil's Information</b>			
Name of school/ early years setting :			
Name of Pupil:			
Class/Form			
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>2. Contact Information</b>			
Pupil's Address			
		Postcode:	
<b>Family Contact Information</b>			
a.	Name:		

	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	
b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	
<b>GP</b>		
	Name:	
	Phone:	
<b>Specialist Contact</b>		
	Name:	
	Phone:	
<b>Medical Condition Information</b>		
<b>3. Details of Pupil's Medical Conditions</b>		
	Signs and symptoms of this pupil's condition:	
	Triggers or things that make this pupil's condition/s worse:	
<b>4. Routine Healthcare Requirements (For example, dietary, therapy, nursing needs or before physical activity)</b>		
	During school/ early years setting hours:	
	Outside school/ early years setting hours:	
<b>5. What to do in an Emergency</b>		
	Signs & Symptoms	

In an emergency, do the following:	
------------------------------------	--

<b>6. Emergency Medication (Please complete even if it is the same as regular medication)</b>	
Name/type of medication (as described on the container):	
How the medication is taken and the amount:	
Are there any signs when medication should not be given?	
Are there any side effects that the school/ early years setting needs to know about?	
Can the pupil administer the medication themselves? (please tick box)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff members name:
Is there any other follow-up care necessary?	
Who should be notified? (please tick box)	<input type="checkbox"/> Parents <input type="checkbox"/> Carers <input type="checkbox"/> Specialist <input type="checkbox"/> GP
<b>7. Regular Medication taken during School/ Early Years Setting Hours</b>	
Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school/ early years setting?	
Are there are any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	(Tick as appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:

Medication expiry date:	
<b>8. Regular Medication taken outside of School/ Early Years Setting Hours (For background information and to inform planning for residential trips)</b>	
Name/type of medication (as described on the container):	
Are there any side effects that the school/ early years setting needs to know about that could affect school/ early years setting activities?	
<b>9. Members of Staff Trained to Administer Medications for this Pupil</b>	
Regular medication:	
Emergency medication:	
<b>10. Any Other Information Relating to the Pupil's Healthcare in School/ Early Years Setting?</b>	
<b>Parental and Pupil Agreement</b>	
I agree that the medical information contained in this plan may be shared with individuals involved with my/my CYP's care and education (this includes emergency services). I understand that I must notify the school/ early years setting of any changes in writing.	
Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) (If pupil is below the age of 16)	
Print Name:	
Date:	
<b>Healthcare Professional Agreement</b>	
I agree that the information is accurate and up to date.	
Signed:	
Print Name:	
Job Title:	
Date:	

### Permission for Emergency Medication

- I agree that I/my CYP **can** be administered my/their medication by a member of staff in an emergency
- I agree that my CYP **cannot** keep their medication with them and the school/ early years setting  
will make the necessary medication storage arrangements
- I agree that I/my CYP **can** keep my/their medication with me/them for use when necessary

Name of medication carried by pupil:

Signed (Parent/Carer)

Date

### School/ Nursery Staff Agreement

It is agreed that (name of CYP):

- will receive the above listed medication at the above listed time (see part 7).
- will receive the above listed medication in an emergency (see part 6).

This arrangement will continue until:

(Either end date of course of medication or until instructed by the pupil's parents/carers).

Signed (Headteacher):

Print Name:

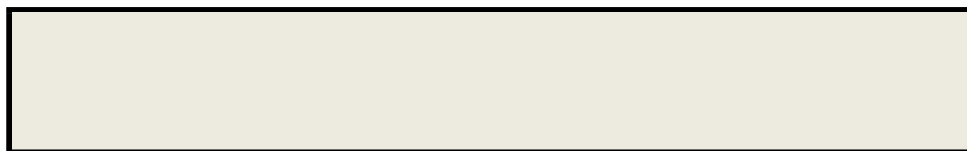
Date:

Form 1a

Supported by



INDIVIDUAL HEALTH CARE PLAN FOR A  
CHILD OR  
YOUNG PERSON IN THE EDUCATION  
SETTING WHO HAS DIABETES



## Contents:

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CYP's Information... ..	40
Monitoring Blood Glucose Levels .....	41
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Insulin Administration... ..	42
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Sporting Activity/Day Trips & Residential Visits .....	43
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*This health care plan will capture the key information and actions that are required to support this child or young person (CYP) in school/ early years setting. It will have the CYP best interests in mind and ensure that school/ early years setting assesses and manages risks to the pupils' education, health and social well-being and minimize disruption in the school/ early years setting day. It should be reviewed at least annually.*

## 1 Definitions

IHCP	Individual Health Care Plan
CYP	Child or Young Person
HYPO	Hypoglycaemia
CHO	Carbohydrate
BG	Blood Glucose



## 2 CYP'S INFORMATION

### 2a. Child / Young Person Details

Child's Name:		Year group:	
Hospital/NHS number:		DoB:	
Nursery/School/ early years setting /College: Post code			
Child's Address: Town: County: Postcode			
Type of Diabetes:	Please select		
Other medical conditions:			
Allergies:			
Date:		Document to be Updated:	

### 2b. Family Contact Information

Name		
Relationship		
Telephone Number	Home Work Mobile	
Email		
Name		
Relationship		
Telephone Number	Home Work Mobile	
Email		
Name		
Relationship		
Telephone Number	Home Work Mobile	

Email	
-------	--

2c. Essential Information Concerning This Child /Young Persons Health Needs

Contacts		Contact Number
Children’s Diabetes Nurses:		
Key Worker:		
Consultant Paediatrician:		
General Practitioner:		
Link Person in Education:		
School/ early years setting email contact:		
Class Teacher:		
Health Visitor/School Nurse:		
SEND Co-ordinator:		
Other Relevant Teaching Staff:		
Other Relevant Non-Teaching Staff:		
Head teacher:		

This CYP has DIABETES, requiring treatment with (check which applies):

Multi-dose regime i.e. requires insulin with all meals:	<input type="checkbox"/>
Insulin Pump Therapy:	Please select
3 injections a day (no injections in school/ early years setting ):	<input type="checkbox"/>
2 injections a day (no injections in school/ early years setting ):	<input type="checkbox"/>
Other - please state:	

Pupils with Diabetes will have to attend clinic appointments to review their condition. Appointments are typically every 3 months, but may be more frequent .These appointments may require a full day’s absence. Education authority staff should be released to attend the necessary diabetes training sessions, in accordance with national guidance.

### 3 MONITORING BLOOD GLUCOSE LEVELS

The CYP has a blood glucose monitor, so they can check their blood glucose (BG). BG monitoring is an essential part of daily management; where ever possible CYP should be encouraged to take responsibility for managing their own medicines and BG equipment in school/ early years setting. They should be allowed to carry their equipment with them at all times and their equipment must not be shared.

(Check which applies)

BG checks to be carried out by a trained adult, using a Fastclix / Multiclix device.	<input type="checkbox"/>
This CYP requires supervision with blood glucose monitoring.	<input type="checkbox"/>
This CYP is independent in BG monitoring.	<input type="checkbox"/>

This procedure should be carried out:

- In class or if preferred, in a clean private area with hand washing facilities.
- Hands to be washed prior to the test.
- Blood glucose targets pre meal - mmol/L and - mmol/L 2 hours after meals  
(NICE guidelines 2015 recommend BG levels of 4-7 mmol/L pre meal and 5-9 mmol/L post meals)
- Lancets and blood glucose strips should be disposed of safely.

There are a wide range of different blood glucose meters available, some have a built in automated bolus calculator.

## 4 INSULIN ADMINISTRATION WITH MEALS

Check if applies  if not, go to section 5

(Check which applies)

Insulin to be administered by a suitably trained adult, using a pen needle that complies with national and local sharps policy	<input type="checkbox"/>
Supervision is required during insulin administration	<input type="checkbox"/>
This young person is independent, and can self-administer the insulin	<input type="checkbox"/>
This CYP is on an insulin pump (see further information below and section 8.2 page 8)	<input type="checkbox"/>

The child or young person requires variable amounts of quick acting Insulin, depending on how much they eat.

(Check which applies)

They have a specific Insulin to carbohydrate (CHO) ratio (I:C)	<input type="checkbox"/>
They are on set doses of insulin	<input type="checkbox"/>

This procedure should be carried out:

- In class, or if preferred in a clean private area with hand washing facilities
- Should always use their own injection device; or sets.
- All used needles should be disposed of in accordance with the school/ early years setting's local policy

## 5 INSULIN ADMINISTRATION

Delivered via pen device:  Delivered via insulin pump:

Insulin Name	Time	Process
Please select		
Other:		
Insulin Name	Time	Process

Please select		
Other :		
Insulin Name	Time	Process
Please select		
Other :		
Insulin Name	Time	Process
Please select		
Other :		
Insulin Name	Time	Process
Please select		
Other :		

NOTE: See 8

## 6 SUGGESTED DAILY ROUTINE

	Time	Note
Arrive School/ early years setting		
Morning Break		
Lunch		
Afternoon Break		
School/ early years setting finish		
Other		

Please refer to 'Home-school' communication diary

Please refer to School planner

# 7 SPORTING ACTIVITY/ DAY TRIPS AND RESIDENTIAL VISITS

Governing bodies should ensure that risk assessments, planning and arrangements are clear to ensure this CYP has the opportunity to participate in all sporting activities. School/ early years setting should ensure reasonable adjustments as required.

Specific instructions If on Insulin Pump therapy: <b>During contact sports the pump should be disconnected (NEVER exceed 60 minutes). Please keep safe whilst disconnected.</b>	
---	--

Extra Snacks are required: PRE-EXERCISE	
POST-EXERCISE	



## 8 HYPOGLYCAEMIA



(‘Hypo’ or ‘Low Blood Glucose’)

**BG: Below 4 mmol/L.**

INDIVIDUAL HYPO-SYMPTOMS FOR THIS CYP ARE:	Pale	<input type="checkbox"/>	Poor Concentration	<input type="checkbox"/>	Other:
	Sudden Change of personality	<input type="checkbox"/>	Sleepy	<input type="checkbox"/>	
	Crying	<input type="checkbox"/>	Shaking	<input type="checkbox"/>	
	Moody	<input type="checkbox"/>	Visual changes	<input type="checkbox"/>	
	Hungry	<input type="checkbox"/>			

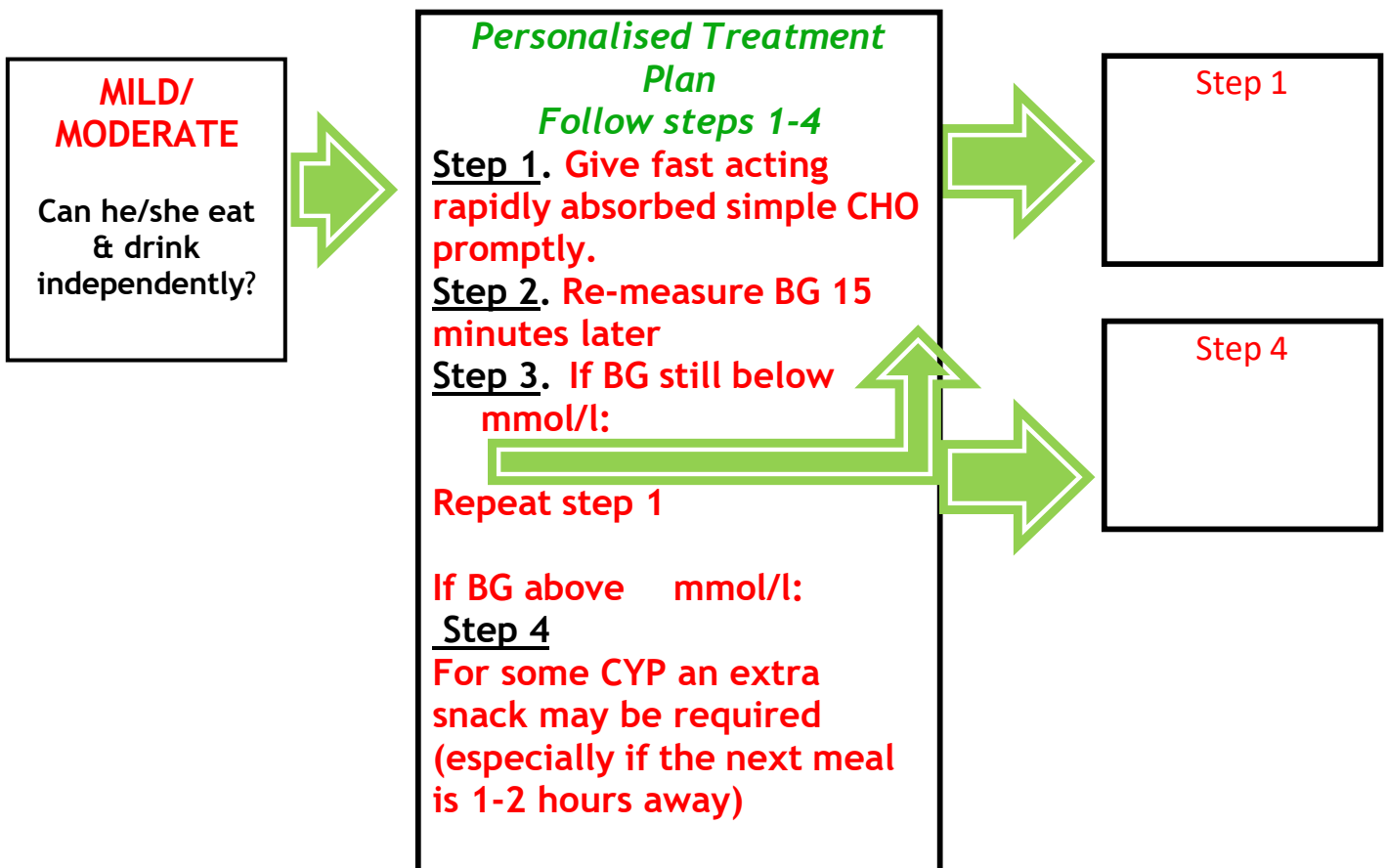
How to treat a hypo:

- If possible, check BG to confirm hypo, and treat promptly: [see 8a.](#)
- Do not send this child or young person out of class unaccompanied to treat a hypo.
- Hypos are described as either mild/moderate or severe depending on the individual’s ability to treat him/her.
- The aim is to treat, and restore the BG level to above **mmol/L.** ( *ISPAD guidelines recommend 5.6mmol/L* ) [\(See 8a\).](#)

A Hypo box should be kept in school/ early years setting containing fast acting glucose and long acting carbohydrate. Staff, and the CYP should be aware of where this is kept and it should be taken with them around the school/ early years setting premises; if leaving the school/ early years setting site; or in the event of a school/ early years setting emergency. It is the parent's/carers responsibility to ensure this emergency box is adequately stocked; independent young people will carry hypo remedies with them.

8a. Treatment of Hypoglycaemia

**BG below 4mmol/l**



**SEVERE**

Is he/she  
semi-  
conscious;  
unconscious;  
convulsing or  
unable to take  
anything by  
mouth?

**Personalised Treatment Plan**

- Place the CYP in the recovery position
- Nil by mouth
- DIAL 999
- In exceptional circumstances, in the availability of a trained and competent member of staff : they can administer the Glucagon/ GlucaGen Hypokit injection:  
0.5mg (half dose) for less than 8 years old (or body weight is less than 25kg)  
1mg (full dose): if over 8 years of age.
- Never leave him/her alone
- Contact parents/carers.
- When fully awake follow steps 1-4 above.
- A severe hypo may cause vomiting.
- On recovery the CYP should be taken home by parents/carers.

Additional information  
regarding hypoglycaemia  
for this CYP:

\*\*\* Consider what has caused the HYPO? \*\*\*

# 9 HYPERGLYCAEMIA

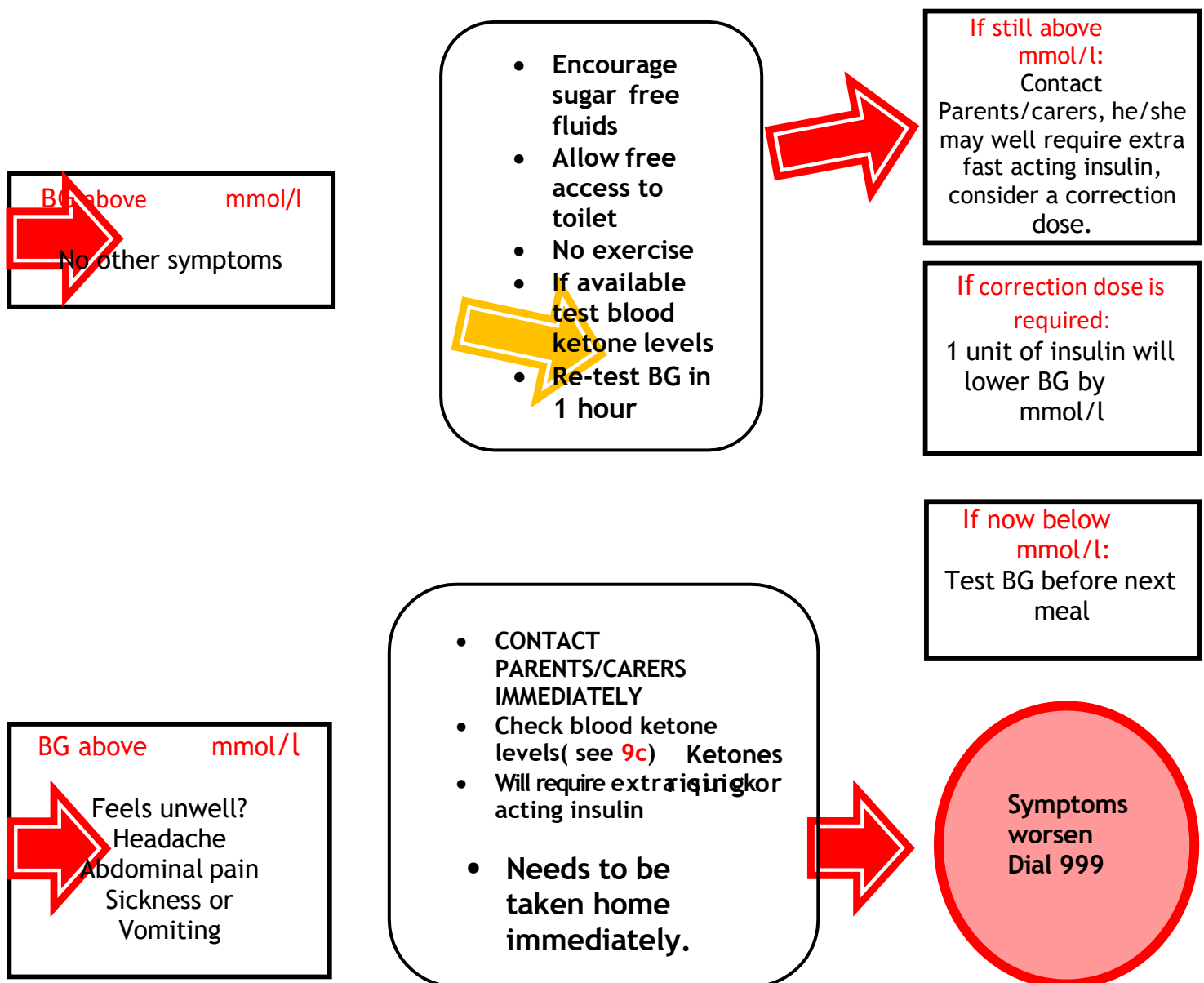
(High blood glucose)

CYP who have with diabetes may experience high blood glucose (hyperglycaemia) when the blood glucose levels are above **mmol/L**.

\*\*\* IF THIS CYP IS ON INSULIN PUMP THERAPY PLEASE REFER DIRECTLY TO 9b \*\*\*

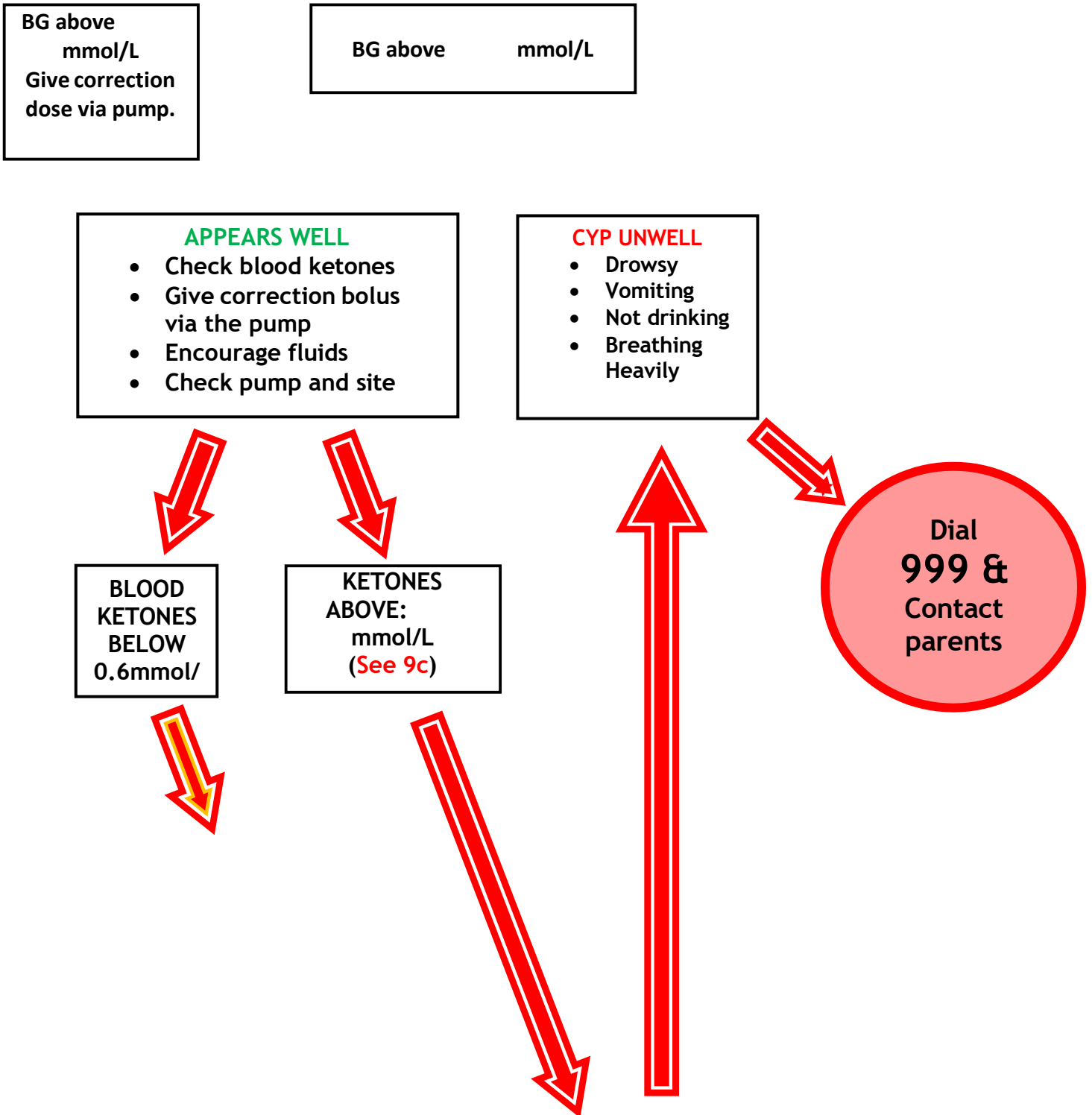
If the CYP is well, there is no need for them to be sent home, but parents/guardian should be informed at the end of the day that the CYP has had symptoms of high blood glucose

## 9a. Treatment of Hyperglycaemia For A CYP On Injections



Additional information regarding hyperglycaemia for this CYP:	
---	--

9b. Treatment of Hyperglycaemia for a CYP on Pump Therapy





BG below  
mmol/L and  
falling  
Continue to monitor 2  
hourly.

BG above: mmol/L

- Contact parents/carers whom will advise.
- Give insulin injection via a pen device
- Re site insulin pump set and reservoir by parent or in exceptional circumstances by, suitably trained member of staff.
- Monitor closely until parents/carers take home

9c. Blood  $\beta$  -Ketone monitoring Guide:

- **Below 0.6mmol/L**                      **Normal range**
- **Between 0.6-1.5mmol/L**      **Potential problems - SEEK ADVICE**
- **Above 1.5mmol/L**                      **High risk - SEEK UGENT ADVICE**

Additional information regarding $\beta$ Blood -Ketone monitoring for this CYP:	
---	--

- School/ early years setting to be kept informed of any changes in this child or young person’s management (see page 6-7).
- The CYP with diabetes may wear identification stating they have diabetes. These are in the form of a bracelet, necklace, watch or medical alert card.
- During EXAMS, reasonable adjustments should be made to exam and course work conditions if necessary, this should be discussed directly with this CYP.  
This CYP should be allowed to take into the exam the following: blood glucose meter, extra snacks; medication and hypo treatment.
- Specific extra support may be required for the CYP who has a long term medical condition regarding educational, social and emotional needs- for example, during periods of instability, during exams, catching up with lessons after periods of absence, and counselling sessions.

*Please use the box below for any additional information for this CYP, and document what is specifically important for him/her:*

This IHCP has been initiated and updated in consultation with the CYP, family; diabetes specialist nurse and a member of staff from the educational setting.

	Name	Signatures	
Date			
Young person			
Parents/carers			

Parents/carers agreement to administration of medicine as documented on page 3 and 4			
Diabetes Nurse Specialist:			
School/ early years setting Representative:			
Health visitor/ School Nurse:			

*The following should always be available in school/ early years setting, please check:*

<i>Hypo treatment: fast acting glucose</i>	<input type="checkbox"/>	<i>Insulin pen and appropriate pen needles.</i>	<input type="checkbox"/>
<i>Gluco gel/ Dextrogl</i>	<input type="checkbox"/>	<i>Cannula and reservoir for pump set change</i>	<input type="checkbox"/>
<i>Finger prick device, BG monitor and strips</i>	<input type="checkbox"/>	<i>Spare battery</i>	<input type="checkbox"/>
<i>Ketone testing monitor and strips</i>	<input type="checkbox"/>	<i>Up to date care plan</i>	<input type="checkbox"/>
<i>Snacks</i>	<input type="checkbox"/>		<input type="checkbox"/>

*Governing bodies are responsible to ensure adequate members of staff have received suitable training.*

*Training log:*

<b>Staff Name</b>	<b>Training Delivered</b>	<b>Trainer</b>	<b>Date</b>


**\*\*See Training Log in school/ early years setting \*\***

# 10 References:

- *Supporting pupils at school with medical conditions. Department of Education. September 2014.*
- *NICE clinical guideline NG18: Diabetes (type 1 and type 2) in children and young people, diagnosis and management.. August 2015*
- *Managing Medicines in School and . Department of Health. 2005*
- *ISPAD Clinical Practice Consensus Guidelines. 2014*
- *Making Every Young Person With Diabetes Matter. Department of Health. 2007.*

## **THIS CARE PLAN HAS BEEN DESIGNED BY A SUB-GROUP LEAD BY**

Sandra Singleton, Children and Young People's Diabetes Specialist Nurse/ Team Leader. With Margot Carson, Children and Young People's Diabetes Network Coordinator - North West of England  
Elaine McDonald, Children and Young People's Diabetes Specialist Nurse/ Team Leader.  
Dawn Anderson Children's and Young people's Diabetes Specialist Nurse  
Linda Connellan, Children and Young People's Diabetes Specialist Nurse  
Jill Cullen, Specialist Community Practitioner School Nursing  
Jayne Johnson, Staff Nurse School Nursing.  
Helen Nurse Families with Diabetes National Network  
Paula Maiden Families with Diabetes National Network  
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North Tyneside General Hospital  
Nottingham Teaching Hospitals NHS Trust  
Oxford University Hospitals NHS Foundation Trust  
Salisbury District Hospital

*Review date: January 2018.*

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***Winner of the Excellence in Diabetes Specialist Nursing Awards  
At the Nurse Standard Nurse Awards 2015.***



## Form 1b - Individual Health Plan - Epilepsy

For pupils diagnosed with Epilepsy at school/ early years setting who need rescue medication

Date form completed:		
Date for review:		
Reviewed by	Date (dd/mm/yyyy)	Changes to Individual Health Plan
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies held by:		

### 1. Pupil's Information

Medical Condition:		
Name of school/ early years setting :		
Name of Pupil:		
Class/Form		
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	

### 2. Contact Information

Pupil's Address:		
	Postcode:	

### Family Contact Information

a.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	

b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with CYP:	
<b>Specialist Contact</b>		
Name:		
Phone:		
<b>Consultant</b>		
Name:		
Phone:		

<b>Medical Condition Information</b>	
<b>3. Details of Pupil's Medical Conditions - Seizure Description</b>	
Type 1	
Type 2	
Type 3	
Triggers or things that make this pupil's condition/s worse:	
<b>4. Routine Healthcare Requirements (for example, dietary, therapy, nursing needs or before physical activity)</b>	
Routine Requirements	
Record any seizures on the daily seizure record	
<b>5. What to do in an Emergency</b>	
Emergency Procedures	
<b>6. Emergency Medication (Please complete even if it is the same as regular medication)</b>	
Name/type of medication (as described on the container):	
Describe what signs or symptoms indicate an emergency for this pupil:	

Dose and method of administration (how the medication is taken and the amount)	
Are there any contraindications (signs when medication should not be given)?	
Are there any side effects that the school/ early years setting needs to know about?	
Self-administration:	Can the pupil administer the medication themselves? (Tick as appropriate)  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:
Is there any other follow-up care necessary?	
Who should be notified?	<input type="checkbox"/> Parents <input type="checkbox"/> Carers <input type="checkbox"/> Specialist <input type="checkbox"/> GP
<b>7. Regular Medication taken during School/ Early Years Setting Hours</b>	
Name/type of medication (As described on the container):	
Dose and method of administration (The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school/ early years setting?	
Are there are any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	(Tick as appropriate)  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:



I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school/ early years setting of any changes in writing.

Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) If pupil is below the age of 16)	
Print Name:	
Date:	

**Healthcare Professional Agreement**

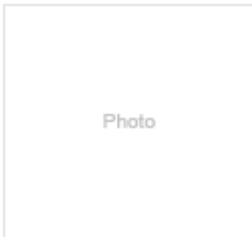
I agree that the information is accurate and up to date.

Signed:	
Print Name:	
Job Title:	
Date:	

**THIS CHILD HAS THE FOLLOWING ALLERGIES:**

Name:

DOB:



Photo

Emergency contact details:

1)



2)



Child's Weight: Kg

**Mild-moderate allergic reaction:**

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

**ACTION:**

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)



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

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

**If ANY ONE of these signs are present:**

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

**If in doubt, give EpiPen®**

**After giving EpiPen:**

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

\*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

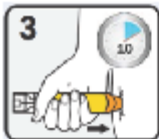
**How to give EpiPen®**



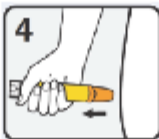
Form 1st around EpiPen® and PULL OFF BLUE SAFETY CAP\*



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



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

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

For more information and to register for a free reminder alert service, go to [www.epipen.co.uk](http://www.epipen.co.uk)

Patient support groups: <http://www.allergyuk.org> or [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

©The British Society for Allergy & Clinical Immunology  
[www.bsaci.org](http://www.bsaci.org) Approved Oct 2013

**Additional instructions:**

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

This plan has been prepared by: \_\_\_\_\_

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

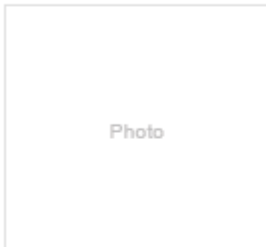


Date: \_\_\_\_\_

**THIS CHILD HAS THE FOLLOWING ALLERGIES:**

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

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



Photo

**Emergency contact details:**

1)



2)



Child's Weight: \_\_\_\_\_ Kg

**PARENTAL CONSENT:** I hereby authorize 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: \_\_\_\_\_

**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

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**Mild-moderate allergic reaction:**

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

**ACTION:**

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



**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**

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

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

1. Lie child flat: (If breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. Jext) **without delay**
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 2<sup>nd</sup> adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

This is a medical document that can only be completed by the 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.

This plan has been prepared by:

SIGN & PRINT NAME: \_\_\_\_\_

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



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



## Form 1d - Individual Health Plan - Asthma

For pupils with complex medical needs at school/ early years setting

Date form completed:

Date for review:

**Reviewed by**

**Date**  
(dd/mm/yyyy)

**Changes to Individual Health Plan**

Yes  No

Yes  No

Yes  No

Copies held by:

### 1. Pupil's Information

Medical Condition:

Name of school/ early years setting :

Name of Pupil:

Class/Form

Date of Birth:

Male

Female

### 2. Contact Information

Pupil's Address

Postcode:

### Family Contact Information

a. Name

Phone (Day)

Phone (Evening)

Mobile

Relationship with CYP

b. Name

Phone (Day)

Phone (Evening)

	Mobile	
	Relationship with CYP	
<b>GP</b>		
Name		
Phone		
<b>Specialist Contact</b>		
Name		
Phone		
<b>Medical Condition Information</b>		
<b>3. Details of Pupil's Medical Conditions</b>		
Signs and symptoms of this pupil's condition:		
Triggers or things that make this pupil's condition/s worse:		
<b>4. Routine Healthcare Requirements (For example, dietary, therapy, nursing needs or before physical activity)</b>		
During school/ early years setting hours:		
Outside school/ early years setting hours:		
<b>5. What to do in an Emergency (Asthma UK Guidelines)</b>		
Common signs of an Asthma attack:	° Coughing	° Wheezing
	° Shortness of Breath	° Tightness in the chest
	° Being unusually quiet	° Difficulty in speaking full sentences
	<b>KEEP CALM – DO NOT PANIC  ENCOURAGE THE CHILD TO SIT UP AND FORWARD – DO NOT HUG THEM OR LIE THEM DOWN  MAKE SURE THE PUPIL TAKES ONE PUFF OF THEIR RELIEVER INHALER (USUALLY BLUE) USING THEIR SPACER  ENSURE TIGHT CLOTHING IS LOOSENED  REASSURE THE PUPIL</b>	

**ONE PUFF OF THEIR RELIEVER EVERY MINUTE UP TO 10 TIMES, OR UNTIL THEIR SYMPTOMS IMPROVE.**

**CALL 999 URGENTLY IF:  
THEIR SYMPTOMS DO NOT IMPROVE AFTER 10 PUFFS  
THEY ARE TOO BREATHLESS TO TALK  
THEIR LIPS ARE BLUE OR IF IN ANY DOUBT**

**CONTINUE TO GIVE 1 PUFF EVERY MINUTE OF THEIR INHALER UNTIL THE AMBULANCE ARRIVES.**

**6. Emergency Medication  
(Please complete even if it is the same as regular medication)**

Name / type of medication (as described on the container):	
Describe what signs or symptoms indicate an emergency for this pupil:	
Dose and method of administration (how the medication is taken and the amount)	
Are there any contraindications (signs when medication should not be given)?	
Are there any side effects that the school/ early years setting needs to know about?	
Self-administration:	<p>Can the pupil administer the medication themselves? (Tick as appropriate)</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Yes, with supervision by: Staff member's name:</p>
Is there any other follow-up care necessary>	
Who should be notified?	<input type="checkbox"/> Parents <input type="checkbox"/> Carers

	<input type="checkbox"/> Specialist <input type="checkbox"/> GP
<b>7. Regular Medication taken during School/ Early Years Setting Hours</b>	
Name/type of medication (As described on the container):	
Dose and method of administration <i>(The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)</i>	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school/ early years setting?	
Are there any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	<i>(Tick as appropriate)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:
Medication expiry date:	
<b>8. Regular Medication Taken Outside of School/ Early Years Setting Hours</b> <i>(For background information and to inform planning for residential trips)</i>	
Name/type of medication (as described on the container)	
Are there any side effects that the school/ early years setting needs to know about that could affect school/ early years setting activities?	
<b>9. Any other information relating to the pupil's healthcare in school/ early years settings</b>	
<b>Permission for Emergency Medication</b>	

I agree that I/my child can be administered my/their medication by a member of staff in an emergency

I agree that my child **cannot** keep their medication with them and the school/ early years setting will make the necessary medication storage arrangements

I agree that I/my child **can** keep my/their medication with me/them for use when necessary.

Name of medication carried by pupil:	
Signed (Parent/Carer)	
Date	

**School/ Nursery Staff Agreement**

It is agreed that (name of Pupil):

will receive the above listed medication at the above listed time (see part 6).

will receive the above listed medication in an emergency (see part 7).

This arrangement will continue until:  
*(Either end date of course of medication or until instructed by the pupil's parents/carers).*

Signed	
Print Name:	
Date:	

**Parental and Pupil Agreement**

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school/ early years setting of any changes in writing.

Signed (Pupil)	
Print Name:	
Date:	
Signed (Parent/Carer) <i>If pupil is below the age of 16)</i>	
Print Name:	
Date:	

**Healthcare Professional Agreement**

I agree that the information is accurate and up to date.

Signed:	
Print Name:	

Job Title:	
Date:	



## Form 1e- Individual Health Plan – Cystic Fibrosis

Date form completed:		
Date for review:		
<b>Reviewed by</b>	<b>Date</b> (dd/mm/yyyy)	<b>Changes to Individual Health Plan</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies held by:		

### 1. Pupil's Information

Name of School:		
Name of Pupil:		
Class / Form		
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female

### 2. Contact Information

Pupil's Address		
		Postcode:

### Family Contact Information

a.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with Child:	

b.	Name:	
	Phone (Day):	
	Phone (Evening):	
	Mobile:	
	Relationship with Child:	

**GP**

Name:	
Phone:	

**Specialist Contacts**

Consultant Name:	Specialist Nurse:	Physiotherapist Name:	Dietitian Name:
Phone:	Phone:	Phone:	Phone:

**Medical Condition Information**

**3. Details of Pupil's Medical Conditions**

Signs and symptoms of this pupil's condition:	Cystic fibrosis is a genetic condition that mainly affects the lung and digestive system. It causes the mucous in the lungs and digestive system to be thicker and stickier than in people without the condition. In the lungs this mucous can block the smaller airways and cause repeated infections that damage the lungs. For most children CF also affects the digestive system. The thick mucous causes blockages which stop digestive enzymes getting out of the pancreas. This back up of enzymes damages the pancreas and also means that children with CF need to take supplementary pancreatic enzymes called creon to help them digest and absorb nutrients from their food. There is no cure for CF and it is life shortening however improvements in modern CF care has led to increases in life expectancy. It is important that children with CF follow their treatment to ensure their best possible health.
Triggers or things that make this pupil's condition/s worse:	

**4. Routine Healthcare Requirements**  
*(For example, dietary, therapy, nursing needs or before physical activity)*

<p>During school hours:</p>	<p><u>Taking care of the lungs</u> - Children with cystic fibrosis may cough in class. This is the body's natural way of trying to dislodge and remove mucus from the lungs and airways, and for children with CF coughing should never be discouraged. Some children might prefer to cough up the mucus in private, perhaps in the toilet, others may be comfortable to cough into a tissue in front of others. The cough is not infectious. If the child is coughing more than usual, please inform their parents.</p> <p><u>Toilet</u> - Sometimes children with CF need to go to the toilet quite urgently and may complain of having a sore tummy just before going to the toilet. To help reduce anxiety or embarrassment, it's helpful if the school can have a plan in place to ensure the child can quickly access the toilet when needed. They may also spend longer in the toilet than other children. Some children, especially older children, may appreciate access to an air freshener in the toilet.</p> <p><u>Physical activity</u> - Physical activity is really good for children's lungs because it helps to dislodge mucus, build lung capacity and help them to be generally fit and healthy</p> <p><u>Infection Control</u> - Children with CF can suffer worse effects from coughs and colds than other children. Minimising contact with children with streaming colds, encouraging frequent handwashing and reminding children to cough or sneeze into a tissue and then put it in the bin can help reduce infections for everyone and is particularly beneficial to children with cystic fibrosis.</p> <p>There are certain bugs, such as Pseudomonas and Aspergillus, which are found in the environment and can be harmful to people with cystic fibrosis; mud, rotting vegetation and stagnant water are all ideal environments for these bugs to thrive. Children with cystic fibrosis may be prescribed antibiotics to treat a chest infection or to prevent a chest infection (prophylactic treatment). Sometimes antibiotics will need to be taken during the school day.</p> <p><u>Creon</u> - Most children with CF need to take supplementary pancreatic enzymes (called Creon) to help them digest and absorb fat, protein and starch from their food. Creon is needed with all fat-containing food, including milk, and will be required at mealtimes during the school day. It's useful if the school can provide parents with lunch menus and notification of events that involve extra/different food (e.g. parties or baking at school) to help them calculate Creon doses.</p> <p><u>Diet</u> - Children with CF may need a higher fat diet than other children and, because of the effect the condition has on their salt balance, might also need salt added to their food (especially in hot weather). This may be contrary to the school's healthy eating policy but is an essential part of the child's cystic fibrosis treatment. Children also need to have access to water to ensure</p>
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	<p>they are hydrated throughout the day, particularly during periods of warm weather.</p> <p><u>School trips and outings</u> - It's important that children with CF have access to the same new experiences and opportunities as other children. Risk assessments will be needed to highlight any necessary precautions or additional treatment. Each risk assessment should be drawn up with input from parents and the CF team. This should include infection risks and a plan for the additional treatment needs if the trip is longer than the usual school day</p> <p><u>Child's understanding of CF</u> - It's useful to discuss and record what the child understands about CF and how much information should be shared with other children.</p> <p><u>School attendance</u> - Most children with CF need to attend the CF clinic every 8-12 weeks for a routine review. These appointments are likely to be during school time. In addition, children may also require admissions to hospital if intravenous antibiotics are needed. If known, it's helpful to plan for admissions and ensure that school work is available to do whilst in hospital. Children with medical conditions should not be penalised, or miss out on rewards, for their attendance where the absence is due to their medical condition. The school should discuss their policy on attendance rewards and consider amendments to ensure it is fair to those with medical conditions.</p> <p><u>Communication</u> - Communication between the school, parents and the CF team is essential to ensure a child with CF has the best possible experience at school.</p> <p><u>Cross-infection Risk</u> - People with CF can have bugs in their lungs which, while not harmful to the wider population, can be harmful to others with CF or other serious lung conditions. Staff, visitors or other children with CF should not meet or mix with your pupil with the condition.</p>
Outside school hours:	<u>Physiotherapy</u> - Children with CF usually have a programme of physiotherapy that is designed to keep their lungs clear from mucus.
<b>6. Regular medication taken during school hours</b>	
Name / Type of medication (as described on the container):	

How the medication is taken and the amount:	
Are there any signs when medication should not be given?	
Are there any side effects that the school needs to know about?	
Can the pupil administer the medication themselves? <i>(please tick box)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff members name:
Is there any other follow-up care necessary?	
When it is taken (Time of day)?	
Are there any side effects that could affect this pupil at school?	
Are there are any contraindications (Signs when this medication should not be given)?	
Self-administration: can the pupil administer the medication themselves?	<i>(Tick as appropriate)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with supervision by: Staff member's name:
Medication expiry date:	
<b>8. Regular Medication taken outside of School Hours</b> <i>(For background information and to inform planning for residential trips)</i>	
Name/type of medication (as described on the container):	
Are there any side effects that the school needs to know about that could affect school activities?	
<b>9. Members of Staff Trained to Administer Medications for this Pupil</b>	
Regular medication:	



Print Name:	
Job Title:	
Date:	

Permission for Emergency Medication	
<input type="checkbox"/> I agree that I/my child can be administered my/their medication by a member of staff in an emergency <input type="checkbox"/> I agree that my child <b>cannot</b> keep their medication with them and the school will make the necessary medication storage arrangements <input type="checkbox"/> I agree that I/my child <b>can</b> keep my/their medication with me/them for use when necessary	
Name of medication carried by pupil:	
Signed (Parent)	
Date	

School/ Nursery Staff Agreement	
It is agreed that ( <i>name of Child</i> ): <input type="checkbox"/> will receive the above listed medication at the above listed time (see part 6). <input type="checkbox"/> will receive the above listed medication in an emergency (see part 7). This arrangement will continue until: ( <i>Either end date of course of medication or until instructed by the pupil's parents/carers</i> ).	
Signed	
Print Name:	
Date:	

# Appendix 2 – Template Letter from School Nurse to Parent

Dear Parent

## **Re: The Individual Health Plan**

Thank you for informing the school of your child’s medical condition. With advice from the Department for Children, Schools and Families and the school’s governing bodies, we are working with schools to follow our shared medical conditions policy.

As part of this policy, we are asking all parents/carers of children with a complex health need to help us by completing an Individual Health Plan for their child. Please complete the plan enclosed and return it to me at ..... If you would prefer to meet me to complete the Individual Health Plan or if you have any questions then please contact me on [insert school nurse contact number].

Your child’s completed plan will store helpful details about your child’s medical condition, current medication, triggers, individual symptoms and emergency contact numbers. The plan will help school staff to better understand your child’s individual condition.

Please make sure the plan is regularly checked and updated and the school and school nurse are kept informed about changes to your child’s medical condition or medication. This includes any changes to how much medication they need to take and when they need to take it.



Thank you for your help.

Yours sincerely

School Nurse

# Appendix 3 – Medical forms

## Form 3a – Medication Permission & Record – Individual Pupil

 <b>STOCKPORT</b> METROPOLITAN BOROUGH COUNCIL		Stockport  NHS Foundation Trust	
<b>Form 3a – Medication Permission &amp; Record – Individual Pupil</b>			
Name of school/ early years setting :			
Name of Pupil:			
Class/Form:			
Date medication provided by parent:			
Name of medication:			
Dose and Method: (how much and when to take)			
When is it taken (time)			
Quantity Received:			
Expiry Date:			
Date and quantity of medication returned to parent:			
Any other information:			
Staff signature:			
Print name:			
Parent/Carer Signature:			
Print name:			
Parent/Carer Contact Number:			



## Appendix 4 – Staff training record



## Form 4 – Staff Training Record

Name of school/ early years setting :	
Type of training received:	
Date training completed:	
Training provided by:	
Trainer Job Title and Profession:	

### I confirm that the people listed above have received this training

Name of people attending training	
1.	
2.	
3.	
4.	
5.	

Trainer's Signature:	
Date:	
Use a separate sheet if more than five people have received training	

### I confirm that the people listed above have received this training

Headteacher signature:	
Print Name:	
Date:	
Suggested date for update training:	

# Appendix 5 – Visits & Journey

 <b>STOCKPORT</b> METROPOLITAN BOROUGH COUNCIL		Stockport  NHS Foundation Trust	
<b>Form 5 - for Visits and Journeys</b>			
This form is to be returned by (date):			
School/ Early Years Setting or Youth Centre:			
Course or Activity			
Date of Course/Activity:			

<b>Student Details</b>	
Surname:	
Forename(s):	
Date of Birth	

<b>Medical Information</b>		
	<b>Please indicate</b>	
Does your son/daughter suffer from any illness or physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe:
If medical treatment is required, please describe:		
To the best of your knowledge has she/he been in contact with any contagious or infectious disease during the past four weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please give brief details:
Is he/she allergic to any medication:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please give brief details:
*Has your son/daughter received a tetanus injection in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate any special dietary requirements due to medical, religious or moral reasons:		

\* This may have been as part of the routine vaccination programme. Please check either the child's RED book or GP.

<b>Parental Declaration</b>	
I give permission for my daughter/son (insert name) to take part in the above activity as described, including all organised activities.	
I undertake to inform the visit organiser or the Headteacher as soon as possible of any relevant change in medical circumstances occurring before the journey.	
I hereby authorise any accompanying member of staff of the school/ early years setting to give consent to such medical treatment as is considered necessary for my CYP by a qualified medical practitioner during the visit.	
I understand the extent and limitations of the insurance cover provided.	
<b>Contact Information</b>	
Address:	
Home Telephone No.	
Work Telephone No.	
<b>Emergency contact address if different from that above</b>	
Address:	
Tel No.	
Name of Family Doctor:	
Telephone Nos.	
Address:	
Signed: Parent/Guardian	

# Appendix 6 – Contacting Emergency Services

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

1. Your telephone number.
2. Give your location as follows.
3. State the postcode.
4. Give exact location in the school of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the students.
9. Don't hang up until the information has been repeated back to you.
10. Ideally the person calling should be with the child, as the emergency services may give first aid instruction
11. Never cancel an ambulance once it has been called

**Speak clearly and slowly**

# EQUALITY IMPACT STATEMENT

Names and titles of people involved with this assessment	Rachel Robinson Assistant Trust Director of Inclusion
<b>Title of Policy – Medical Conditions in School</b>	
Impact assessment carried out with regard to identified characteristics	<p>Race <input checked="" type="checkbox"/></p> <p>Disability <input checked="" type="checkbox"/></p> <p>Sex <input checked="" type="checkbox"/></p> <p>Age <input checked="" type="checkbox"/></p> <p>Religious belief <input checked="" type="checkbox"/></p> <p>Sexual orientation <input checked="" type="checkbox"/></p> <p>Gender Reassignment <input checked="" type="checkbox"/></p>
Summary of any issues/proposed changes	<b>Removed ‘Managing Medicines in Schools &amp; Early Years Settings section’ on page 24 and replaced with replacement guidance ‘Supporting pupils at school with medical conditions’.</b>
Date	September 2025
Date of next review	September 2028