



First Aid and Support for Students with Medical Conditions Policy

Review date: **June 2023**

Next review date: **June 2024**

Staff resp. for review: **DDA**

Supporting students with medical conditions policy

Introduction

Norbury High is an inclusive community that welcomes and supports students with medical conditions so that they can play a full and active role in all aspects of school life, remain as healthy as possible and achieve their academic potential.

The Department for Education statutory guidance 'Supporting students with medical conditions at school' (2014) states:

“Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that students' health is not put at unnecessary risk from, for example, infectious diseases.”

This policy takes into account the school's legal duties under the Children and Families Act 2014 to make arrangements to support students with medical conditions, as well as its duties under the Equality Act 2010. This policy details the school's arrangements to support students with long term medical conditions. In this document 'medical condition' refers to any physical or mental health condition that requires ongoing health professional input.

Section 1 First Aid

1. Statement of Principle

Norbury High will undertake to ensure compliance with the relevant legislation with regard to the provision of first aid for students, staff and visitors and will make sure that procedures are in place to meet that responsibility.

2. Aims

- To identify the first aid needs
- To as far as possible make first aid available at all times when people are on the school premises, and also off the premises whilst on school trips

3. Objectives

- To appoint an appropriate number of suitably trained people as first-aiders to meet the needs of the school and to maintain current qualifications for those people
- To provide relevant training and ensure monitoring of training needs
- To provide sufficient and appropriate resources and facilities
- To inform staff and parents of the school's first aid arrangements

- To keep accident records and to report to the Health and Safety Executive (HSE) as required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

4. Medical Facilities

Norbury High is required by School Premises (England) Regulations 2012 to provide suitable accommodation in order to cater for the welfare and basic medical/therapy needs of students including

- (a) the medical examination and treatment of students, and
- (b) the short term care of sick and injured students which includes a washing facility and is near to a toilet facility.

5. First Aid Staff

The main duties of a first-aider are to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at school
- when necessary, ensure that an ambulance or other professional medical help is called

Details of a list of qualified staff who have received first aid training is published annually and is on display around the site. Details of first aid training are found in Appendix 15: First Aid Training Guidance

N.B. Teachers' conditions of employment do not include giving first aid, but any member of staff may volunteer to undertake these tasks and receive basic training. Teachers and other staff in charge of students are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the students in the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

6. First-aiders

The school will aim to have first-aider cover at all times during school hours. Unless first aid cover is part of a member of staff's contract of employment, people who agree to become first-aiders do so on a voluntary basis. We consider our first-aiders to:

- Be reliable and have good communication skills
- Have the aptitude and stability to absorb new knowledge and learn new skills
- Be able to cope with stressful and physically demanding emergency procedures

First-aiders will:

- Ensure that their qualification and insurance are always up to date
- Ensure that first aid cover is available throughout the working hours of the school week
- Always attend a casualty when requested to do so and treat the casualty to the best of their ability in the safest way possible; this includes protection where clinical waste

is present (e.g. loss of blood or body fluid is evident), calling for help from other first-aiders or emergency services

- Help fellow first-aiders at an incident and provide support during the aftermath
- Act as a person who can be relied upon to help when the need arises
- Insist that any casualty who has sustained a significant head injury is seen by professionals at the hospital either by sending them directly to hospital or by asking parents to pick up a child to take them to hospital; ensure that parents are aware of all head injuries promptly and given leaflet on head injuries
- Ensure that a child who is sent to hospital by ambulance is either 1. accompanied in the ambulance by an appropriate member of staff at the request of the paramedics if parent cannot be there, or 2. met at hospital by parent/carer as recorded in order of priority on Arbor
- Ensure liaison occurs with the teacher in charge of cover (via reception) to ensure that any lessons are covered in the event of an absent teacher
- Keep a record of each student attended to, the nature of the injury and any treatment given, in the book provided in the first aid room; in the case of an accident, the accident book must be completed by the appropriate person, and the necessary forms sent to the Health and Safety Executive

With regard to medication, we will never administer paracetamol or other medications except in the circumstances below.

- Parents/carers should ensure that prescribed medication is taken at home where possible; if it has to be taken in school a first-aiders will supervise a student taking it from a pharmacy labelled container after receipt of a letter from the parent
- First-aiders may administer an Adrenaline Auto-injector Device (such as Epipen) if they are dealing with a life-threatening emergency involving a casualty who has been prescribed and is in possession of an Adrenaline Auto-injector Device (such as Epipen) and where the first-aiders is trained to use it
- Following receipt of medical information from a parent/carer, a care plan will be prepared for reference and kept with any medication required for student
- In exceptional circumstances, but always with parental permission

7. Procedures

a. Accidents

During the school day 07:30-17:00 (when reception is staffed).

For students:

1. Students should immediately tell the nearest teacher or other adult. If they cannot find one, they should go to reception to ask for medical help. The accident victim should not be moved if they cannot walk without help.
2. Teacher or other adult at the scene of an accident needs to make a quick assessment of the severity of the accident.

3. If the student is able to walk they should be taken to the Medical Room with another student.
4. If mobility is in doubt or considered dangerous, a first-aider should be asked to come to the accident scene through the adult contacting reception by phone or sending a student to get first aid help.
5. First-aider will assess the situation and advise calling an ambulance when necessary.
6. Parents should be contacted by telephone.
7. The adult on the scene should stay with the casualty while waiting for assistance.
8. The adult on the scene should send a written report of the incident to the head of year and Medical Room lead as soon as possible on the same day.
9. The head of year should take witness statements as soon as possible to get a full picture of what happened when an ambulance needed to be called.
10. An accident form must be completed by the first-aider attending an incident. If an ambulance is called this should be entered in the log book.

For staff:

Staff who have had an accident on the school premises should report it to reception and the details will be entered in the log book and offer first aid and any other help required.

For visitors:

Visitors should report accidents to reception who will enter details in the log book and offer first aid and any other help required.

Instructions for visitors are written on the back of visitors' badges.

b. Illnesses

1. In lessons - a student feeling ill should speak to their teacher and ask to go to the Medical Room. They will be given a green card (Appendix 11b) and sent to the Medical Room accompanied by another student. The student will complete a form explaining the reason for their visit (Appendix 11a) this will be recorded and the information shared with heads of year groups (HOYs).
2. During break or lunch – a student feeling ill should report to a member of staff on duty or go to reception/Medical Room.
3. On a school trip – a student should speak to the trip leader. They will arrange to administer emergency first aid if necessary and inform the parent/carer and the school. They should log the details of the incident and actions taken and give it to the school on return.
4. At an extracurricular event on site (rehearsals, sports events, performances etc.) – a student should inform the teacher in charge who will contact one or more of: any available school first aid staff, parents/carers.
5. At an extracurricular event off site – a student should inform the teacher in charge who will contact one or more of: the first aid provision at the venue, parents/carers, school staff.
6. At a parents' evening – parents will be responsible for their child's welfare.

7. At any other event where part of the building is hired by an outside organisation – the external hirers are responsible for providing their own first aid provision.
8. Staff feeling ill – staff should use their discretion in deciding whether to call for first aid help by using the phone or sending a student to reception.

8. Reporting and Record Keeping

Norbury High will notify the HSE in line with “Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995” (RIDDOR). A copy of the document can be found at <http://www.hse.gov.uk/pubns/edis1.pdf>

The school will keep a record of any first aid treatment given by first-aiders and appointed persons. This record may be kept in a ‘bumps and scrapes’ log (HSE Accident book) for minor incidents or an A5 form for staff and serious/significant student accidents.

This will include:

1. The date, time and place of incident.
2. The name and tutor group of the injured or ill person.
3. Details of the injury/illness and what first aid or medication was given.
4. What happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital).
5. Name and signature of the first-aiders or person dealing with the incident.

The information in the record book can:

- Help the school identify accident trends and possible areas for improvement in the control of health and safety risks
- Be used for reference in future first aid needs assessments
- Be helpful for insurance and investigative processes

All serious or significant incidents will be reported to parents by telephone.

9. First Aid Materials, Equipment and Facilities

NB the word ‘container’ refers to any box/bag/kit containing first aid equipment.

- All first-aid containers are marked with a white cross on a green background
- Where possible first-aid containers are kept near hand-washing facilities
- All staff will take precautions to avoid infection such as using single use disposable gloves, taking care when dealing with blood or other bodily fluids and when disposing of dressings or equipment
- The contents of first-aid containers will be checked regularly and restocked as soon as possible after use
- First-aid containers are also located in faculties
- First-aid containers will be given to trip leaders on each school trip
- First-aid containers are carried on the school minibus

One Automatic External Defibrillator (AED) is kept in the Medical Room and the other in the staff room in the sixth form building.

10. Guidance for Teachers

Teachers will:

1. Familiarise themselves with the first aid procedures in operation and ensure that they know who the current first-aiders are.
2. Be aware of specific medical details of individual students when publicised on Arbor.
3. Never move a casualty until they have been assessed by a qualified first-aider unless the casualty is in immediate danger.
4. Send for help to reception or Medical Room as soon as possible either by a person or telephone, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.
5. Reassure, but never treat, a casualty unless staff are in possession of a valid first aid certificate or know the correct procedures; such staff can obviously start emergency aid until a first-aider arrives at the scene or instigate simple airway measures if clearly needed.
6. Send a student who has minor injuries to the Medical Room if they are able to walk where a first-aider will see them; this student should be accompanied.
7. Send a student who feels generally “unwell” to the Medical Room. This student should be accompanied.
8. Follow the procedures outlined in the Educational Visits Policy.
9. Ensure that they have current medical information for every student that they take out on a school trip which indicates any specific conditions or medications of which they should be aware, and carry the school mobile phone (or if this is already in use their own personal mobile) and ensure it is kept charged.
10. Ensure that students carry sufficient quantities of their medication with them. Students will remain at school if they have not.
11. Ensure that first aid containers are collected from the Medical Room and are taken on all school trips and residential visits and returned to the Medical Room once visit/trip is over.
12. Have regard for personal safety and only administer other treatment for life saving purposes (e.g. Epipen).
13. Never administer paracetamol or other medications unless we have parental permission.

11. Parents' Responsibilities

1. Parents are responsible for providing emergency contact details and keeping them up to date.
2. It is the parent's responsibility to provide details of medical conditions, to update the school concerning any changes (see Section 2).

3. Following receipt of this information a care plan or Individual Health Care Plan (IHP) will be prepared by the head of year and kept with any medication for reference (see Section 2).
4. It is the parent's responsibility to provide up-to-date medication for their child, and to renew before the expiry date.

See Appendices 3-6 for copies of Emergency Contact and Request for Medical Information forms and Individual Healthcare Plan.

Section 2: Support for Students with Medical Conditions

1. Statement of Principle

No child can be refused admission to Trust schools simply on medical grounds, except where it would be detrimental to the health of the child or others to admit them.

Norbury High will undertake to ensure that all children on the school roll 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 as required by DfE statutory guidance 'Supporting students at school with medical conditions', the Children and Families Act 2014 and the Equality Act 2010.

Appendix 2: Supporting Students at School with Medical Conditions Checklist provides a list of key requirements.

2. Policy Aims and Objectives

- To minimise the risk of an adverse health event or health-related emergency while a student with a medical condition is at school or involved in school related activities
- To be proactive in raising the awareness of and support offered to students with medical conditions
- To ensure that staff members respond appropriately to an adverse health event or health-related emergency by seeking appropriate assistance or initiating appropriate treatment
- To raise, the awareness of high-risk health conditions and their management through education and policy implementation
- To give parents and students confidence in the school's ability to provide effective support and show an understanding of how medical conditions impact on a child's ability to learn as well as to increase their confidence and promote self-care where appropriate

3. Roles and Responsibilities

The governors are responsible for approving this policy and ensuring it is implemented.

The Headteacher and senior leadership team have overall responsibility for ensuring this policy is implemented in full and to monitor the effectiveness of the policy and propose changes when required.

The parents/carers of a student with a medical condition are responsible for:

- Notifying the school about their child's medical condition
- Working with the school to develop a plan that accommodates their child's needs in all school related activities; the family should ask the student's doctor, school nurse, paediatrician or other appropriate healthcare professional to help
- Providing written medical documentation, instructions and medications as directed by a doctor
- Replacing medications after use or upon expiry
- Ensuring their child is trained in self-care when appropriate
- Reviewing policies and procedures and the Individual Healthcare Plan (IHP) with the head of year (HOY), the student's doctor and their child (if age appropriate) after an adverse medical event has occurred
- Communicating clearly all relevant issues to the school

Students are responsible for (as appropriate to their age level):

- Being proactive in the care and management of their medical condition
- Learning to recognise personal symptoms and alerting an adult immediately if they are concerned about a possible adverse medical event
- Always wearing their medical alert bracelet or some other form of medical identification if appropriate
- Developing a supportive relationship with the school first-aider or trusted adult e.g. form tutor or welfare officer and talking to them about identifying issues related to the management of their medical condition in school
- Keeping emergency medications, where appropriate, in the Medical Room; this may include carrying the medication with them at all times
- Notifying an adult if they are being picked on or threatened by other students
- Knowing their Individual Healthcare Plan as appropriate to their age

HOYs are responsible for:

- Contacting parents for required medical documentation regarding a child's medical condition (the responsibility lies with parents to ensure this information is provided)
- Ensuring that parents are reminded of their responsibilities to provide a current Individual Healthcare Plan
- Ensuring students with common medical conditions are appropriately supported; this includes monitoring the operation of individual healthcare plans, ensuring staff involved in support are well informed and trained as appropriate, carrying out risk assessments and liaising with and taking advice from healthcare professionals (school nurses, GPs, CAMHS, specialists etc.) as required

The school's Medical Room lead is responsible for:

- Ensuring that there is an effective system to regularly update and disseminate medical information to staff and others including supply staff
- Ensuring that where students with known medical conditions are participating in school trips, the risk assessment and safety management plans for those trips include the student's Individual Healthcare Plan
- Keeping a record of medication held for students and notifying parents when items are missing or expiring
- Liaising with students with medical conditions and their parents

Teachers are responsible for:

- Participating in in-service training about managing medical conditions
- Being familiar with information provided in the student healthcare plans and the school management information system for the students they teach, be aware of and implement the emergency plan if an adverse medical event is suspected
- Determining and implementing suitable protocols regarding high-risk situations in the classroom
- Responding immediately to reports of students being teased or bullied about their medical conditions
- Following Individual Healthcare Plans and taking appropriate action in emergency situations

The cover lead is responsible for:

- Ensuring that information on students with medical conditions is passed on to cover teachers

All off-site activities:

- The activity leader is responsible for liaising with parents of students with medical conditions as appropriate and being familiar with and trained to be able to implement the individual healthcare plans of students on the trip

Others involved in potentially high-risk situations:

- Other staff or contractors involved in potentially high-risk activities for students with medical conditions may also be required to take action to minimise the risk of an adverse medical event

4. Identification, Registers and Individual Healthcare Plans

Students at school with medical conditions should be supported so that they have full access to education, including inclusion on school trips & PE. The governing body should ensure that school leaders consult health and social care professionals, students and parents to ensure the needs of children with medical conditions are effectively supported.

The school identifies all children with medical conditions

The school asks parents/carers if their child has any physical or mental health condition on the medical questionnaire as part of the admission/enrolment process (Appendix 4), and annually thereafter. The school asks for explicit consent to share this information with relevant school staff and healthcare professionals.

The school follows the procedure detailed in Appendix 5: Procedure Following Notification That a Student Has a Medical Condition (flow chart) to try to **ensure that every child with a pre-existing medical condition has an individual healthcare plan in place before they start school**. Any exception to the requirement to have an individual healthcare plan in place before the child starts school will be at the discretion of the school.

Parents/carers are responsible for informing the school of any new diagnosis, or changes to their child's medical condition, as soon as possible. It is the school's responsibility to act on this information.

The school keeps a record of all children with medical conditions

The school keeps a register of students with medical conditions to identify and safeguard these students. This register is held in a central, secure location, with access by staff as appropriate, and includes the child's individual healthcare plan.

The school ensures that the student's confidentiality is protected in line with the UK-General Data Protection Regulation (UK-GDPR), and will only share this information with relevant members of staff and healthcare professionals as appropriate.

All children with a medical condition must have an individual healthcare plan

The school recognises that needs are specific to an individual student. As such, all students with a medical condition require an individual healthcare plan.

All students with a medical condition will require an individual healthcare plan. This may be as part of the induction or admissions process. For more severe/complex conditions, a meeting between the HOY and the parent/carer will normally be required to complete the individual healthcare plan, and may also involve health professionals and the student if appropriate. This should ideally take place before the start of the academic year or school term if mid-year entry (Appendix 5: Procedure Following Notification That a Student Has a Medical Condition).

The format of an individual healthcare plan may vary according to the nature and severity of the medical condition. However, all individual healthcare plans should detail the medication and care requirements at school, what to do in an emergency and details of the child's GP.

A standard IHP template is provided in Appendix 6: Standard Individual Healthcare Plan. Templates for individual healthcare plans for common medical conditions are provided in Appendix 7: Alternative Individual Healthcare Plan Formats.

Where the IHPs purely involve administration of medication this should be the responsibility of the Medical Room lead.

Where they involve accommodations to the curriculum, assessment arrangements or other professionals, responsibility should be with the SENCO and the child should be listed as

SEN support. Close working with the Medical Room lead, healthcare professionals, Learning & Inclusion, parents & child will be required.

Individual healthcare plans should include the following:

- The medical condition
- Daily care requirements
- Agreement concerning the sharing of information with staff and other students (see questionnaire) where there are confidentiality issues, designated individuals entrusted with information about the child's condition should be specified. Where information needs to be shared for the student's safety the plan for this sharing of information should be agreed.
- Arrangements for written permission from parents for medication to be taken in school (see Appendix 9: Medicines Permission Letter)
- Arrangements for school trips will ensure the child can attend e.g. risk assessments
- What to do in an emergency, whom to contact & contingency arrangements
- Contact information

Individual Healthcare Plans will be reviewed at least annually. NB. Please see Appendix 5: Procedure Following Notification That a Student Has a Medical Condition (flow chart).

For more severe and/or complex medical conditions, the individual healthcare plan should also include an individual risk assessment completed by the HOY (Appendix 8: Individual Student Risk Assessment Form) and an assessment of how the condition may impact on the child's learning, behaviour, performance and well-being, and plans to mitigate these risks and minimise disruption.

If a student has special educational needs or disabilities (SEND), their special educational needs should be made clear in the individual healthcare plan and linked to their special educational needs (SEN) or Education, Health and Care (EHC) Plan if they have one. The school recognises that needs change over time. As such, individual healthcare plans should be updated annually, or whenever the student's needs change. It is good practice to meet with parents annually to review the individual healthcare plans and the school considers ways of doing this, such as during parents' evenings.

A copy of the individual healthcare plan is maintained and updated by the school and is easily accessible to staff who need to refer to it via Arbor, while also preserving confidentiality in line with the UK General Data Protection Regulation.

5. Medication

The school has clear guidance on administering medication at school

Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day.

If medication is required at school, this will only be given as detailed in the student's individual health care plan, and when parents/ carers fill out a medication consent form. If there is a short-term need parents/carers should contact the school to discuss and the medication consent form must be completed by parents/carers (Appendix 9: Medicines Permission Letter for Students with Medical Conditions). In exceptional circumstances

painkillers may be administered without written permission, but with verbal permission instead.

The school keeps an accurate record of all the medication administered, including the dose, time, date and supervising staff (Appendix 11: Medication Records). Records offer protection to staff and children and provide evidence that agreed procedures have been followed. The school supports staff who administer medication.

The school ensures that there are members of staff trained to administer routine and emergency medication and undertake procedures to meet the care needs of an individual child.

All staff are aware of the specific members of staff trained to administer medication or medical procedures in an emergency situation.

Staff who may be regularly expected to administer medication and undertake medical procedures should have this responsibility recognised in their job description. Staff are encouraged to volunteer for this role as part of their duty of care.

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

The school has clear guidance on storing medication and equipment at school

The school ensures that all medication is stored safely, and that students with medical conditions and staff know where they are at all times, and who holds the key to the storage facility.

The school allows students to carry their own medication/equipment if this is appropriate to their individual healthcare plan and has been risk assessed. Parents/carers should check that this medication is in date.

The school ensures that medication is in date and labelled in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and in accordance with its instructions including storage temperature.

The school keeps controlled drugs (e.g. Buccal, methylphenidate [Ritalin], some strong painkillers marked Controlled Drug (CD) on container) stored securely, but accessibly, with only named staff having access.

Parents/carers must collect all medication/equipment annually, and provide new and in-date medication at the start of the academic year.

The school should not dispose of any medication. It is the parent/carer's responsibility to dispose of out of date medication.

The school has clear guidance on emergency inhalers and adrenaline pens

The school allows students to keep their own inhalers and adrenaline pens if appropriate or stored securely but accessibly if not.

The school's emergency asthma inhalers and adrenaline pens are available for students for whom written parental consent and medical authorisation for use has been given. They are

stored in a secure location but not locked away (see Appendix 11: Emergency Inhalers and Adrenaline Auto-Injectors (AAIs/'EpiPens').

6. Training

The school promotes staff awareness and training in supporting students with medical conditions

The school recognises that different levels of training are required for different members of staff in order to meet the school's duties to support students with medical conditions

Level 1 – All staff are aware of the First Aid and Support for Students with Medical Conditions Policy, emergency procedures and are encouraged to undergo further training

The school ensures that all staff, including temporary staff, are aware of this 'First Aid and Supporting Students with Medical Conditions' policy and their role in implementing the policy as part of induction. This includes advice on specific high-risk conditions (see Appendix 15: Advice on Certain High-risk Conditions). All staff will be required to sign up to this policy. This will be recorded in the staff file.

All staff know which named members of staff should be called on in the event of a medical emergency and are familiar with the procedure for calling the emergency services. All staff are aware that if a student is taken to hospital by ambulance, a member of staff must accompany them and remain with them until a parent or carer arrives. Students should not be taken to hospital in staff cars.

The school encourages all staff to undertake training opportunities as part of its comprehensive programme of Continuing Professional Development (CPD), including first aid training,

Bi-annual Inset is compulsory for all staff around managing asthma and anaphylaxis (Appendix 16: Advice on Certain High-risk Conditions). The school keeps a record of staff training.

Level 2 – The school has a sufficient number of trained first-aiders

The school ensures they carry out risk assessments as appropriate and have sufficient numbers of trained first-aiders, taking into account factors such as the size of the school (Appendix 15: First Aid Training Guidance).

The first-aiders are trained in the management of common medical emergencies and Basic Life Support, including Cardiopulmonary Resuscitation (CPR). This should be refreshed at least every three years.

The school has two Automatic External Defibrillator (AED) on site which all staff are aware of Appendix 15: First Aid Training Guidance. Named members of staff are responsible for maintaining them. AEDs have instructions on their use printed on them and can be used by any staff in an emergency with the support of a 999 operator.

7. Whole School Environment

The whole school environment is inclusive

The school is committed to providing an accessible physical environment for students with medical conditions. This includes out-of-school activities.

The school uses opportunities such as Personal, Social, Health and Economic education (PSHE) and science lessons to raise awareness of medical conditions to help promote a positive environment.

All staff are aware of the potential social problems that students with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any issues.

The school recognises that any measures to identify and raise awareness about students with medical conditions for their safety should be proportionate and take into account confidentiality and emotional well-being.

The school ensures that arrangements are made for students with medical conditions to participate in all aspects of the curriculum where reasonably possible

The school ensures that the needs of students with medical conditions are adequately considered so that they can participate fully in all structured and unstructured activities, extended school activities and residential visits.

The school understands the importance of all students taking part in physical activity (including out-of-school clubs and team sports). All relevant staff should make appropriate adjustments to physical activity sessions in accordance with a student's individual healthcare plan. This may involve ensuring that students have the appropriate medication/equipment/food with them during physical activity.

The school makes sure that a risk assessment is carried out before an educational visit. The needs of students with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required. This will require consultation with parent/carers and students and may require advice from the relevant healthcare professional to ensure that students can participate safely as detailed in the Educational Visits ("Trips") policy.

The school understands the impact a medical condition may have on attendance and learning

School staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a student's medical condition.

Where a student has frequent absences or a prolonged absence due to a medical condition, it is expected that parents/carers will work with the school and healthcare providers to ensure relevant information is available as part of a coordinated care/support approach.

The school will refer students with medical conditions who are finding it difficult to keep up educationally to a relevant member of staff (e.g. the Special Educational Needs Co-ordinator) who will liaise with the student (where appropriate), parent and the students' healthcare professional.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and educational provider to ensure that the child receives the support they need to reintegrate effectively. This may include updating their individual healthcare plan where necessary.

The school learns from incidents and complaints

The school investigates all serious incidents related to this policy. (The local authority will also be advised). Learning from these incidents is shared with staff and used to inform any subsequent revisions to this policy.

The school responds to all concerns and complaints related to implementation of this policy, in line with the school's complaints policy

8. Further Guidance

Norbury High will recognise that unacceptable practices include:

- Preventing children from easily accessing their inhalers. (schools are now able to hold asthma inhalers and EpiPens for emergency use)
- Sending children with medical conditions home frequently
- Sending ill children to the Medical Room unaccompanied
- Penalising children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments

Detailed advice on high-risk conditions involving bodily fluids and allergies/anaphylaxis are attached as Appendix 15: Advice on Certain High-risk Conditions.

Further reference material is found in Appendix 16: Other Key Reference Documents.

9. Evaluation and Review

This policy shall be reviewed and updated and after any serious adverse medical event at the school, and shall be automatically amended to conform to amendments and changes in DfE/local authority guidance.

Appendix 1: Glossary

Controlled Drug (CD): Medication that is controlled as part of the misuse of drugs legislation (e.g. methylphenidate/Ritalin or some strong painkillers).

Education, Health and Care (EHC) plan: A legal document that describes a child's special educational, health and social care needs, and support required to meet those needs.

General Data Protection Regulation (GDPR): A data protection regulation from May 2018 intended to strengthen and unify data protection for individuals.

Individual Healthcare Plan (IHP): A document that describes a child's medical needs and support required in school to meet those needs.

Individual risk assessment: A risk assessment to determine the risks and controls required for students with severe/complex or potentially life-threatening health conditions.

Medical condition: For the purposes of this policy, 'medical condition' refers to any physical or mental health conditions including anxiety and depression that requires ongoing health professional input (e.g. from GP, clinic or hospital specialist).

Special Educational Needs or Disabilities (SEND): Special educational needs and disabilities that can affect a child or young person's ability to learn.

Special Educational Needs Co-ordinator (SENCO): Designated members of staff who lead the implementation of the SEND policy and support students with SEND.

Appendix 2: Supporting Students at School with Medical Conditions Checklist

Area	In place	Needs some work	Not in Place	Named person responsible for
Policy and implementation:				
Agree policy in place				
Policy revised annually in consultation with governors and staff				
Policy on the school website				
Identification, registers and IHP				
Process in place for notifying the school of students with medical conditions.				
Process in place for ensuring all students with medical conditions have an individual healthcare plan in place before they start school				
Process in place for reviewing the IHP every year				
A register of students with medical conditions in a secure location with IHP, medication records.				
Medication				
Stores medication securely but accessibly				
Process for ensuring all medication and equipment are in date				
Accurate record of medication administered				
Protocol for use of emergency inhalers and autoinjectors				
Staff/training				
Policy is part of all staff induction, including temporary, supply staff				

All staff are aware of the emergency procedures.				
All staff know the students they work with who have IHP/medical conditions.				
School has risk assessed and has a sufficient number of trained first-aiders.				
Insurance cover current and adequate to needs				
First aid staff and Medical Room lead are clearly known by all staff, students and parents.				
Whole school environment				
School admission take this policy into consideration				
Risk assessment for educational visits are in place				

Appendix 3: Emergency Contact and Request for Medical Information Form

Name of student	
Date of birth	
Form group	
Siblings at Norbury High	

Please give details of all persons (including yourself) who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in order of preference.

Priority	Name/relationship	Personal contact details	Work contact details
1	Forename	Mobile	Telephone
	Surname	Home	
	Relationship		
2	Forename	Mobile	Telephone
	Surname	Home	
	Relationship		
3	Forename	Mobile	Telephone
	Surname	Home	

	Relationship		
--	--------------	--	--

Doctor's name	
Surgery name	
Surgery phone number	
Surgery address	
Medical condition	

Appendix 4: Medical Questionnaire (for Norbury High Enrolment and Annually Thereafter)

Name of student	
Date of birth	
Form group	

<p>1. Is your child currently under the care of the GP/clinic/hospital for a medical condition* (physical or mental health)?</p> <p>Yes/No</p>
<p>If yes, please give full details:</p>

<p>2. Is there any other condition/health concern you need to make us aware of?</p> <p>Yes/No</p>
<p>If yes, please give details:</p>

3. Does your child require medication to be taken during school hours?
Yes/No

If yes please give details and ask for the permission to administer medicine form:

If you have indicated 'yes' above, the head of your child's year group will contact you. All students with medical conditions will require an individual healthcare plan before the start of the school year. If the medical condition is serious, complex and/or life threatening the school will organise a meeting to discuss the individual healthcare plan. If medication needs to be taken at school, all parents/carers will need to complete the medication form (Appendix 6 of the First Aid and Supporting Students with Medical Conditions Policy).

4. I (student) _____ consent to share information with relevant school staff, students and health professionals including the school nursing service.

Yes/No

5. I (parent) give consent to share this information with relevant school staff and health professionals including the school nursing service.

Yes/No

Name of parent/carers	
Signature of parent/carers	
Date	

*The school takes 'medical condition' to refer to any physical or mental health condition that requires ongoing health professional input.

Appendix 5: Procedure Following Notification That a Student Has a Medical Condition (flow chart)

1. School notified that a student has a medical condition or that medical needs have changed from the medical questionnaire or when the parent/carer/healthcare professional informs the school.

2. HOY liaises with parent/carer to discuss how the individual healthcare plan is going to be completed and actioned

This may be during an induction meeting or via a phone call.

Appendix 6: Standard Individual Healthcare Plan

Individual Healthcare Plan for:

Name _____

Form group _____

Date of birth _____

Medical diagnosis or condition _____

Describe what constitutes an emergency for the child, and the action to take if this occurs: _____

I understand that other students must be informed about the severity of this condition.

Follow up care: if we have to administer medication in the event of an emergency do we then have to phone the hospital/ambulance/home?

Describe medical needs and give details of child's symptoms, triggers, signs etc:

Daily care requirements (e.g. before sport/at lunchtime):

Arrangements for school visits/trips:

Family Contact Information (in order of preference)

Name _____ Relationship to child _____

Phone number (work) _____

Phone number (home) _____

Phone number (mobile) _____

Name _____ Relationship to child _____

Phone number (work) _____

Phone number (home) _____

Phone number (mobile) _____

Clinic/Hospital Contact

Name _____

Phone number _____

GP

Name _____

Practice address _____

Phone number _____

List any medications the child is taking and complete parental agreement to administer medicines form.

It is your responsibility to keep Norbury High fully updated with changes to medical condition, contact details and to provide in date medication.

Parent's/Carer's signature_____ Date_____

Student's signature_____ Date _____

Appendix 7: Alternative IHP formats

The student may have a different individual healthcare plan from their health professional which would be acceptable.

Asthma UK school asthma card

https://www.asthma.org.uk/globalassets/health-advice/resources/schools/school_asthma_card_september_2014_ver_b.pdf

BAS allergy action plans

<http://www.bsaci.org/about/download-paediatric-allergy-action-plans>

Diabetes UK sample individual healthcare plan

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/ihp-a-childs-individual-healthcare-plan>

Young Epilepsy sample individual healthcare plan

<http://www.youngpilepsy.org.uk/dmdocuments/IHP-child-form.pdf>

Health Conditions in School Alliance generic individual healthcare plan

http://medicalconditionsatschool.org.uk/documents/Individual%20Healthcare%20plan__Part%202.pdf

Appendix 8: Individual Student Risk Assessment Form

[illegible]

Appendix 9: Medicines Permission Letter for Students with Medical Conditions

In line with the school's First Aid and Supporting Students at School with Medical Conditions Policy

Student's name	
Tutor group	
Date	
Name and strength of medicine	
Reason for use	
Expiry date	
How much to give (ie dose to be given)	

When (time) to be given	
Any other instructions	
Number of tablets/quantity to be given	

Note: Medicines must be in the original container as dispensed by the pharmacy.

Daytime phone number of parent/carer	
Name of GP and phone number	

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

Parent's/carer's signature

.....

Print name

Date

Designated member of staff's signature

Print name

Date

Appendix 10: Medication Records

Record of medicines administered to an individual child

Student's name	
Tutor group	
Date medicine provided	
Name and strength of medicine	
Dose and frequency of medicine	

Quantity received	
Quantity returned	
Expiry date	

Staff signature _____

Date				
Time given				
Dose Given				
Name of staff				
Staff initials				

Record of medicines administered to all children

Date	Student's name	Time	Name of medicine	Dose Given	Any reactions	Signature	Print name

Appendix 11

a) Students visiting the Medical Room

Full Name _____
Form _____
Date _____ Time (Period) _____ Subject _____
Teacher _____
Does your teacher know you are here? Yes/ No If yes where is your green slip?
If they don't know, why not? _____

Reason for coming to Medical Room/reception

When did the pain start? _____
Are your parents/carers aware of this medical problem? Yes/No
Have they taken you to the Doctors? Yes/No

Signed _____

b) Permission to Go to the Medical Room Form

Students will not be seen at the Medical Room or at Reception unless this form is completed – they will be sent back to lessons, with the exception of a medical emergency.

We only have first-aiders and not medically trained professionals. They do not have a cure for: period pains, headaches, minor cuts, coughs, sore throats etc.

A reminder - the purpose of an ice pack is to reduce swelling.
Drugs can only be issued with the correct parental paperwork.
Every faculty has trained first-aiders and first aid boxes so please use these in the first instance.

Student's name:	
Form	
Date	
Time sent from class	
If first aid has already been provided – what action was taken and by whom	
Teacher's name and signature	

Appendix 12: Emergency Inhalers and Adrenaline Auto-Injectors (AAls/'EpiPens')

This section needs to be read in conjunction with the following Department of Health guidance:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Schools are not required to hold an inhaler or AAls – this is a discretionary power enabling schools to do this if they wish. However, keeping an inhaler and/or AAls for use in an emergency prevents unnecessary and traumatic trips to hospital for a child and potentially saves their life. Schools that choose to hold an emergency inhaler and/or AAls need protocols for their use to protect staff by ensuring they know what to do in the event of a child having an asthma or anaphylactic attack.

The protocol should include:

- Arrangements for the supply, storage, care, and disposal of the inhaler, spacers and AAI devices in line with this First Aid and Supporting Students with Medical Conditions Policy
- Having a register of children in the school who have been diagnosed with asthma or prescribed a reliever inhaler; a copy of the register should be kept with the emergency inhaler
- Prescribed AAls (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis)
- Having written parental consent for use of the emergency inhaler and/or for use of the spare AAI(s) included as part of a child's individual healthcare plan; this should be signed in the school asthma card or the allergy action plan (see alternative IHPs, Appendix 7)
- Ensuring that the emergency inhaler and spare AAls are only used by children with written parental consent for their use
- Appropriate support and training for staff is provided in the use of the emergency inhaler and spare AAls in line with this First Aid and Supporting Students with Medical Conditions policy
- Keeping a record of use of the emergency inhaler and/or AAls as required by this First Aid and Supporting Students with Medical Conditions Policy (Appendix 10: Medication Records) and informing the parent/carers when their child has been administered an inhaler/AAI and whether this was the school's spare inhaler/AAI or the student's own device (Appendix 12: Letters to Inform Parents/Carers of Their Child's Use of the School's Emergency Inhaler*); this should include where and when the attack took place, how much medication was given and by whom

Schools can purchase small quantities of inhalers, spacers and AAls from a community pharmacy. The pharmacy will need a request signed by the Headteacher on headed paper stating:

- The name of the school for which the product is required
- The purpose for which that product is required
- The total quantity required

Asthma

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

An emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler
- At least two plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans
- A record of administration (i.e. when the inhaler has been used); this should include where and when the attack took place how much medication was given and by whom

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's inhalers and the inhaler(s) labelled to avoid confusion with a child's inhaler.

The plastic spacer should not be reused and can be given to the child to use at home. The inhaler can be reused provided it is cleaned after use.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

See also: Healthy London Partnership pharmacy guidance:

<https://www.healthy london.org/wp-content/uploads/2017/10/Pharmacy-guidance-for-supply-of-salbutamol-to-schools.docx>

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

Schools may administer their “spare” adrenaline auto-injector (AAI), obtained for use in emergencies, if available, but only to a student at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a student whose own prescribed AAI cannot be administered correctly without delay.

In severe cases the allergic reaction can progress within minutes into a life-threatening reaction. Severe reactions can require much more than an adrenaline injection and it is therefore vital to contact emergency services as early as possible.

In the event of a possible severe allergic reaction in a student who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.

Anaphylaxis

Depending on their level of understanding and competence, **children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times.** If the AAI(s) are not carried by the student, then they should be kept in a central place in a box marked clearly with the student's name but NOT locked in a cupboard or an office where access is restricted.

AAIs are available in different doses depending on the manufacturer. Schools should hold a single brand to avoid confusion in training and administration. 'EpiPen' is the most well-known and likely to be the brand used by most students.

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- One or more AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer's information
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors
- A list of students to whom the AAI can be administered
- An administration record

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's AAIs and the labelled to avoid confusion. The kit should be located not more than five minutes away from where it might be needed.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), emergency services (999) **MUST** be called without delay, even if they have already used their own AAI device, or a spare AAI.

- When dialing 999, give clear and precise directions to the emergency operator, including the location's postcode
- If the student's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched
- Send someone outside to direct the ambulance paramedics when they arrive
- Tell the paramedics a) if the child is known to have an allergy; b) what might have caused this reaction e.g. recent food; c) The time the AAI was given

Appendix 13: Letters to Inform Parents/Carers of Their Child's Use of the School's Emergency Inhaler*

Child's name:.....
Tutor group:.....
Date:.....

Dear.....

This letter is to formally inform you that.....has had problems breathing today.

This happened when.....

They did not have their own inhaler with them so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were givenpuffs.

Although they soon felt better, we would strongly advise you that your child is seen by their own doctor as soon as possible.

Please provide a new unopened replacement spacer as soon as possible.

Please can you ensure that your child brings in a working in-date inhaler and spacer for use in school. Both should be clearly labelled with your child's name and date of birth.

Yours sincerely

**Please note that parents will be informed immediately when a child has used the school's emergency adrenaline autoinjector (and emergency services called).*

Appendix 14: Training Resources for School Staff

Online Anaphylaxis Campaign AllergyWise Online Course

Free online anaphylaxis training course AllergyWise for Schools is designed to ensure that key staff in schools are fully aware of the signs and symptoms of anaphylaxis, how to provide emergency treatment and the implications for management of severely allergic children from Key Stages 1 to 5 in an education setting.

<https://allergywise.org.uk/course-login/>

Supporting Children's Health Asthma Online Course

Being aware of asthma and its triggers can help to ensure children with asthma in your care are safe and can get involved in the same activities as any other child without issue or harm. This module aims to help you support children who have asthma by:

- Raising your awareness of the condition and how it's managed
- Exploring plans you may need to ensure that children with asthma in your care are supported

<https://www.supportingchildrenshealth.org/asthma-module/>

MindEd

MindEd is a free educational resource on children and young people's mental health for all adults.

<https://www.minded.org.uk>

Appendix 15: First Aid Training Guidance

First-aid can prevent deaths and can also prevent minor medical problems and injuries from escalating into major ones. Guidance exists for schools on the subject of first aid and this section of the 'First Aid and Supporting Students at Schools with Medical Conditions' policy draws and refers to these accordingly.

First aid in schools

The Department for Education good practice guidance titled Guidance on First Aid for schools explains that the numbers of first aid personnel required in schools is not an exact science. A suitable and sufficient risk assessment needs to be carried out taking into account the school's specific circumstances such as: the size and location of the school, any specific hazards on-site, any specific needs and any historic accident data. Schools should consider the risks to employees, students and visitors as part of this risk assessment.

In addition, HSE document L74 (Third edition-2013) details useful guidance on first aid matters in the workplace including: first aid courses content, suggested numbers of first aid personnel, first aid kits and training provider selection. This document is a valuable resource to help schools complete their first aid risk assessment.

Automatic External Defibrillators (AEDs) in schools

The Department for Education guide for schools on automated external defibrillators (AEDs) provides guidance on the purchase, use, installation, training, maintenance and additional considerations (such as the development of a resuscitation plan and safety considerations) of AEDs. This guidance explains that AEDs are designed for use by people who can simply follow the step-by-step instructions provided on the AED at the time of use, without any specific training. This guidance also explains that it should be sufficient for schools to circulate the manufacturer's instructions to all staff and then to provide a short general awareness briefing session in order to meet their statutory obligations. Any awareness briefing could be incorporated into any wider training on CPR and the chain of survival.

Appendix 16: Advice on Certain High-risk Conditions Body Spillages/HIV

1. Ensure that everything is cleared away, using gloves, and that the site is clear following an incident. When dealing with clinical waste every dressing etc. should be put in a yellow bag for contaminated/used items and sealed tightly before disposing of the bag. Any bloodstains on the ground must be washed away thoroughly.
2. Protective gloves are stored in the Medical Room.
3. All body fluid spillages (vomit, diarrhea and blood) must be cleaned immediately following an incident. This is vital if spread of infections is to be reduced. Gloves should be worn when contact with blood or body fluid is likely.
4. Absorbent granules should be dispersed over spillage and left to absorb for a few minutes then swept into a newspaper.
5. If direct contact with another person's blood or body fluids occurs, the area should be washed as soon as possible with ordinary soap and water. Clean, cold tap water should be used, if the lips, mouth, tongue or broken skin are affected and medical advice sought.
6. If you cut or prick yourself with anything that may have someone else's blood on it, allow it to bleed freely then wash thoroughly with soap and hot water and put a waterproof plaster on the wound. This is not a special precaution because of AIDS. There are other illnesses like Hepatitis B which are much more infectious. If you think your wound could have come into contact with infected blood, seek medical advice.
7. The Premises Manager has full information on the disposal of medical waste and bleach mentioned in these guidelines.

Advice On Allergies and Anaphylaxis Management

Overview

Norbury High recognises that a number of members of our community (students and staff) may suffer from potentially life threatening allergies to certain foods or toxins from insects. No school is in a position to guarantee a completely allergen free environment so the school seeks parent, staff and student support towards maintaining a minimised risk environment, whilst also concentrating on ensuring effective medical response to potential anaphylactic episodes.

The intent of this advice, based on guidance produced by the Schools Food Trust, is to minimise the risk of any child suffering allergy-induced anaphylaxis whilst at school or attending any related activity, and to ensure staff are properly prepared to manage such emergency situations should they arise. For action to take in an emergency also refer to Appendix 11: Emergency Inhalers and Adrenaline Auto-Injectors (AAIs/'EpiPens')

The common causes of allergies relevant to this policy are nuts, (in particular peanuts), dairy products, eggs, wasps, bees, and ants. However, this list of allergies is not exhaustive and the policy will apply to any allergy suffered by any student or member of staff in the school of

which the school has been notified. The allergy to nuts is the most common high-risk allergy, and as such, demands more rigorous controls than the controls for allergies to dairy products, eggs and wasps, bees and ants.

The school is also aware of the stresses imposed on parents, carers and teachers, with the potential for anaphylactic reaction in children for whom they have a responsibility. To this end, the provision of procedures and systems to manage such stress effectively is also an aim of this policy.

Definitions

Allergen – A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

Allergy - A condition in which the body has an exaggerated response to a substance (e.g. food or drug). Also known as hypersensitivity.

Allergic reaction – A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, generalised flushing of the skin, tingling around the mouth, swelling of tissues of the throat and mouth, difficulty breathing, abdominal pain, nausea and/or vomiting, alterations in heart rate, sense of impending doom, sudden feeling of weakness, collapse and unconsciousness.

Anaphylaxis – Anaphylaxis, or anaphylactic shock, is normally a sudden, severe and potentially life threatening allergic reaction to food, stings, bites, or medicines though a delayed reaction is possible in certain cases.

EpiPen – Brand name for syringe style device containing the drug adrenaline which is ready for immediate intramuscular administration.

Minimised Risk Environment - An environment where risk management practices have minimised the risk of (allergen) exposure to a reasonable level. Not an allergen free environment. **Management System** – A record system managed by the person in charge which describes the individual student medical care plans and the particular members of staff who will need to be trained and informed of these plans.

Individual Health Care Plan (IHP) - A comprehensive plan for the care of children with special health care needs, including food allergies and action plan for location of EpiPen.

Appendix 17: Other Key Reference Documents

Department for Education guidance

Supporting pupils at schools with medical conditions guidance:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history>

Healthy London Partnership resources

Asthma schools guidance:

<https://www.healthylondon.org/wp-content/uploads/2017/11/London-schools-guide-for-children-and-young-people-with-asthma.pdf>

<https://www.healthylondon.org/resource/london-asthma-toolkit/schools/>

Diabetes schools guidance:

<https://www.healthylondon.org/resource/london-guide-teachers-parents-children-young-people-diabetes/>

Epilepsy schools guidance:

<https://www.healthylondon.org/resource/london-epilepsy-guide-schools>