



**HOLY TRINITY CATHOLIC SCHOOL  
MANAGING MEDICAL CONDITIONS IN SCHOOL POLICY, 2025-26**

**At Holy Trinity, we all have a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.**

This school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

This school aims to include all pupils with medical conditions in all school activities.

Parent/carers of pupils with medical conditions are aware of the care their children receive at this school.

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

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

This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

All staff have an understanding of the common medical conditions that may affect children at this school. Staff receive regular updates. The Head teacher is responsible for ensuring staff receive regular updates. The School Nursing Service can provide the updates if the school requests.

The medical conditions policy is followed by the whole school.

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

Pupils are informed and reminded about the medical conditions policy:

- Through the school's pupil representative body
- In personal, social and health education (PSD) classes
- In tutor time and via school expectations and routines
- Via the school nurse who visits weekly

Parent/carers are informed about the medical conditions policy:

- At the start of the year when communication is sent out about Individual Health Plans
- When their child is enrolled as a new pupil
- Via the school website, where it is available all year round
- During one to one discussions with parents

Staff are informed and regularly reminded about the school's medical conditions policy:

- Through the staff intranet and staff meetings and by regular communication from medical lead A Donnelly
- Through scheduled medical conditions updates
- Through the key principles of the policy being displayed in several prominent staff areas at this school 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, which are available on display in the staffroom; Additional information can be accessed via the secure system Bromcom. Information leaflet is shared advising visiting staff what they need to do in the event of an emergency in the form of an information leaflet.
- Staff are made aware of Individual Health Plans as they relate to their teaching/tutor and or year groups
- Information is stored securely in the staff area in password protected folder
- Any medi-alerts are securely sent out informing staff of key updates. These are sent securely and securely stored on the school system.

**Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school**

Relevant staff at this school are aware of the most common serious medical conditions at this school.

Staff at this school understand their duty of care to pupils 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.

Staff receive updates at least once a year for anaphylaxis and for asthma and at least every three years for other medical needs and know how to act in an emergency. Additional training is prioritized for key staff members who work with children who have specific medical conditions supported by an Individual Health Plan. Epipen, Asthma, Diabetes. If deemed necessary, specific additional training linked to Medical needs is sourced in recommendation with the School Nursing Team upon completion of the termly school profile.

The action required for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including classrooms, kitchens, in the school staffroom and electronically.

The school uses Individual Health Plans to inform the appropriate staff of pupils with complex health needs in their care who may need emergency help.

The school has procedures in place so that a copy of the pupil's Individual Health Plan is sent to the emergency care (usually with the ambulance staff) setting with the pupil. On occasions when this is not possible, the form is sent (or the information communicated) to the hospital as soon as possible.

If a pupil needs to be taken to hospital, a responsible adult will accompany them and will stay with them until a parent arrives. The staff member concerned should inform a member of the schools senior management and/or the schools critical incidents team if appropriate as designated in school critical incident management policy.

### **The school has clear guidance on the administration of medication at school**

#### **Administration – emergency medication**

This school will seek to ensure that pupils with medical conditions have **easy access to their emergency medication**. This is held in the medical room near Main Reception. All named medical leads have access to this information.

This school will ensure that all pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take emergency medication safely.

#### **Administration – general**

This school understands the importance of medication being taken as prescribed.

All administration of medication is carried out under the appropriate supervision of a member of staff at this school unless there is an agreed plan for self-medication. Staff should be aware if pupils are using their medication in an abnormal way and should discuss this with the child. They should inform the medical lead A Donnelly as a matter of urgency who will contact parents/carers.

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil 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.

No medication will be given without the written consent of the pupil's parent. This may be supplemented with a telephone call to parents and carers at the time of administration.

This school will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary.

All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.

In some circumstances, medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. This will be agreed in the Individual Health Plan.

Parent/carers at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that it is their responsibility to 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.

If a pupil at this school 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. When we have a medication consent form signed, **we call home for permission to give paracetamol**. Without the form. In the event of a medical emergency the health and safety of the child will take precedence.

All staff attending off-site visits are aware of any pupils 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. This information is available in the secure medical folder on the staff area which staff should check for all visits. Additional advice and guidance is available from A Donnelly school medical lead. It is the responsibility of the parent/ carer to ensure that the medical section of the consent is properly completed including details of conditions and medication and its administration.

If a pupil misuses medication, either their own or another pupil's their parents/carers are informed as soon as possible. Staff should contact the Medical Lead A Donnelly as soon as possible. The school will seek medical advice by ringing A&E if this situation arises. In such circumstances, pupils will be subject to the school's usual disciplinary procedures.

### **This school has clear guidance on the storage of medication at school**

#### **Safe Storage – emergency medication**

Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. It is held in the medical room near main reception in St Michael's' building. 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.

If the pupil concerned is involved in extended school services then specific arrangements and risk assessments should be agreed with the parent and appropriate staff involved.

#### **Safe Storage – non-emergency medication**

All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.

Staff ensure that medication is accessible only to those for whom it is prescribed.

#### **Safe Storage – general**

This school has an identified member of staff/designated person who ensures the correct storage of medication at school. This person is the medical lead A Donnelly.

All controlled drugs are kept in a locked cupboard and only named staff have access.

The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year). The person responsible for this at Holy Trinity is Medical Lead A Donnelly.

The identified member of staff, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name of medication, route of administration, dose and frequency, an expiry date of medication.

All medication is supplied and stored in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

Some medication for pupils at this school 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 pupils or lockable as appropriate.

It is the parent/carer's responsibility to ensure new and in date medication comes into school with the appropriate instructions and to ensure that the school receives this.

### **Safe disposal**

Parents/carers at this school are asked to collect out-of-date medication. If this is not collected, it is disposed of by Medical Lead A Donnelly who will deliver to local pharmacy.

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.

A named member of staff is responsible for checking the date of medication and arranging for the disposal of any that have expired. This check is done at least half termly- a year and is always documented.

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 this school are stored in the medical room unless alternative safe and secure arrangements are put in place on a case-by-case basis.

If a sharps box is needed on an off-site visit 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 pupil's parent/carer.

Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

### **This school has clear guidance about record keeping for pupils with medical conditions**

### **Enrolment forms**

Parents/carers at this school are asked if their child has any medical conditions. Upon transition all parents/ carers complete the medical questionnaire. Further school nurse questionnaires MAY BE carried out throughout the year 7. It is the parent's responsibility to ensure that all medical needs are made explicit upon entry to the school.

### **Individual Health Plans**

#### **Drawing up Individual Health Plans**

This school 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.

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 with rescue medication

An Individual Health Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of pupils with a complex health need. This is sent by the school nursing team and the named school nurse J Bonner may also contribute to this.

- At the start of the school year
- At enrolment
- When a diagnosis is first communicated to the school
- Transition discussions
- New diagnosis

It is the parent's/carer's responsibility to fill in the Individual Health Plan and return the completed form to the school nurse- Jo Bonner or the named School Nursing team representative. 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 meeting or consider safeguarding children procedures if necessary.

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

This school ensures that a relevant member of school staff is present, if required, to help draw up an Individual Health plan for pupils with complex health or educational needs.

**Pupils with medical conditions requiring Individual Health Plans are:**

**Diabetes, epilepsy with rescue medication, anaphylaxis, gastronomy feeds, central lines or other long term venous access, tracheotomy, severe asthma that has required a hospital admission within the last 12 months, and others.**

**This may change depending on guidance issued by the School nursing team.**

**School Individual Health Plan Register**

Individual Health Plans are used to create a centralised register of pupils with complex health needs. An identified member of school staff has responsibility for the register at this school. At Holy Trinity this is A Donnelly Medical lead. Information about students with such needs can be found on the secure school staff area and also on the school system BROMCOM.

**On-going communication and review of Individual Health Plans**

Parents/carers at this school 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 worse or better), or their medication and treatments change. Each Individual Health Plan will have a review date.

Parents have the Medical lead and where appropriate the SENCO, the designated 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**

Parents/carers and pupils (where appropriate) at this school are provided with a copy of the pupil's current agreed Individual Health Plan.

Individual Health Plans are kept in a secure central location at school in either the medical room or in the case of a pupil with SEND and or EHC in the SEN office.

### **Managing Emotional Wellbeing and Mental Health Conditions- see also mental health and wellbeing policy**

It is important that all staff recognise the importance of emotional wellbeing and the impact that this has upon students. This is more paramount and important than ever. As a school we will seek to support all students' wellbeing. It is our responsibility to support those with established Mental Health conditions and to work with the students, families and other agencies to facilitate full access the curriculum.

At Holy Trinity we will ensure that we identify and support students by:

- Ensuring that staff have received training and input around emotional wellbeing
- Ensuring that pupils and staff are given time to talk and strategies for managing their own wellbeing
- Having named staff who are trained in Mental Health First Aid
- Encouraging all communications re any concern as part of our safeguarding vigilance- swift and timely intervention to ensure that early help can be initiated as appropriate
- There are named key staff available to support
- Hoy and pastoral staff are alert to the signs and indicators linked to emotional wellbeing and know how to support and how to refer on accordingly
- Facilitating the school nurse drop in service to support students
- Supporting with signposting and guiding parents and students to external agencies e.g FTB, Pause, Online school drop in services
- Build opportunities for students to learn about emotional and mental health and wellbeing and the concept of Resilience and academic resilience as part of the curriculum, the assembly programme and PSHE inputs
- Offer support to students who may be struggling, via amongst others HOY input, active listening and support, Drawing and Talking Therapy, the school nurse drop in service, school chaplain, Drexel Centre, Counselling, support of Malachi workers
- Create a climate of openness and a culture where students can come forward.
- Promote the role of student voice in developing our emotional support in school
- Referral to specialist agencies and escalating if necessary to meet the needs of the student/ family as part of the early help process; Such agencies might include amongst others FTB, The

Stick Team, Early help and family connect services, Aquarius, the SHB, Women's Aid, Think Family, Barnardos, Open Door counselling, SWISS (Social Worker in School ) support, Malachi support, The Living well consortium.

- Referring to social care / CASS for advice/ Family Connect / the STICK team, support in line with safeguarding guidance. Consent from parents/ carers will be sought unless it would leave the child at risk of harm or significant harm were consent to be sought.
- In the event that a child discloses that they are feeling suicidal, school will contact parents/carers and direct them to seek medical advice and attention via the local A and E department. School will always act in the best interests, safety and needs of the child and will seek emergency response as deemed appropriate.

## Medical Conditions Information Pathway

Form sent out by school asking parents to identify Medical needs Any medical conditions. Form to be sent out, depending On school's usual procedures including: <ul style="list-style-type: none"><li>• Transition discussions</li><li>• At the start of school year</li><li>• New enrolment (during the school year)</li><li>• New diagnosis informed by parents</li><li>• Changes may be communicated to the school nurse who will update school</li><li>• Regular update of records and at any point when parents will need to communicate changes to medications/ conditions</li></ul>	School
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School collates response and identifies those needing (information from Transition team)- HOY 7, RS and named responsibility for transition. Individual Health Plans sent to school nurse	School
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School nurse writes to parents either to review Individual Health Plan (IHP) or start new plan if needed	School
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Parents complete IHP – send to school nurse for school. If no response from parents, school nurse to inform school designated person. All contacts to be documented and dated.	School
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School nurse reviews the IHP, contacts parents if necessary and discussed with school designated person. Stored in school according to policy.	School Nurse and School
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Apart from the central copy, specified members of staff (agreed by the pupil and parents/carers) securely hold copies of pupils' Individual Health Plans. These copies are updated at the same time as the central copy. The school ensures that where multiple copies are in use, they are updated and hold the same information.

When a member of staff is new to a pupil 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 pupils in their care. This is done as part of the new staff induction programme and is led by the SENCO,

This school ensures that all staff protect pupils confidentially.

This school 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 day. This is included on the Individual Health Plan.

#### **Consent to administer medicines**

If a pupil requires regular prescribed medication at school, parents/carers are asked to provide consent on their child's medication plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required.

Paracetamol/ ibuprofen will only be administered by medical lead staff when written consent is held in school for this to be administered.

Students should not bring boxes of non prescription painkillers to school and keep them on their person.

In case of medication which is regularly administered, the Head teacher will give consent for this to be administered. The Head Teacher may deputise this and name J Daw, A Donnelly, M White, T Olton Doris, or another named first aider to deputise in his absence.

#### **Physical environment**

This school is committed to providing a physical environment that is as accessible as possible to pupils with medical conditions.

#### **Exercise and physical activity**

This school understands the importance of all pupils taking part in sports, games and activities.

This school 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 pupils.

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

Teachers and sports coaches are aware of pupils in their care who have been advised by a healthcare professional, to avoid or to take special precautions with particular activities. PE staff receive Asthma and First Aid training.

This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.

This school seeks to ensure that all pupils have the appropriate medication or food with them during physical activity and those pupils take them when needed.

This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

### **Education and learning**

This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator.

This school ensures that lessons about common medical conditions including mental health are incorporated into PSHE lessons and other parts of the curriculum.

### **Risk Assessments**

Rigorous risk assessments are carried out by this school prior to any out-of-school visit or off site provision and medical conditions are considered during this process. This school considers how all pupils 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. The person with responsibility for oversight of EVC is C Henvey.

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

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

This school 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.

The following roles and responsibilities are used for the medical conditions policy at this school.

**Governing Body**

Has 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 pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- Ensure the school's health and safety policies and risk assessments are inclusive of the needs of pupils 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 school and LA Critical Incidents Guidelines), at any time when pupils are on site or on out of school activities.

**Head teacher**

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**

Has 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- via reception and main office.
- Understand the school's medical conditions policy.
- Know which pupils in their care have a complex health need and be familiar with the content of the pupil's Individual Health Plan.
- Know the school's registered first aiders and where assistance can be sought in the event of a medical emergency.
- Know the members of the school's 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. This will usually be via reception, the school medical lead, the Senco, the HOY but can be carried out by any named member of staff.
- Ensure pupils who need medication have it when they go on a school visit or out of the classroom.
- Be aware of pupils 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 pupils.
- Ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure that pupils 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 pupils 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 pupil 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 any doubt as to the child's health, rather than take the child's word that they feel better.
- Ensure that they take professional responsibility for regularly checking the medical updates folder (including and especially for educational visits) and that they check swiftly any medi updates sent out by medical lead S Mason.
- Ensure that they check and refer to Bromcom information

**Trained First Aider List: List displayed in reception.**

**Paediatric First Aiders**

**A Donnelly**

**T Oulton Doris**

**Additional first aiders:**

**C French**  
**S Smith**  
**D Walji**  
**Z Brown**  
**S Garrison**  
**W Hawkeswood**  
**R John**  
**K Brown**  
**H McKiernan**  
**P McCann**  
**N Doyle**  
**L Douglas**

**Mental Health First Aid Trained Staff:**

**A Donnelly**

**S Ormsby**

**S Dihr**

**T Oulton Doris**

### **Teaching Staff**

Have an additional responsibility to:

- Ensure pupils who have been unwell have the opportunity to catch up on missed school work.
- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, in liaison with the SENCO.
- Liaise with parents/carers, special educational needs coordinator and pastoral team if a child is falling behind in their work because of their condition.
- Be alert and aware to the medical needs of students and ensure that any communications are shared with Medical lead immediately- a culture of high vigilance and safeguarding.
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil 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 school can access other specialist training.
- Update the Individual Health Plans in liaison with appropriate school staff and parents/carers.
- Provide support to vulnerable children and those at risk of or experiencing harm or significant harm, including those at risk of CSE and with regards to emotional and mental health concerns.
- Promote and provide a drop in service to students
- Work with the named school staff to strengthen provision and understanding around health related issues including FGM, well-being, staying healthy
- Work with students as part of the citywide young health leaders and well-being leads to promote key messages about emotional and physical health in the school community.

### **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 the role as first aider.

### **Special Educational Needs Coordinators**

Have the additional responsibility to:

- Ensure teachers make the necessary arrangements if a pupil needs special consideration or access needs.
- Ensure appropriate information is communicated in a sensitive manner.

### **Pastoral Support**

Have the additional responsibility to:

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

## **Pupils**

Have a responsibility to:

- Treat other pupils with and without a medical condition equally.
- Tell their parents/carers, teachers or nearest staff member when they are not feeling well.
- Let another member of staff know if another pupil 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.

## **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 for 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 brought into school at the start of the academic year are labelled with their child's full name.
- Ensure that the school has full and up to date accurate 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.
- Respond to communication from the school with regards to their child's health.
- Contact the school before 9 am if they are absent due to illness.
- Support to ensure that their child catches up on any work they have missed.
- Ensure that 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 any relevant documentation, including signed and written consent for requesting the administration of medication.

**The medical conditions policy is regularly reviewed, evaluated and updated**

The view of pupils with various medical conditions are actively sought and considered central to the evaluation process.

**Date of Review: 11<sup>th</sup> Dec 24**

**Date of next review.....Dec 25.....**

## **Appendix 1 - Form 1**

**ALERT!**

Asthma awareness for school staff

What to do in an asthma attack

- Keep calm.
- Encourage the child or young person to sit up and slightly forward .
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Ring student services and ask for a first aider to come to the student.

### **If there is no immediate improvement**

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

### **Call 999 or a doctor urgently if:**

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

  

- Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

**It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.**

Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling
- tight in the chest as a tummy ache.

### **After a minor asthma attack**

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

### **Important things to remember in an asthma attack**

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Schools keep an emergency inhaler on site. It is expected that parents/ carers will sign to give consent for this to be used in the event that the individual pupil's inhaler is unavailable.
- In the event that an asthma attack were to occur, school will take emergency action to prioritise the best interest and safety of the respective child.

### **Appendix 1 – Form 2**

#### **Epilepsy awareness for school staff**

##### **Complex partial seizures**

##### **Common symptoms**

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

##### **Ring student services and ask for a first aider to come to the student**

##### **Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

**Do...**

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

**Don't...**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

**Tonic-clonic seizures**

**Common symptoms:**

- the person goes stiff,
- loss of consciousness
- falls to the floor

**Do...**

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

**Don't...**

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

**Call 999 for an ambulance if...** You know it is the person's first seizure

- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

## **Appendix 1 – Form 3**

### **Anaphylaxis awareness for staff**

#### **ANAPHYLAXIS**

Symptoms of allergic reactions:

#### **Ear/Nose/Throat - Symptoms:**

- runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip,
- loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

#### **Eye - Symptoms:**

- watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

#### **Airway - Symptoms:**

- wheezy breathing, difficulty in breathing and or coughing (especially at night time).

#### **Digestion:**

- swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and
- or diarrhoea.

#### **Skin:**

- Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.
- Eczema -cracked, dry, weepy or broken skin. Red cheeks.
- Angiodema - painful swelling of the deep layers of the skin.

#### **Symptoms of Severe Reaction/ Anaphylaxis:**

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)

- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

## **TREATMENT**

- Ring reception/ send a child to reception and ask for first aider to come to student.
- Send a student or member of staff to student services to collect 2nd epipen and to ask them to ring for an ambulance and parents.
- If student conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position.
- If student is conscious and alert ask them to self-administer their epipen. If student unconscious, trained member of staff to administer epipen as per training. Record time of giving.
- If no improvement within 5 minutes then 2nd epipen to be administered.
- Keep used epipens and give to paramedics when they arrive

## **Appendix 1 – Form 4**

### **Diabetes awareness and treatment for staff:**

#### What is it?

- Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.
- There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).
- Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

#### **Signs and symptoms:**

##### **Hypoglycaemia:**

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing
- Hyperglycaemia:
- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse
- First aid aims
- Hypoglycaemia:
- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary
- Hyperglycaemia:
- Get casualty to hospital as soon as possible
- Treatment
- Hypoglycaemia:
- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an

- ambulance

**Hyperglycaemia:**

- Call 999 immediately
- Further actions
- If the casualty loses consciousness
- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation