



Vanguard Learning Trust

As a group of local primary and secondary schools, Vanguard Learning Trust's mission is to serve its local community by providing outstanding, inclusive education. We have a collective purpose and responsibility to provide effective teaching, through a curriculum based on equality of opportunity and entitlement that allows our students to shine both in and out of the classroom. Each school in the Trust has its own ethos, which also complements the Trust's vision and values, and the common aspiration that all students can achieve their potential.

Supporting students with medical conditions

Part A: Trust-wide

October 2025

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1. Policy statement

1.1 Aim

Vanguard Learning Trust understands that supporting children and young people with medical conditions is a vital part of achieving outstanding and inclusive education. The Trust recognises that medical conditions have the potential to impact a child or young person's ability to learn, their confidence and their overall wellbeing. This policy aims to ensure that all children and young people with medical conditions are effectively supported in each Trust school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. The Trust, its schools and staff, are committed to supporting children and young people with medical conditions through the Trust's shared values of aspiration, community and equity.

1.2 Delivering through our values

- **Aspiration - endless possibilities with limitless boundaries:** The Trust believes that all children and young people should have high aspirations and achieve their full potential regardless of any medical condition they may have.
- **Community - collective responsibility, collaborating within and beyond the Trust:** The Trust's focus is always on the individual child or young person, their needs and how they can best be supported. All Trust schools and staff listen and are responsive to the views of children and young people and parents to ensure arrangements appropriately meet needs. The Trust and its schools make every effort to foster positive collaborative working with our local partners in the interests of children and young people.
- **Equity - opportunities for all to achieve equitable outcomes:** The Trust ensures that no child or young person is disadvantaged because of their medical needs. All children and young people receive the same opportunities and access to educational and extended school activities (on and off-site), regardless of any health needs they may have. Children and young people with medical conditions have the same rights of admission to our schools as others and no child or young person will be denied a place at a Trust school because of their medical needs.

1.3 Application

The Trust expects everybody – trustees, governors and all school staff including contracted and supply staff - to be aware of and understand their role and responsibilities relating to children and young people with medical conditions. In addition, due to the dependency on partner organisations, particularly NHS organisations when making arrangements to support children and young people with medical conditions, the Trust expects local NHS organisations, services and professionals to adhere to their respective organisation, service and professional obligations and standards.

1.4 Scope of policy

This policy covers administering medicine procedures, in particular those specifically relating to asthma, including emergency procedures and the use of inhalers (see **Appendix 1**), as well as anaphylaxis (see **Appendix 2**), diabetes (see **Appendix 3**) and epilepsy (see **Appendix 4**). Support for children with mental health conditions can be found in **Appendix 5**.

2. Legal framework

This policy is based on the 2015 Department for Education (DfE) guidance, 'Supporting pupils at school with medical conditions' ([click here](#)). The DfE document provides statutory guidance and non-statutory advice on how proprietors of academies and governing bodies should meet their duty to make arrangements to support children and young people with medical conditions. This duty sits within a wider system of health-related duties that apply to schools, NHS organisations and local authorities that ensure children and young people's health needs are met so that they are able to access education.

2.1 Trust: key duties

2.1.1 The Equality Act 2010

If a child or young person has a medical condition that causes physical or mental impairment that has a substantial and long-term effect on their daily living, this would constitute a disability under the Equality Act 2010. In these instances, the Trust and its schools have additional responsibilities including a requirement to make reasonable adjustments. The Trust's equality duty policy provides more information.

2.1.2 The Children and Families Act 2014 Part 3

Some children and young people may have special educational needs (SEN) and have an education, health and care (EHC) plan which brings together special educational, health and social care provision. The DfE and Department of Health (DoH) Special Educational Needs and Disabilities (SEND) Code of Practice ([click here](#)) explains the duties of local authorities, NHS organisations and schools to meet the needs of children and young people with SEN. For children and young people who have an EHC plan and medical needs, arrangements should be compliant with the SEND Code of Practice. Each Trust school has a SEND policy and the Part B school-specific policies provide more information.

2.1.3 Safeguarding and welfare

Although managing medical conditions is not inherently a safeguarding issue, there is a potential risk of harm if a child or young person's medical condition is not effectively managed. Also, a child or young person's ongoing welfare relies on consistently meeting any health needs they may have. Therefore, the Trust and its schools ensure that robust arrangements are in place to safeguard children and young people's health and wellbeing in line with the DfE's statutory guidance on keeping children and young people safe in education. The Trust's safeguarding and child protection policy ([click here](#)) provides more information.

2.1.4 Health and safety and first aid

The Trust has duties under health and safety laws and this includes providing first aid to employees and others injured or taken ill on Trust premises including school sites. However, these obligations have limits. First aid training and certification do not constitute suitable training to meet a child or young person's health needs that are the result of a medical condition. The DfE's guidance on first aid in schools, early years and further education ([click here](#)) provides more information.

2.2 Statutory partners: key duties

Supporting a child or young person who has a medical condition at school is not the sole responsibility of one organisation. NHS organisations and local authorities have important duties relating to the health and wellbeing of the children and young people attending school.

2.2.1 NHS integrated care boards (ICB)

NHS ICBs are responsible for commissioning clinical support in schools for children and young people who have long-term conditions, disabilities and additional health needs. This includes arranging the health provision for children and young people with EHC plans.

2.2.2 NHS service providers

NHS Provider Trusts and NHS community services are required to deliver NHS services in line with their statutory responsibilities, the NHS constitution and national standards. This includes working across organisational boundaries to deliver high-quality, safe care.

2.2.3 Local authorities

Local authorities are responsible for commissioning public health services for school-aged children and young people in their area and this includes school nursing services. In addition, if a child cannot

attend school because of a health problem, and would otherwise not be able to access full-time education, the local authority is responsible for arranging suitable education provision.

3. Collaborative working with partners

3.1 Collaboration

It is vital to acknowledge that supporting children and young people with medical conditions at school relies on every partner playing their part. The Trust's ability to make appropriate and effective arrangements is dependent on a strong partnership between the Trust, its schools and their staff, local authorities, NHS organisations, health professionals, children and young people and parents. Within this policy, the term 'parents' is used to cover the range of individuals with responsibilities for children and young people including carers and guardians.

3.2 Local partners

Collaborative working with our partners is essential to provide both school-led support and access to NHS-led services and support, as needed. Therefore, this policy identifies and describes the joint working arrangements between those involved. The Trust and its schools' local partner organisations include:

- London Borough of Hillingdon Council
- NHS North West London ICB
- Central and North West London NHS Foundation Trust (FT)
- Hillingdon Hospitals NHS FT

These partners have critical roles and responsibilities in supporting children and young people with medical conditions at school. Relevant departments and services were consulted on this policy; this will be an ongoing, iterative process as guidance continues to change.

4. Roles and responsibilities

4.1 The board of trustees and local governing bodies

Vanguard Learning Trust, as proprietor, has the overall responsibility for ensuring children and young people with medical conditions have their health needs met at a Trust school. The board of trustees (BoT) delegates the responsibility for meeting this duty to the local governing body (LGB) of the individual schools in the Trust. The LGBs work closely with the headteacher, staff and wider stakeholder community to ensure that the school has a Part B of this policy that sets out the school's arrangements and that this policy is implemented and effective. The BoT and LGBs will:

- promote a culture that reflects Trust values so that parents, children and young people and Trust school staff are confident that effective arrangements are in place for supporting children and young people with medical conditions;
- ensure that children and young people with health needs are supported to enable the fullest participation in all aspects of school life and that staff providing support are able to access information and other teaching support materials needed;
- provide the organisation-level frameworks with NHS and LA partners to enable Trust schools to work collaboratively and positively in the best interests of children and young people;
- ensure that the Part A Trust-wide of this policy and Part B school-specific procedures are in place and are readily accessible to school staff and parents;
- provide the oversight and governance mechanisms to assure that the 'Supporting students with medical conditions' policy, processes and procedures are being implemented and are effective;
- oversee an review of Part A and Part B of this policy to ensure they remain up-to-date with relevant national and local information and guidance;
- ensure each Trust school has a named lead who is responsible for the policy implementation;
- oversee the organisational processes and procedures that encourage and promote continual learning and improvement relating to how Trust schools support children and young people with medical needs;

- ensure that Trust schools have the appropriate level of insurance and liability cover for supporting children and young people with medical conditions; and
- ensure that Trust schools adhere to the DfE guidance on supporting students with medical conditions ([click here](#)).

4.2 Headteachers

Each headteacher in the Trust is expected to:

- ensure that the school-specific procedures in Part B are developed and effectively implemented with partners;
- ensure that all school staff are made aware of the policy and understand their role and responsibilities in its implementation. This includes agency and temporary staff who will be informed of children and young peoples' conditions as necessary and the actions to take in an emergency;
- ensure that this policy, both Part A and B, is easily accessible and readily available for parents;
- establish school processes and procedures for effective communication with health, social care and education services/professionals, parents and children and young people so that health-related information can be shared in a timely way;
- ensure that children and young people who require an individual healthcare plan in school, have the appropriate plan in place. This may be a school-led plan or an NHS-led plan;
- ensure sufficient numbers of suitably trained staff to implement the policy. This will involve seeking NHS service/professional advice and guidance to inform decisions about training and staffing to meet the care needs of children and young people with individual healthcare plans;
- maintain oversight of the specific healthcare interventions delivered by school staff and ensure the appropriate insurance and indemnity cover is in place;
- ensure the availability of revised programmes of study and/or alternative access arrangements for children and young people who require it due to health needs, eg. home schooling and exam support.

4.3 School staff

Although staff may be asked to provide support to children and young people with medical conditions, they cannot be required to do so unless the support is part of their contract of employment or the staff member agrees. If school staff do provide health support to children and young people, they must receive suitable and sufficient training. School staff are required to:

- understand this policy and be aware of their role and responsibilities in its implementation;
- attend and engage in all training relating to children and young peoples' health and wellbeing, as requested. This includes general awareness training on medical conditions;
- know which children and young people have medical conditions, the content of individual healthcare plans and the potential impact of the medical condition, eg. participating in sporting activities, as appropriate;
- know and understand what to do in an emergency situation and how to respond when they become aware that a child with a medical condition needs help;
- ensure children and young people have access to their emergency medication at all times;
- support children and young people with individual healthcare plans, as designated. In these instances, staff are required to:
 - follow the training provided and school procedures and management as set out in individual healthcare plans, for example, administering medication;
 - engage in all NHS professional theoretical and practical training, supervision arrangements and competency assessments and follow the health professional instructions; raise any concerns or issues with an appropriate staff member, eg. line manager or health professional;

- ensure children and young people with medical conditions receive additional support with learning and accessing the curriculum, as and when needed; and
- utilise opportunities in the curriculum to promote awareness and understanding of medical conditions, eg. personal, Social, Health and Economic (PSHE) programme.

4.4 Parents

Parents are key partners in how schools in the Trust support children and young people with health needs. All schools within the Trust aim to set clear expectations on how parents of children and young people with medical conditions can best help schools support their medical needs. They should:

- notify the school of their child or young person's medical condition and any changes in the condition or support that school staff need to be aware of, at the earliest opportunity;
- provide the school with sufficient and up-to-date information about their child or young person's health needs;
- participate in discussions about developing and reviewing their child or young person's healthcare plan, as appropriate.
- ensure medicines and medical devices are labelled with their child or young person's full name and date of birth, in the original pharmacy packaging;
- ensure medicine brought into school is within its expiry date and when requested provide the school with replacement medicine;
- ensure their child or young person attends any NHS appointment, assessment or review requested by their GP or specialist NHS team;
- complete and return any paperwork requested by the school, eg. consent forms;
- carry out any actions that have been agreed upon and included in their child or young person's healthcare plan, eg. providing medicine and/or equipment; and
- provide the required/requested consent to allow your child or young person's NHS care plan to be shared with the school, as relevant i.e. when support and care is necessary in school.

4.5 Children and young people

Children and young people with medical conditions are often best placed to provide information about how their condition affects them and the management of their condition. In promoting a supportive and inclusive environment, the Trust and its schools recognise and empower students to actively participate in the management of their medical condition. Trust schools/staff will work with NHS partners to:

- encourage children and young people to understand their medical condition, its implications and the importance of effective management;
- facilitate age-appropriate discussions and educational sessions to enhance a child or young person's understanding of their condition, care plans and emergency procedures;
- encourage open communication between children and young people, parents, healthcare professionals and school staff to ensure everyone is aware of the child's medical needs, their preferences and any modifications in their care plans;
- involve the child or young person in the development and review of their healthcare plan, allowing them to contribute so that the plan reflects their unique needs;
- encourage the child or young person to be vigilant about their symptoms and condition, reporting any changes at school to a member of staff promptly;
- support and educate children and young people to administer their own medications following prescribed instructions, as appropriate;
- promote responsible practices such as informing an adult/member of school staff if they miss a dose, experience side effects or face difficulties with their medication;
- educate a child or young person on recognising signs of an emergency related to their medical condition and guide them on appropriate actions to take, including asking for help from school staff; and

- ensure the child or young person knows the location of their emergency medications like EpiPens and inhalers and how to use them in an emergency.

4.6 The local authority

All schools within the Vanguard Learning Trust are located within the local authority area of the London Borough of Hillingdon. The local authority's role and responsibilities are to:

- promote partnership working between the local authority, schools/academies, NHS ICBs and NHS Provider Trusts to improve the wellbeing of children and young people;
- commission a school nursing service to deliver the national Healthy Child Programme and public health priorities in local schools;
- make joint commissioning arrangements with NHS ICBs for children and young people with SEND and health needs;
- ensure integrated education, health and social care provision is available for children and young people and young people with SEND including leading the local SEND EHC processes;
- work with schools to ensure there are the necessary support arrangements in place to enable children and young people to attend full-time education; and
- make arrangements for a child or young person who will be/has been away from school for 15 days or more because of health needs (consecutive or cumulative across the school year). This will be in line with DfE guidance ([click here](#)) and Hillingdon Council's policy ([click here](#)).

4.7 School nursing service

The Central and North West London NHS FT provides the school nursing service across the borough of Hillingdon. The contact details can be found in **Appendix 6**. This service plays an important role in supporting children and young people with medical conditions and leads the delivery of public health services for school-aged children and young people (5-19 years). The Hillingdon School Nursing Service's role and responsibilities are to:

- work within a multidisciplinary team to assess, plan, implement and evaluate the care offered to children and young people and their families;
- provide personalised support to children and young people and their families where additional health needs have been identified, including making referrals to specialists;
- notify schools when a child or young person has been identified as having a medical condition which requires support at school;
- ensure all children and young people who have a long-term condition have a healthcare plan for use in school and provide advice and support on its implementation;
- support the coordination of care plans for children and young people with medical needs in partnership with specialist health services;
- coordinate and liaise with partners to secure the appropriate staff support and training to meet a child or young person's health needs;
- provide evidence-based awareness training for Hillingdon school staff on common childhood medical conditions, on an annual basis;
- undertake health and development reviews, screening, assessments of mental health needs and promote health and wellbeing; and
- send a health questionnaire to parents of children and young people in reception, year 7, year 9 and year 12 to identify any new or ongoing health needs and ensure additional support that may be required is in place.

4.8 NHS Integrated care board

NHS North West London ICB is the local NHS commissioning organisation that arranges a range of NHS services and support for children and young people in North West London. This includes the clinical support for long-term conditions, disabilities and additional needs that may be needed by children and young people attending Hillingdon schools. The NHS North West London ICB's role and

responsibilities are to:

- commission NHS services that provide high-quality health care and support that children and young people may need to access and participate in their education;
- work cooperatively and collaboratively with the local authority and other partners including schools to arrange services for children and young people to access their education;
- ensure appropriate joint working with the local authority for arranging the health support children and young people may need at school;
- ensure the NHS services commissioned enable NHS provider trusts/professionals to engage and participate in the SEND Education, Health and Care processes; and
- arrange the Education, Health and Care Plan 'Health' provision that a child or young person may need whilst at school.

4.9 NHS-commissioned services and professionals

NHS services and professionals such as GPs, paediatricians and specialist health teams including specialist nurses (eg. diabetes and epilepsy nurses) have a vital role to play in supporting children and young people with medical conditions at school. The Trust expects local NHS service providers and professionals to work with Trust schools and their staff to ensure appropriate arrangements are in place to support children and young peoples' health needs whilst they are at school. Contact details for Hillingdon Hospitals NHS Foundation Trust – Hillingdon Hospital can be found in **Appendix 6**.

NHS-commissioned services/professionals' role and responsibilities are to:

- provide high-quality NHS services and support for children and young people with long-term conditions and additional health needs, such as Child and Adolescent Mental Health Services (CAHMS);
- take the lead on developing care plans for individual children and young people with medical conditions in line with national guidance and standards, eg. Care Quality Commission guidance ([click here](#)). This should include timely reviews, risk management and effective communication with those providing care;
- take into account national condition-specific guidance and standards, eg. NICE guidelines and quality standards and NHS national bundles of care for managing asthma, diabetes and epilepsy;
- ensure any registered health professional activity that is delegated meets the relevant professional body, eg. the Nursing and Midwifery Council ([click here](#)) requirements for training, supervision, competency assessment and ongoing monitoring/support.

5. Admission/attendance

5.1 A 'support first' approach

Vanguard Learning Trust schools are welcoming and inclusive. No child or young person will be refused a place or prevented from attending due to a medical condition. Every effort will be made to ensure a child or young person can attend school full-time. However, there may be instances where children and young people with medical conditions are unable to attend school. Where necessary, Trust schools will focus on the best interests of the child or young person and this may require flexibility such as a part-time programme of study. When children and young people have had a period of absence, consideration will be given to a suitable plan to support the return to school and this will be in consultation with parents.

5.2 Removing barriers to good attendance

The Trust recognises the importance of consistent attendance and is committed to removing barriers that prevent students with medical conditions from attending school. In accordance with the DfE's statutory guidance, 'Working Together to Improve School Attendance' ([click here](#)), the Trust will:

- ensure that students with medical conditions, including mental or physical health challenges, are appropriately supported to attend school regularly;

- utilise local services and agencies, as well as any legal interventions that may be available, to help improve attendance and reduce absenteeism; and
- engage in daily data sharing of attendance both within the Trust and with partners, such as the local authority and the DfE, ensuring transparency and accurate reporting.

5.3 Mitigating risks to the wider community

There may also be occasions when a child or young person should not attend school for health reasons. In accordance with wider safeguarding and health and safety obligations, the Trust and LGBs need to ensure that children and young people are not exposed to unnecessary and unacceptable risk for example, if a child or young person has or is suspected of having an infectious disease. In these circumstances, a Trust school may decide that a child or young person's attendance at that time would be detrimental to the health of the child or young person and/or others. Any decisions taken will follow UK Health Security Agency guidance ([click here](#)), NHS guidance ([click here](#)) and Central and North West London guidance ([click here](#)) and will always be based on the best interests of the child or young person and the wider school population.

5.4 Part-time timetables

As outlined in statutory guidance, in very exceptional circumstances and where it is in a student's best interests, there may be a need for a school to provide a student of compulsory school age with less than full-time education through a temporary part-time timetable to meet their individual needs. An example is where a medical condition prevents a student from attending school or another setting full-time and a part-time timetable is used to help the student access as much education as possible. A part-time timetable will not be used to manage a student's behaviour. The Trust will follow its internal protocol for monitoring students on a part-time timetable and will work closely with the local authority to arrange appropriate educational provision. The protocol ensures that there are regular reviews of the student's progress to ensure their educational needs are met and enables governors to have a critical oversight of children who are not able to access full-time education at school.

6. Notifications relating to a child or young person's medical condition

6.1 Parents

Parents must provide their child or young person's medical information on the school admission form. The school will endeavour to have arrangements in place for the start of the school term. When children and young people are transitioning between schools, information about medical conditions should be shared between schools as part of the transition process. In other cases, such as a new diagnosis or a child or young person moving to a new school mid-term, every effort will be made to put arrangements in place as soon as possible.

6.2 NHS services/professionals

In addition, NHS services/professionals should communicate with Trust schools if a child or young person's medical condition requires specific care and support at school. The Trust expects each school to work with NHS services to ensure that there are effective processes to share information about a child or young person's health needs including any changes in their condition or management. It is also a parent's responsibility to provide updated information and/or if circumstances change.

6.3 Procedure once notified

When a Trust school is notified of a medical condition or a change, the procedure followed is based on the DfE recommended process and is shown in **Appendix 7**. This includes steps to develop and update an individual health care plan, determine the staff who will provide the care and support and identify and secure any training required. If a formal diagnosis has not been made and/or the medical condition is unclear, Trust schools will always seek advice and information from the relevant

health service/professional and consult with parents. The Trust's schools will always advocate for children and young people and will challenge as necessary to secure the right health services and support to allow full access and participation in their education.

7. Individual healthcare plans

7.1 Development of individual healthcare plans

Individual healthcare plans are used by Trust schools to ensure a child or young person with health needs receives personalised care and to support partnership working between schools and NHS services/professionals. They also help in the assessment and management of risks to the child's education, health and social wellbeing. Healthcare plans are always developed with the child or young person's best interests in mind. An individual health care plan sets out clear instructions about the support a child or young person needs, who will provide it and if relevant, what action to take in an emergency. Not all children and young people with a medical condition will require a plan. It will be dependent on individual circumstances and Trust schools/staff will take advice from NHS services and professionals on the appropriateness of a child or young person having an individualised plan. Each Trust school has a named lead who is responsible for developing and coordinating healthcare plans. Schools follow the process for developing individual healthcare plans set out in **Appendix 7**. Key steps include the notification of a new or a change in medical condition, collaboration with parents, child and relevant healthcare professionals and the identification of the appropriate lead for writing the plan. The lead may be a member of school staff (School-led plan) or an NHS health professional (NHS-led plan). Whilst Trust headteachers are responsible for ensuring individual healthcare plans are finalised, when an NHS-led care plan is appropriate, the processes around this are highly dependent on the relevant NHS services and professionals. However, schools have processes for requesting, monitoring and following up NHS-led plans.

7.2 Information recorded on individual healthcare plans

The format of individual healthcare plans will vary depending on whether it is a school-led plan or an NHS-led plan. School-led plans will include the DfE's recommended content which is shown in **Appendix 8**. When an NHS service/professional is the appropriate lead, they will use the appropriate NHS format and Trust schools/their staff will contribute and co-operate as requested. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. Where a child or young person has SEN but does not have an EHC plan, their SEN will be mentioned in their individual healthcare plan. Particularly, how their SEN potentially or does impact on their medical condition and its management. When healthcare plans are developed for individual children and young people, consideration will be given to the following;

- the medical condition, its triggers, signs, symptoms and treatments;
- how a child or young person's needs are met including medication, other interventions, access to facilities, access to food and drink where this is used to manage their condition, dietary requirements and any reasonable adjustments that may be required;
- arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the child or young person during school hours;
- specific support for a child or young person's educational, social and emotional needs – for example, how absences are managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children and young people will be able to take responsibility for their own health needs) including emergencies. If a child or young person is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- the staff who will provide support, their training needs, expectations of their role and a competency assessment from a health professional confirming their proficiency in providing this support and care for the child or young person. Cover arrangements for when they are unavailable;

- arrangements to support sharing information/access within the requirements for data protection and confidentiality. Where confidentiality issues are raised by the parent, child or young person, designated individuals to be entrusted with information about the child or young person's condition; and
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child or young person can participate, eg. risk assessments.

7.3 Reviewing individual healthcare plans

Individual healthcare plans and their review may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child or young person. Trust schools undertake a review of school-led healthcare plans at least annually or earlier if evidence is presented that the child or young person's needs have changed. The Trust expects NHS partners/services to undertake a regular review of the NHS-led healthcare plans that are held in school, ideally, annually or sooner if clinically indicated.

8. Staff training and support

8.1 Context

Vanguard Learning Trust recognises that staff need to be suitably trained and supported to carry out their role and responsibilities relating to children and young people with medical needs. Decisions regarding training and staffing requirements will be informed by NHS services/professionals' advice and guidance. Parents are key in providing relevant information to the school about how their child or young person's needs can be met. Parents will be asked for their views and advice but this will be in addition to NHS service/professional advice, instruction and training, as appropriate.

8.2 Staff training

Trust staff training and support includes:

- annual awareness training for all school staff on medical conditions that children and young people have in schools, eg. asthma and anaphylaxis. This covers symptoms, triggers, risks and emergency actions. Usually, this is delivered on whole school staff training days;
- induction of new staff includes informing of responsibilities for children and young people with medical needs;
- training needs to support specific children and young people are identified during the development and review of individual healthcare plans. Healthcare professionals would normally lead on identifying the type and level of training required and how this can be accessed;
- each Trust school's designated lead for medical conditions receives additional training from NHS services/professionals on the management of medical conditions such as asthma, diabetes and anaphylaxis; and
- health professionals delegate health tasks to Trust staff who are providing care for specific children and young people as set out in NHS-led healthcare plans. The Trust expects this to meet registered health professional standards for delegation including risk assessment, training, competency assessment and ongoing support.

8.3 Supporting students whose behaviour may be affected by their medical condition

The Trust recognises that some medical conditions, such as those involving chronic pain, neurological differences (eg. ADHD), or mental health challenges, could affect a student's behaviour. Staff should adopt a compassionate and informed approach, ensuring that responses are sensitive to the student's medical needs while maintaining a safe, inclusive and supportive learning environment. Further information can be found in **Appendix 9**.

9. Administering and managing medicines

9.1 Principles

Administering medicines is not part of teachers' professional duties and there is no legal requirement for any teacher to administer medication to a child or young person. School support staff may have additional responsibilities as part of their contract of employment, eg. administering medication to children and young people. Any member of staff agreeing to take on the responsibility of medicine administration will receive sufficient and suitable training, and is required to follow Trust and school policies and procedures relating to administering and managing medicines. Wherever possible, children and young people who are suitably competent will be allowed to carry their own medicines and relevant devices. Children and young people who can take their medicines themselves or manage procedures may require an appropriate level of supervision, this will be decided on a case-by-case basis. If it is not appropriate for a child to self-manage, staff will be assigned to help administer medicines and manage procedures for them.

9.2 Administering medicines

9.2.1 Guidance

The following is the main guidance for administering medicines:

- Medicines are only administered at school when it would be detrimental to a child or young person's health, wellbeing or attendance not to do so;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- Parents are required to provide consent for Trust school staff to administer medication to their child or young person;
- Any medication administered will be recorded and parents will be informed in accordance with notification detailed in a child or young person's healthcare plan;
- No child/young person under 16 years will be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances where the medicine has been prescribed to the young person without the knowledge of the parents. In such cases, every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality and will be based on the child's age in terms of their capacity to make their own decision (generally 12 or 13 years old);
- A child/young person under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Medication for pain relief will not be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed when the medication has been given.

9.2.2 Prescription and non-prescription medicine

Prescription medicines, also known as prescription-only-medicines (POM), are pharmaceutical drugs which legally require a medical prescription to be dispensed and supplied. Non-prescription medicines, also known as over-the-counter (OTC) medicines, are medications that can be obtained without a prescription and can be purchased either under the supervision of a pharmacist (P medicine) or on general sale through retailers such as supermarkets (GSL medicine). Medications are classified as OTC (P or GSL), based on their safety profiles and to enable access to those medicines without the need to see a GP.

9.3 Managing medicines on school premises

The following is the main guidance for managing medicines on school premises:

- Trust schools will only accept prescribed medicines if they are in-date, labelled, in their original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date but will generally be provided to schools inside an insulin pen or a pump, rather than in its original container.

- Each school has appropriate arrangements to store medicines safely. At all times, children and young people will know where their medicines are and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens will always be readily available to children and young people and not locked away. Particular consideration is given to children and young people accessing their medicines and devices when away from school premises, eg. school trips.
- When no longer required, medicines will be returned to parents or safe disposal will be arranged by the school. Sharps boxes are always used for the disposal of needles and other sharps. Schools make arrangements with sanitary companies to ensure that sharps boxes are regularly collected.
- A child or young person who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so. Passing it to another child for use is an offence. If necessary, monitoring arrangements will be established.
- When a controlled drug has been prescribed for a child or young person, schools store the medication securely in a non-portable container and only named staff will have access. However, any controlled drugs are easily accessible for emergency use.
- School staff follow instructions from NHS professionals on record keeping for controlled drugs, eg. how much was administered, when and by whom, the amount of the controlled drug held and any side effect.

Disclaimer: Trust schools will not accept responsibility for any child or young person who runs out of medication or whose medication has expired.

10. Emergency procedures

The Trust ensures that all schools have clear processes and procedures for managing health-related emergency situations. Key principles include:

- general school procedures for managing an emergency situation will be covered during all new staff induction and routine update training;
- where a child or young person has an individual healthcare plan, the plan will clearly describe what constitutes an emergency and include what actions need to be taken and by whom. This information will be shared with staff, as required and will be incorporated into relevant staff training and updates;
- each school will ensure the designated staff responsible for contacting local emergency services know what information should be provided including how emergency services will access the school site;
- if a child or young person needs to be taken to the hospital, staff will accompany the child or young person in the ambulance and stay with them until the parent arrives; and
- each Trust school has automatic defibrillators on site. These are checked on a termly basis and a central record is kept of the expiry date for the associated consumables. All first aiders are trained on how to use them in the event of a cardiac emergency.

11. Record keeping

All Trust schools understand the importance of clear, written records when supporting children and young peoples' medical needs. Accurate documentation offers protection to children and young people and staff as it ensures and provides evidence that agreed procedures have been followed. Each school has robust processes in place for recording information. This includes initial notification which is part of the Schools' enrolment/admissions forms, written parental consent for supporting children and young people with medical conditions and written records of interventions and care provided including any medication administered. When registered health professionals delegate healthcare activity to school staff, the Trust's expectation is that the health professional will delegate the associated record keeping in accordance with professional standards, eg. Royal College of Nursing - record keeping ([click here](#)).

12. Sporting activities, day trips and residential visits

Trust schools actively support children and young people with medical needs so that they can participate in the range of activities that schools offer such as sporting activities, day trips and residential visits. Children and young people with health needs will not be prevented from participating in the activities available to others.

12.1 Reasonable adjustments

The Trust and its schools are aware of how a child/young person's medical condition may impact on their participation and they will be encouraged to participate in school activities according to their own abilities. Trust schools will consider any reasonable adjustments that may be needed to enable children and young people with medical needs to participate fully and safely. If necessary, reasonable adjustments will be made unless information from a health professional advises against a particular activity. It may be necessary to formulate an individual risk assessment and each trip will be considered on a case-by-case basis.

12.2 Medication

Trust schools have their own protocol for storing and administering routine and emergency medicines when off-site and the planning process for trips considers how help can be accessed in an emergency. Consideration will also be given to any medication, equipment or intervention needs that may be relevant when planning residential visits. These may be additional to the medicines, facilities and healthcare plans that are normally required in school.

12.3 Risk assessments

As part of general risk management processes, all schools have arrangements in place for dealing with emergencies for school activities wherever they take place, including school trips within and outside the UK. For children and young people with health needs, additional risk assessments will be undertaken as required so that planning arrangements take into account any additional factors or support needed. These will involve consultation with the parent/child/young person and advice from relevant health professionals to ensure safe participation.

13. Unacceptable practice

Vanguard Learning Trust is clear about what constitutes unacceptable practice in relation to supporting children and young people with medical conditions. Each Trust school will always use their discretion and assess each case on its own merits with reference to a child or young person's needs and their individual health care plan. Generally, it will be considered unacceptable practice to:

- assume that every child or young person with the same condition requires the same treatment;
- prevent children and young people from easily accessing their inhalers and medication and administering their medication when and where necessary;
- disregard the views of the child/young person or health professional advice or opinion (although this may be constructively challenged);
- frequently send children or young people with medical conditions home for reasons associated with their condition or prevent them from accessing normal school activities unless specified in their individual health care plans;
- send an ill child or young person to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children or young people for their attendance record if their absences are related to their medical condition, eg. attendance at hospital appointments;
- prevent children and young people from eating, drinking or taking toilet or other breaks whenever they need to in order to manage their medical condition;
- require parents, or otherwise make them feel obliged to attend school to administer

medication or provide medical support including toileting issues. (However, if the medical support requires specialist NHS services and exceeds what a school could be expected to provide, the school will work collaboratively with NHS partners to secure the necessary services); and/or

- prevent a child or young person from participating, or create unnecessary barriers to participating in any aspect of school life including school trips.

14. Monitoring

Vanguard Learning Trust’s Board of Trustees and each school’s local governing body will proactively monitor the implementation of this policy and the effectiveness of the arrangements for supporting children and young people with medical conditions. Both Parts A and B of this policy will be reviewed at least annually and revised in line with any national or local policy updates and any changes to procedures. The oversight and monitoring arrangements are embedded in the Trust’s governance framework as part of the assurance cycle. Assurance work will include school reporting, visits to school and meetings with the school leadership team. Monitoring arrangements covering incident reporting and management, complaints that may be relevant to supporting children and young people with medical conditions and feedback via parent and children and young people surveys. With regards to monitoring at Trust/LGB level, number and severity of accidents are currently reported and discussed during BoT meetings.

15. Liability and indemnity

The Trust is a member of the DfE’s Risk Protection Arrangement scheme. This means that schools are indemnified for liabilities in respect of or arising out of the business of the school which includes supporting children and young people with medical conditions. This indemnity covers undertaking medical procedures and provision of prescribed medicines. The relevant information has been made available to the RPA.

16. Complaints

Should parents, children or young people be dissatisfied with the support provided by a Trust school, in the first instance they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they can make a formal complaint via the school’s complaints procedure. The Trust’s complaints policy ([click here](#)) provides more information. If the issue or concern relates to an aspect of an NHS service, this would need to be raised directly with the relevant NHS organisation or service. In these circumstances, the school will inform the parents, child or young person and provide any assistance or information that is required.

Approval / Revision History

Revision date	By	Summary of Changes Made
October 2025	AWA	Appendix 2, section 6.3: Clarification of the use of the term ‘spare’ regarding the school possessing additional auto-adrenaline injectors.
March 2025	E&S committee	Extended section 5 (admissions/attendance) based on updated statutory guidance, added appendix 5 (supporting students with mental health conditions). Added appendix 9 (supporting students whose behaviour is affected by a medical condition) based on feedback from trustees. Minor language and formatting adjustments throughout.
March 2023	BoT	New policy

Appendix 1: Asthma procedures

1. Introduction

Asthma is the most common long-term condition in children and young people. It is a lung condition that causes breathing difficulties. There is no cure, but with appropriate management, symptoms can be kept under control so it does not have a detrimental impact on a child's quality of life. Asthma has potential implications for a child at school. It may impact their ability to participate and engage in school activities both educational and non-educational. The Trust understands the importance of ensuring all Trust schools have effective arrangements in place to support children and young people with asthma. This asthma procedure sets out the specific and additional arrangements for asthma care and support in the Trust's schools.

2. Key principles

The Trust schools and their staff are committed to working collaboratively with local NHS and LA partners to ensure children and young people with asthma receive the high-quality services and support they may need at school. All schools are part of the asthma friendly school programme ([click here](#)). In line with the London-wide asthma standards and the Asthma Friendly Schools programme, the procedures are based on the following key principles:

1. Trust schools have up-to-date asthma procedures, which are set out in this policy;
2. The welfare lead of each school acts as the school's 'asthma champion';
3. Children and young people with asthma have an individual healthcare plan, as advised by local NHS services/professionals;
4. Children and young people have access to the care and/or supervision they require from appropriately trained and competent staff, depending on their individual needs;
5. Trust school staff participate in NHS training and annual updates dependent on their role, eg. school staff providing direct care and support for individual children and young people or general awareness training for all school staff;
6. Children and young people have immediate access to their inhalers at school and during any off-site visits;
7. Trust schools have emergency asthma inhaler kits available and parents must provide consent for their child/young person to use the emergency kits;
8. Trust schools have systems for identifying children and young people who are missing school because of their asthma or who are not joining in sports or other activities due to poor control and know what steps to take;
9. A register of children and young people with asthma is maintained by each school and information is provided to Hillingdon Hospitals NHS FT Paediatric Respiratory Nursing Team, as requested.

3. Roles and responsibilities

In addition to the general roles and responsibilities set out in section 4 of this policy, this section outlines the roles and responsibilities that are specific to supporting children and young people with asthma.

3.1 Asthma champions

The Trust's asthma champions are the school welfare leads and are ideally placed to provide this oversight of the asthma policy processes and procedures. They take a leading role in implementing the asthma policy and are an important link between the school and the Hillingdon School Nursing Service and the Hillingdon Hospitals NHS FT paediatric respiratory/asthma service. The asthma champions' role and responsibilities are to:

- ensure the school's arrangements are aligned with the Asthma Friendly school programme and provide oversight for the implementation of the school's asthma policy;
- liaise with the School Nurse and other health professionals and parents about the school-wide arrangements and also the arrangements for individual children and young people with asthma;
co-ordinate staff attendance at NHS asthma and long-term conditions training events and courses;
- attend and engage in the specialist asthma annual training provided by Hillingdon Hospitals NHS FT Paediatric Respiratory Team;
- maintain a register of children and young people with an asthma diagnosis and ensure all children and young people on the register have parental consent status recorded, an inhaler, a spacer and an individual healthcare plan, as directed by the relevant NHS service/professional;
- maintain a record of medication use/asthma attacks at school;
- collate and report monthly data regarding the number of children and young people with asthma, attendance and inhaler use to the Hillingdon Hospital Paediatric Nursing Team;
- check expiry dates of medicines kept in school at least every half term and impending expiry dates are communicated to parents and request replacement inhalers are brought into school obtained prior to the expiry date;
- ensure the Trust school has an adequate supply of emergency kits. Check emergency kits regularly and replenish contents immediately after use; and
- empty/out-of-date inhalers are disposed of appropriately (see Section 6.4 Safe Disposal).

4. Healthcare plans

4.1 Individual healthcare plans

For children and young people with asthma, an NHS personalised asthma action plan (PAAP) would be the individualised healthcare plan used by schools for specific children and young people. Any child with complex asthma should have a personalised asthma plan and the decision on the need for an individualised plan will be taken by an NHS professional. If an individual healthcare plan is required, the relevant NHS professional, eg. GP, asthma specialist nurse, will take the lead on its development and monitoring. The Trust's expectation is that the local NHS service/professionals will follow relevant national guidance on services for children and young people with asthma relating to care planning, care plans, monitoring and reviews, eg. NICE guidance: asthma - diagnosis, monitoring and chronic management ([click here](#)) and National Bundle of Care for Children and Young People with Asthma ([click here](#)). School staff will participate in and support this process, as requested. A child or young person's plan should be reviewed at least annually and more frequently if clinically required. The review should be led by the child or young person's doctor or nurse and the updated/reviewed plans should be shared with the child or young person's school at the first opportunity. An individual care plan for children and young people with asthma should include:

- The date the plan was developed and the planned review date;
- How the child or young person's condition is managed including medication (dose and storage), reliever treatment that may be needed, the signs and triggers of an attack and escalation steps;
- Approaches to minimise exposure to indoor and outdoor pollution; and
- Any special considerations, eg. exercise or play.

4.2 School-wide emergency asthma plans

Hillingdon Hospital NHS FT Paediatric Respiratory Service advocates the use of a school-wide emergency asthma plan. This school-wide plan has been provided to Trust schools by Hillingdon Hospital NHS FT in a poster format and is displayed in prominent places in each school.

5. Training

The Hillingdon School Nursing Service provides local schools with annual asthma awareness training and this is attended by school staff. In addition, Hillingdon Hospitals NHS FT Paediatric Respiratory Team offer specialist asthma and anaphylaxis awareness training and the Trust Welfare Leads attend this training.

6. Medication

6.1 Access to reliever medication

Each Trust school has clear procedures in place to ensure that children and young people always have open and immediate access to their reliever medication (inhaler). Children and young people who are able to self-manage their asthma, are reminded to carry their reliever medication with them at all times.

6.2 Inhaler technique

Trust school staff follow the instructions provided by NHS professionals during their asthma training on how to administer asthma medicine including inhaler technique and using a spacer. This is described in the North West London Asthma Network Guideline ([click here](#)).

6.3 Emergency supply

Schools within the Trust follow the DoH guidance ([click here](#)) and also the London schools guide ([click here](#)) on the use of emergency salbutamol inhalers for children and young people who have been diagnosed with asthma and prescribed an inhaler. In line with this national and local guidance, Trust schools keep a supply of spare inhalers and spacers for use in an emergency, if a child/young person's own inhaler and spacer is empty, broken or unavailable. Parents must provide consent for the use of an emergency inhaler. Schools follow best practice guidance and have an 'Emergency Asthma Inhaler Kit'. This includes at least two single-use plastic or disposable spacers compatible with the inhaler, instructions on using the inhaler and spacer/plastic chamber, manufacturer's information, a checklist of inhalers identified by their batch number and expiry date with checks recorded, a list of children and young people permitted to use the emergency inhaler and a record of administration. All children and young people with asthma must still have their own, prescribed inhaler and spacer easily accessible at all times. If a school emergency inhaler and spacer have been used, the parent will be informed. The emergency inhaler and/or spacer will be given to the child and a new one sourced.

6.4 Safe disposal

Parents are responsible for collecting out-of-date medication from school. In Trust schools, the asthma champion is responsible for checking the dates of medication stored in schools and arranging for the disposal of medication that has expired.

Disclaimer: Trust schools will not accept responsibility for any child or young person whose parent has not provided an inhaler for use in school during the school day or whose inhaler has expired. The school will contact parents of those children and young people whose inhaler has not been provided if/when the student has an asthma attack during the school day. In these instances, the school will telephone for an ambulance and where possible parents will need to accompany their child/young person to the hospital in the ambulance.

7. Emergency procedures

7.1 What to do if a child has an asthma attack

If an asthmatic child or young person becomes breathless or wheezy or starts to cough:

- Keep calm. If treated at an early stage, the symptoms can be completely and immediately reversible
- Let the child sit in a position they find comfortable
- Ensure the child has 2 puffs of their usual reliever (blue) inhaler
- If the student has forgotten their reliever inhaler or their device is out of date or empty then give 2 puffs of the school emergency inhaler via their spacer
- Stay with the child – the reliever should work in 10-15 minutes
- If the symptoms disappear, the student can return to lessons as normal
- If the symptoms have improved but not disappeared then take 1 puff of the reliever inhaler every 30 to 60 seconds, up to a maximum of 10 puffs.

7.1.2 How to manage a severe asthma attack

How to recognise a severe attack:

- The reliever has no effect after 5-10 minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have doubts about the child's condition.

7.1.3 Management

- Stay with the child
- Call 999 or send someone else to call 999 immediately – inform them the child is having a SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION
- Using the child's reliever and spacer device give 1 puff into the spacer. Allow the child to breathe the medicine from the spacer. After 1 minute give another puff and allow the child to breathe the medicine. Repeat at not more than 1 minute intervals until the ambulance arrives.
- Contact parents and inform them what has happened.

8. Record keeping

When a child or young person is given or supervised using their inhaler, school staff will keep accurate records, as instructed by health professionals. This will include staff name, child/young person's name, dose, date and time. Parents will be informed if a child or young person uses their inhaler at any time unless used pre-sport. When records are kept in more than one location, eg. Welfare room and classroom, the records will be collated to ensure accuracy when submitting monthly audit data to the Paediatric Respiratory Nursing Team. If a child or young person requires the school's emergency inhaler, providing the parent has given consent, this will be made available to the child/young person and the parent will be informed that the emergency inhaler was used. Consent to use the school's emergency inhalers is recorded on the school's asthma register and this should also be recorded on the child or young person's plan.

9. School environment

9.1 Environmental factors

Many environmental factors can have a profound effect on a child or young person's symptoms at any time. The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack.

9.2 Key points for schools

- **Materials:** Avoid, as much as possible, the use of art and science materials that are potential triggers for asthma.
- **Animal fur and hair:** Some children can have marked acute and chronic symptoms if they are exposed to animals including mice, rabbits, rats, guinea pigs, hamsters, gerbils and birds. Consideration should be given to the placement of school pets in the classroom, and special vigilance may be needed on trips to farms and zoos where children handle animals.
- **Grass pollen:** Grass pollens are common triggers in provoking an exacerbation of asthma. Consideration should be given to grass being cut in school time. Children may require extra vigilance.
- **Sport:** Children with asthma should be encouraged to participate in sports however, teachers need to be mindful that exercise triggers asthma. Children should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken into PE lessons and when the children are playing outside sports, the teacher may hold them.

10. Sporting activities, day trips and residential visits

The Trust understands the importance of ensuring that all school activities are inclusive and accessible for children and young people with asthma. Any teacher leading physical activities will be sensitive to children and young people who may be struggling with the activity and will recognise that this may be due to uncontrolled asthma. Parents will be made aware so medical help may be sought. PE teachers will make sure children and young people have access to their inhalers with them during PE. Children and young people with asthma will have equal access to extended school activities such as school productions, after-school clubs and residential visits. Trust schools will implement any reasonable adjustments or risk assessments to enable a child/young person to participate in an activity, as required.

Appendix 2: Anaphylaxis (severe allergies) procedures

1. Introduction

Anaphylaxis is a severe and potentially life-threatening allergic reaction affecting more than one body system such as the airways, heart, circulation and skin. Many foods are known to trigger anaphylaxis, most commonly peanuts, milk, eggs and shellfish. Non-food causes include wasp or bee stings, natural latex (rubber) and certain drugs. Anaphylaxis symptoms can start within seconds or minutes of exposure to the food or substance that a person is allergic to and usually progress rapidly.

2. Key principles

Trust schools and their staff are committed to working collaboratively with local NHS and LA partners to ensure children and young people with allergies receive high-quality care and support that they may need to manage their condition at school. The Trust's procedures are based on the following key principles:

- Children and young people with allergies have an individual healthcare plan, as advised by local NHS services/professionals. This will include triggers and an emergency management protocol.
- Children and young people will have access to the medication they require to manage an allergic/anaphylaxis reaction and this applies when they are engaged in school activities both on and off-school premises.
- School staff will have the appropriate training and updates to support the management of children and young people with allergies.
- Schools will maintain a register of children and young people who have allergies and this includes information about prescribed medication, eg. an Adrenaline Auto-Injector (AAI).
- School catering teams are trained in the management of allergies and are always available to advise about particular ingredients in food.

3. Healthcare plans

Children and young people under the care of the Hillingdon Hospitals NHS FT Paediatric Allergy Service will have an NHS-led plan developed by a relevant health professional from this NHS service. As with all NHS-led care plans used for the management of medical conditions in Trust schools, the expectation of the Trust is that the Hillingdon Paediatric Allergy Team will adhere to NHS standards for care planning and care plans including undertaking a regular documented review. The contents of the plan will include:

- Signs of a mild/moderate reaction and action to take
- Signs of anaphylaxis and emergency management steps
- How to use an Adrenaline Auto-Injector (AAI)
- Additional instructions, eg. using an inhaler, if the child/young person is wheezy

4. Training

Trust staff attend annual anaphylaxis awareness training and this is provided by the Hillingdon School Nursing Service. School welfare leads also access specialist allergy training provided by Hillingdon Hospitals NHS FT Paediatric Respiratory Team.

5. Responding to an allergic reaction

Table 1: Signs of an allergic reaction

Minor reaction	Severe reaction
<ul style="list-style-type: none">● Face – Swollen lips and eyelids● Skin – Flushed, itchy, rash, wheals● Gut – abdominal pain, nausea	<ul style="list-style-type: none">● Swollen tongue● Swollen throat – hoarse voice, difficulty swallowing● Difficulty talking● Swollen airways – cough, wheeze, difficulty breathing● Nausea and vomiting● Collapse

5.1 Minor reaction

In the event a child or young person experiences a minor reaction, if the management specified in the child/young person's individual care plan includes the administration of an antihistamine, this medication will be given. Parents will be informed when medication has been administered. If antihistamines are not available, the parent will be contacted before any further action is taken.

5.2 Severe reaction

In the event a child or young person experiences a severe reaction to a known allergen, the management specified in the child/young person's individual care plan will be followed. However, the standard procedure is:

- stay calm and call for assistance;
- stay with the child/young person and provide reassurance – do not move the child/young person; and
- send someone to call 999 stating 1) a child/young person with a known allergy has had an anaphylactic reaction 2) the name and address of the school and 3) how to access the school.

The entire contents of the AAI will be administered in line with NHS training and the time will be noted. The child will be kept sitting down or in the recovery position until the ambulance arrives. The child will not be left alone. The paramedics will be informed of the time the adrenaline was given. Parents will be informed.

6. Medication

6.1 Access to emergency medicines

In addition to the Trust's approach to managing medicines set out in section 9 of this policy, there are specific considerations for children and young people with allergies. All Trust schools require that all children and young people who have been prescribed an AAI to carry their medication with them at all times.

6.2 Access to medicines off-school premises

Children and young people will be required to have easy access to their medication on all trips away from the school site. Where appropriate, the accompanying school staff members will take responsibility for medication. For children and young people who are competent to self-manage their own medication, they will need to confirm they have medication in their possession. A child or young person will not be permitted to go on a school trip unless they have their medication with them and a spare has been given to the school.

6.3 Adrenaline auto-injectors (AAIs) without prescription

In 2017, legislation allowed schools to obtain AAI's for emergency use without a prescription. These are not intended to replace a child's prescribed AAI. Following review by Hillingdon Hospitals NHS Foundation Trust's Paediatric Allergy Service, schools in Hillingdon should not hold AAI's for general use, due to differences in dosage and individual sensitivity. However, schools may hold up to two additional AAI's for children who have a prescription, with written agreement from parents/carers, to ensure prompt access in an emergency. Any AAI's held must be used only for the child for whom they are prescribed. The Trust will continue to follow NHS guidance on anaphylaxis management, and any future changes in local or national guidance will be reflected in updated procedures.

6.4 Disposal of spent AAI's

Where AAI's are expired, it is the responsibility of parents/carers to collect and dispose of them with local health services. In the case of an emergency in school where an ambulance has been called and an AAI has been used, the AAI will be handed to the attending paramedic who will then dispose of it safely.

Disclaimer: Trust schools will not accept responsibility for any child or young person who has been deemed competent to carry their own medication but who does not have an AAI with them. In any case, Trust schools will not accept responsibility for a child or young person whose medication has expired.

7. Sporting activities, day trips and residential visits

7.1 Sporting activities

Children and young people with allergies benefit from participating in physical education and other sporting activities. Consideration may be required for specific activities when adjustments might need to be made.

7.2 Day and residential trips

Children and young people with allergies are not excluded from school trips or activities. However, they will not be permitted to go on a school trip unless they have their medication and equipment with them. Additional arrangements may need to be considered for children and young people with allergies taking part in residential trips. For example, staff may require additional training from a health professional in an aspect of allergies care that is normally only delivered outside school hours, at home. This will be discussed with parents and arranged with the specialist diabetes team.

Appendix 3: Diabetes procedures

1. Introduction

Diabetes is a condition where a person's normal hormonal mechanisms do not control their blood sugar levels. Diabetes is an increasingly common long-term condition in children and young people. About 1 in 700 school-age children and young people are diabetic. Type 1 diabetes constitutes the vast majority (90%) of diabetes in children and young people and is where the body is unable to produce any insulin. Type 2 diabetes is much less common in children and young people and occurs when the body produces some, but not sufficient, insulin or is resistant to insulin. Diabetics normally need to monitor their blood glucose levels, have daily insulin injections and eat regularly. Diabetes is associated with long-term complications, especially if poorly controlled. Good control of blood sugar reduces the long-term risks which include eye and kidney disease, heart disease and stroke.

2. Key principles

All schools within the Vanguard Learning Trust are committed to working collaboratively with local NHS and LA partners to ensure children and young people with diabetes receive the high-quality services and support that they may need at school. The Trust's procedures are in line with national guidance and standards and the London-wide diabetes guide ([click here](#)) and is based on the following key principles:

- Children and young people with diabetes have an individual healthcare plan, as advised by local NHS services/ professionals.
- Children and young people have access to the diabetes care and/or supervision they require from suitably trained and competent staff, depending on their individual needs.
- Trust school staff participate in NHS diabetes training and annual updates dependent on their role, eg. school staff providing direct diabetes care and support for individual children and young people and general awareness training for all staff.
- Children and young people have access to appropriate care and support including monitoring and medication on and off school premises, eg. sporting activities, trips and residential visits.

3. Key information

3.1 Glucose monitoring

The effectiveness of diabetes management is assessed through monitoring glucose levels. Glucose targets are set at levels aimed at maintaining day-to-day and long-term health. In general, glucose levels are checked at a minimum of breaktime, before lunchtime, before and after sporting activities and before leaving school to go home. This is done either by finger pricking (self-monitoring) or by using a continuous glucose monitoring device (CGM). With CGM, a sensor worn on the body continually monitors levels and sends information to a mobile phone or other device which provides an alert if the glucose level rises or falls to unsafe levels.

3.2 Carbohydrate counting

Children and young people need to eat a healthy and balanced diet. Carbohydrates in foods raise blood glucose levels quickly. Therefore, consumed carbohydrates (food and drink) need to be matched with insulin; this is achieved by carbohydrate counting. Children and young people with diabetes can have packed lunches or school meals. Parents can calculate the amount of carbohydrates in packed lunches. School staff will supervise younger children and young people at lunchtime to ascertain how much of their meal they have eaten, and the carbohydrates they have consumed. Where necessary glucose tablets or biscuits can be kept at school for a child/young person to access. These will need to be supplied by parents.

3.3 Hypoglycaemia and hyperglycaemia

- **Hypoglycaemia - Low blood glucose levels:** Children and young people with diabetes may need help to test their blood glucose level if their level is low. In addition, children and young

people may need a reminder to eat or drink during periods of hypoglycaemia. Staff will provide support and supervise the child/young person until the blood glucose has returned to within the normal range. Emergency steps will be taken if a child experiences severe hypoglycaemia and these steps will follow the instructions in a child or young person's individual healthcare plan.

- **Hyperglycaemia - High blood glucose levels:** School staff will be alert to a child or young person with diabetes who appears unwell either due to high blood glucose levels or illness. School staff will liaise with parents and the specialist NHS diabetes team to ensure they have sufficient information to manage these instances and that required actions are set out in the child/young person's individual healthcare plan.

4. Individual healthcare plans

4.1 Development of individual healthcare plan

Children and young people with diabetes should have an individual healthcare plan. When a child or young person receives a diagnosis of diabetes, the school will liaise with the NHS diabetes service/professional to support the development of an individual healthcare plan. The Trust's expectation is that the local NHS service/professionals will follow relevant national guidance on services for children and young people with diabetes relating to care planning, care plans, monitoring and reviews, eg. NICE guidance: Diabetes in children and young people - diagnosis and management ([click here](#)).

4.2 Information recorded

Individual healthcare plans for children and young people with diabetes should include:

- If insulin administration is required, how the insulin dose should be calculated and the procedure for administration via a pen device or an insulin pump;
- What help the child needs with diabetes management – what they can do themselves and what assistance they need;
- Descriptions of the child/young person's symptoms of hypoglycaemia and hyperglycaemia and what steps need to be taken if either of these occurs;
- When a parent should be contacted, and under what circumstances an ambulance should be called;
- When a child/young person needs to eat meals and snacks. Any reasonable adjustments that may need to be made for example, if they need to go to the front of the lunch queue or have other arrangements at lunchtime, should be noted;
- What should be done before, during and after PE lessons. This might include the need for glucose monitoring, a snack or correction bolus if necessary or disconnecting a pump (if using one);
- Where insulin and other supplies will be stored and who will have access to them;
- What supplies will be needed, how often the supplies should be checked;
- Any specific support needed around the child or young person's educational, emotional and social needs, eg. how absences will be managed, support for catching up with lessons or any counselling arrangements;
- The names of trained members of staff along with a description of the training undertaken;
- What plans need to be put in place for exams/tests (if appropriate);
- What plans need to be put in place for school trips (including overnight) or other school activities outside the normal timetable; and
- The date the plan should be reviewed.

5. Training

Designated school staff receive annual diabetes training provided by the Hillingdon Hospitals NHS FT children and young people's diabetes service. Each Trust school retains a record of all staff attending and completing training. The NHS service recommends that at least three members of staff from the

school receive training for Type 1 diabetes, and this is usually the welfare lead, class teacher and first aider. This is to ensure that there are enough staff suitably trained to cover staff sickness or absence. Prior to the training session, staff taking part are sometimes requested to complete on-line training modules covering basic and advanced information. Typical training sessions cover:

- What is type 1 diabetes?
- Blood glucose and blood ketones testing
- Managing low (emergency treatment) and high blood glucose levels
- Safe administration of insulin
- Managing diabetes with exercise

For school staff supporting children and young people with Type 2 diabetes, the NHS children and young people's diabetes service will advise on the arrangements depending on specific training needs.

6. Medication

6.1 Administration of insulin

For children and young people with diabetes, insulin is delivered as either 'basal' insulin or 'bolus' insulin. Basal insulin is a long-acting insulin injection given in the morning and/or evening. As such, this is usually given at home and not needed at school. Bolus is fast-acting insulin and needs to be given whenever a child or young person is having a meal or snack. Any requirement for administering insulin in school will be detailed by a health professional in a child's individual health care plan.

6.2 Safe disposal

Where a child in school needs to take injectable insulin and dispose of sharps, the school will make contact with a sanitation company, who will safely dispose of any used materials.

Disclaimer: Trust schools will not accept responsibility for any child or young person who runs out of insulin or whose medication has expired.

7. Sporting activities, day trips and residential visits

7.1 Sporting activities

Children and young people with diabetes benefit from participating in physical education and other sporting activities. The impact of an activity on glucose levels will vary depending on the intensity and duration of the exercise and on the timing of the activity relative to the timing of the administration of insulin. For this reason, planning is required and additional glucose monitoring before and after activity. In secondary schools, students monitor their glucose levels whereas in primaries the level is monitored before and after the activity generally by automatic devices with the support of staff.

7.2 Trips

Children and young people with diabetes are not excluded from school trips or activities. However, they will not be permitted to go on a school trip unless they have their medication and equipment with them. Additional arrangements may need to be considered for children and young people with diabetes taking part in residential trips. For example, staff may require additional training from a health professional in an aspect of diabetes care that is normally only delivered outside school hours, at home. This will be discussed with parents and arranged with the specialist diabetes team.

7.3 Exams and technology

Technology, particularly mobile phones, now play a vital role in supporting the management of diabetes, namely in the use of continuous glucose monitoring (CGM) and flash ([click here](#) for more information from the NHS). This is relevant during exams, as appropriate use of technology may enable a child or young person to perform to the best of their ability on the day. By utilising CGM during exams, children and young people can be responsive to glucose levels that are too low or too

high, or that are dropping or rising too quickly. When the connection between the mobile phone and the diabetes device is via Bluetooth and the mobile phone is within six metres of the child/young person, the phone will still work as a receiver with Wifi turned off and the phone in 'airplane mode'. Alerts relating to blood glucose levels can be set to vibrate so as not to disturb other children and young people. When children and young people are sitting external exams, schools will make the necessary access arrangements to ensure phones can be used for medical purposes. Further details can be found in the Diabetes UK leaflet 'Type 1 Diabetes and Exams' ([click here](#)).

Appendix 4: Epilepsy procedures

1. Introduction

Epilepsy is the most common serious long-term neurological condition of childhood. Diagnosis is difficult due to the lack of a specific diagnostic test. An epileptic seizure, sometimes called a fit, blackout or episode can happen to anyone, at any time. It is recognised that epilepsy can be treated/managed successfully to the point that seizures occur rarely and almost never during the school day. Some children and young people with epilepsy may require emergency medication if they are at risk of having a convulsive seizure that lasts longer than five minutes. Epilepsy is not just a medical condition. Many children and young people experience learning and behaviour difficulties due to the effects of seizures and their epilepsy medications, as well as with the underlying cause of the epilepsy. Epilepsy is associated with a higher risk of mental health problems.

2. Key principles

Trust schools and their staff are committed to working collaboratively with local NHS and LA partners to ensure children and young people with epilepsy receive the high-quality services and support that they may need at school. These procedures are in line with national and local guidance and standards including the London epilepsy standards for children and young people ([click here](#)) and the London epilepsy guide for schools ([click here](#)). It is based on the following key principles:

- Children and young people with epilepsy have an individual healthcare plan, as advised by local NHS services/ professionals;
- Children and young people have access to the epilepsy care and/or supervision they require from suitably trained and competent staff, depending on their individual needs;
- Trust school staff participate in NHS epilepsy training and annual updates dependent on their role, eg. school staff providing direct epilepsy care and support for individual children and young people or general awareness training;
- Children and young people will be supported throughout their education, recognising the impact that epilepsy has on learning, behaviour, mental health and wellbeing;
- Children and young people have access to appropriate care and support including their medication on and off school premises, eg. sporting activities, trips and residential visits.

3. Individual healthcare plans

3.1 Development of individual healthcare plans

All children and young people with epilepsy should have an individual healthcare plan. According to NICE guidance and quality standards, children and young people should have a care plan developed by the appropriate local NHS service. This care planning should take a partnership approach with parents and other carers. Therefore, a health professional is the appropriate lead to develop a child's individual healthcare plan. The expectation of the Trust is that the local NHS service/professionals will follow relevant national guidance and local standards on services for children and young people with epilepsy relating to care planning, care plans, monitoring and reviews, eg. NICE guidance: Epilepsies in children, young people and adults ([click here](#)), NICE Quality Standards: Epilepsy in children and young people ([click here](#)), National Bundle of Care for Children and Young People with Epilepsy ([click here](#)) and London Epilepsy Standards for children and young people ([click here](#)).

3.2 Information recorded

The individual healthcare plan should include:

Background information:

- The child/young person's diagnosis
- A description of the child/young person's seizures, frequency and duration
- Classification of epilepsy type
- Any known seizure triggers and 'warnings' prior to a seizure

- Regular medications (including doses and usual timings)
- Any related health problems

Emergency plan:

- What to do in the event of a seizure and when to call an ambulance
- When and how to administer emergency medication should it be required, the dose required and where it is stored
- Who is trained to administer emergency medication
- Who to contact in the event of an emergency
- What the child is like after a seizure and the follow-up care recommended

Related support:

- Details of any problems with learning and behaviour and how these will be supported at school
- Support the child/young person requires to manage their epilepsy
- What plans need to be put in place for any school trips (including overnight) or other school activities outside the normal timetable

4. Training

School staff will have appropriate training to ensure they have an understanding of epilepsy and the impact of this long-term condition on children and young people. Epilepsy training can be accessed online through www.epilepsy.org.uk by all staff and schools can request for the Epilepsy specialist nurse to come into school to provide training to relevant staff. For staff who are required to provide direct care to students, eg. administering buccal midazolam to manage a seizure, the Central and North West London NHS FT Paediatric Epilepsy Service will provide the training in line with registered health professional delegation standards.

5. Medication

The most common treatment for epilepsy is to use anti-epileptic drugs, and 70% of people who take the medication will stop having seizures. Anti-epileptic drugs are usually taken once or twice a day outside of school hours. They are for prevention rather than cure, and therefore, need to be taken regularly over a period of time. Anti-epileptic drugs can have side effects, although these usually subside after their initial introduction. Some common side effects include:

- Drowsiness or lethargy
- Mood and behaviour changes
- Appetite changes
- Dizziness or unsteadiness
- Memory, learning and attention problems

As children and young people with epilepsy grow, they are likely to require alterations to their anti-epileptic drugs and as a result, some side effects may temporarily re-emerge. In some cases, school staff may be the first to notice changes to a child/young person's mood, behaviour and learning and any changes observed will be fed back to parents. Parents should always communicate recent medication changes to school to help manage any side effects and the increased risk of a seizure in some cases. It is important that school staff are aware of the potential side effects of epilepsy medication and how this may potentially impact on a child or young person's performance and concentration at school.

Disclaimer: Trust schools will not accept responsibility for any child or young person who runs out of medication or whose medication has expired.

6. Emergency procedures

Table 1: First aid to manage seizures

Convulsive seizures	
Do.....	Do not....
<p>Do protect head from injury by carefully placing something soft under head</p> <p>Do turn them onto their side, into the recovery position, as soon as the jerking stops or earlier if breathing is difficult or they have vomited</p> <p>Do talk to the child/young person, even though you think they might be unable to hear you</p> <p>Do note how long the seizure lasts</p> <p>Do follow the care plan and record the event</p>	<p>Do not move the child/young person during the seizure, unless in danger</p> <p>Do not put anything between their teeth</p> <p>Do not restrict their movement</p> <p>Do not give anything to eat or drink until fully conscious</p>
Non-convulsive seizures	
Do.....	Do not....
<p>Do guide away from danger</p> <p>Do show understanding and talk reassuringly throughout the seizure</p> <p>Do repeat any instructions/information which might have been missed</p> <p>Do note how long the seizure lasts</p> <p>Do follow the care plan and record the event</p>	<p>Do not try to stop the seizure</p>

Once the episode has run its course, if possible place the child/young person in the recovery position. It may be necessary to wipe away any excess saliva and if their breathing is laboured check that nothing is blocking the airway. It is possible that the person has been incontinent, please deal with this as privately as possible to avoid embarrassment. Stay with the child/young person until they are fully recovered. In most cases, it is not necessary for the person to go to the hospital, but most people will want to sleep. Parents will be contacted. It is a medical emergency, and assistance should be sought if:

- someone has injured themselves badly in an episode
- they are having trouble breathing
- one episode immediately follows another or the episode lasts longer than 5 minutes and you do not know how long they usually last
- the episode continues for longer than usual for that person
- this is the first episode this person has had; and/or
- there is a sudden change in the student's normal behaviour.

7. Sporting activities, trips and residential visits

For children and young people with epilepsy, health professional advice may include specific guidance for certain types of activity, for example, swimming or PE activities involving heights. This may be to ensure the instructor is informed if swimming and inform the adult supervising PE to carry

out normal safety measures. In all cases, the health professional advice will be followed. All trips and residential visits are subject to routine risk assessments, additional risk assessments will be undertaken for children and young people with epilepsy as appropriate.

Appendix 5: Mental health conditions

1. Supporting good mental health

The Trust is committed to promoting the mental health and wellbeing of all students, recognising that mental health is as important as physical health. This approach is underpinned by our Trust's commitment to aspiration, equity, and collaboration, ensuring that all students, regardless of their mental health needs, are supported to thrive and achieve their potential. The Trust understands that mental health conditions can significantly impact a student's ability to learn, engage with peers and participate fully in school life. Therefore, the Trust aims to provide a supportive environment where students feel safe, understood and able to seek help when needed.

2. Identification and early intervention

Schools in our Trust will seek opportunities to:

- train staff to recognise early signs of mental health difficulties, including anxiety, depression, self-harm and eating disorders;
- establish clear referral pathways to the school's pastoral team, safeguarding leads and/or external mental health services, ensuring swift access to appropriate support; and
- where referrals are made, work closely with parents, carers and healthcare professionals to develop a comprehensive understanding of the student's needs.

3. Individual Healthcare Plans (IHPs)

For students with diagnosed mental health conditions that require ongoing support:

- an Individual Healthcare Plan (IHP) will be created in collaboration with the student, parents/carers, healthcare professionals and relevant school staff;
- the IHP will outline the student's specific needs, triggers, support strategies, medication requirements (if applicable) and procedures for managing mental health crises/emergencies; and
- the IHP will be reviewed at least annually or more frequently if needs change.

4. Supportive environment and curriculum integration

Schools will:

- promote a positive school ethos that supports mental wellbeing through a culture of openness, respect, and inclusivity;
- integrate mental health education into the PSHE/RSE curriculum, enabling students to build resilience, emotional literacy and coping strategies;
- provide access to wellbeing activities, including mindfulness, peer support groups and extracurricular opportunities that enhance social connections.

5. Access to specialist support

Where appropriate, schools will:

- collaborate with external mental health services, such as CAMHS, educational psychologists and counselling services; and
- ensure that information sharing complies with confidentiality requirements while safeguarding student welfare.

6. Crisis support and safeguarding

In the event of a mental health crisis, schools will:

- follow safeguarding procedures, ensuring safety while accessing emergency support if required;
- provide a calm, safe space for the student while seeking guidance from healthcare professionals; and

- communicate sensitively and supportively with parents/carers, ensuring they are fully informed and involved.

Appendix 6: Contact details of relevant partners and organisations

1. Contact details for Central and North West London NHS Foundation Trust

Central and North West London NHS Foundation Trust	
Hillingdon School Nursing Service	Central and North West London NHS FT, 3 rd Floor, Beaufort House Cricket Field Road, Uxbridge UB8 1QG Tel: 01895 891302 Email: cnw-tr.hillingdonchildrenandyoungpeoplecc@nhs.net Website: click here

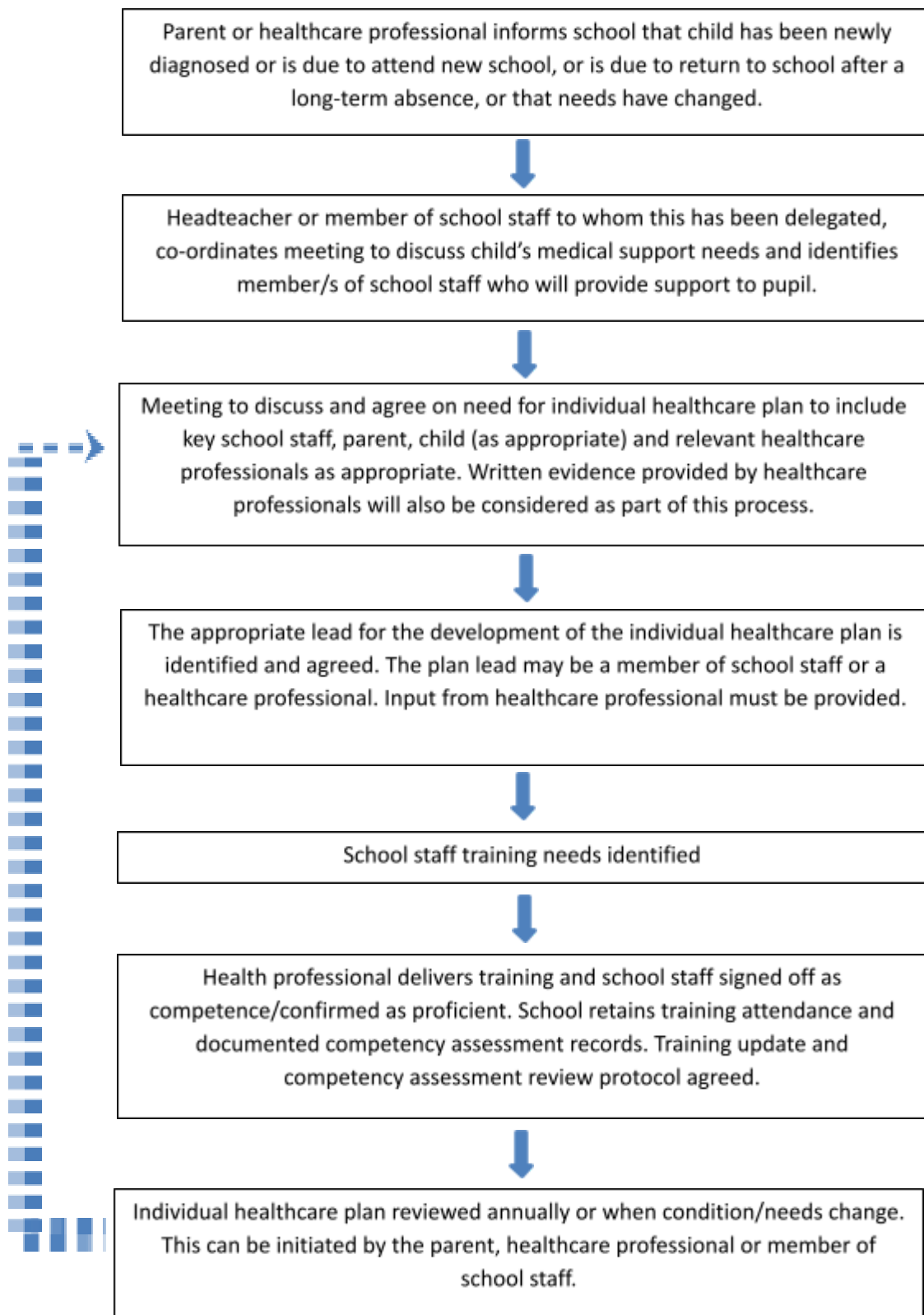
2. Contact details for Hillingdon Hospitals NHS Foundation Trust – Hillingdon Hospital

Local NHS-commissioned services that have responsibilities for children and young people attending the Trust's schools include:

- **Hillingdon Hospitals NHS Foundation Trust**
 - o Paediatric asthma team/paediatric respiratory team
 - o Paediatric allergy team
 - o Children's diabetes team
- **Central and North West London NHS Foundation Trust**
 - o Paediatric epilepsy team/service
 - o Hillingdon CAMHS provides community mental health services to children and young people up the age of 18, with complex mental health difficulties and their families in a range of different ways depending on their needs.

Hillingdon Hospitals NHS Foundation Trust – Hillingdon Hospital	
Paediatric Respiratory Team	Tel: 01895 279721 Email: thh-tr.PaedAsthma@NHS.net
Paediatric Allergy Service	Tel: 01895 279990 Email: thh-tr.paedallergy@nhs.net Website: click here
Children's diabetes service	Urgent helpline: 07879 418645 Non-emergency number for Children's Services: 01895 279529 Email: thh-tr.CYPD@nhs.net Website: click here
Central and North West London NHS Foundation Trust	
Paediatric Epilepsy Service	Tel: 01895 488788 Email: cnw-tr.communitypaediatrician@nhs.net
Childrens and Adolescent Mental Health Service	Minet Clinic, Avondale Drive, Hayes, Middlesex UB3 3NR Tel: 01895 256521 Email: cnwl.hillingdoncamhs1@nhs.net

Appendix 7: Process for developing individual healthcare plans



Process adapted from the DfE 'Supporting pupils at school with medical conditions' guidance, annex A (model process for developing individual healthcare plans)

Appendix 8: School-led individual healthcare plan – information documented

Personal information	
Name of school/setting	
Child/Young Person's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family contact information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child/young person	
Phone no. (work)	
(home)	
(mobile)	
Clinic/hospital contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Additional information	
Who is responsible for providing support in school	
Describe medical needs and give details of child/young person's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the child or young person's educational, social and emotional needs	
Arrangements for school visits/trips etc	
Other information	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency <i>(state if different for off-site activities)</i>	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form copied to	

Appendix 9: Supporting students with medical conditions that could affect their behaviour

The Trust recognises that some medical conditions, such as those involving chronic pain, neurological differences (eg. ADHD), or mental health challenges, could affect a student's behaviour. Staff should adopt a compassionate and informed approach, ensuring that responses are sensitive to the student's medical needs while maintaining a safe, inclusive and supportive learning environment. In line with the Trust's commitment to equity, staff must ensure that every student has fair access to education and support, with adjustments made to meet individual needs, where necessary and appropriate. Key actions for staff include:

- understanding the condition; this involves engaging with parents/carers, healthcare professionals, and the student (where appropriate) to gain a comprehensive understanding of how the medical condition may affect behaviour;
- developing an Individual Healthcare Plan (IHCP); this includes creating or reviewing any current plans (such as education, health and care plans) to outline specific behaviour-related challenges and strategies for support. The IHCP should be accessible to all relevant staff and reviewed regularly;
- implementing reasonable adjustments for students with disabilities; this includes identifying and applying reasonable adjustments to routines, expectations or environments for students with where the medical condition constitutes a disability, in line with the Equality Act 2010. This will ensure that every student receives the support they need to succeed, promoting equity across the Trust;
- ensuring consistent communication; this involves maintaining ongoing, open communication with parents/carers and designated members of staff to monitor the effectiveness of support strategies and respond to any changes; and
- focusing on wellbeing; this includes recognising the emotional and social impact of medical conditions, as well as providing pastoral support where needed to promote the student's emotional wellbeing and engagement.

Staff should balance empathy with consistent behaviour expectations, ensuring that the needs of all students are considered. Where concerns arise, staff should refer to the Trust's behaviour and safeguarding policies for guidance and communicate their concerns to their school's special educational needs and disabilities co-ordinator (SENCo). Collaboration with external professionals, such as an educational psychologist and/or behaviour support services from the local authority, may be necessary to ensure appropriate support.



Vanguard Learning Trust

As a group of local primary and secondary schools, Vanguard Learning Trust's mission is to serve its local community by providing outstanding, inclusive education. We have a collective purpose and responsibility to provide effective teaching, through a curriculum based on equality of opportunity and entitlement that allows our students to shine both in and out of the classroom. Each school in the Trust has its own ethos, which also complements the Trust's vision and values, and the common aspiration that all students can achieve their potential.

Supporting students with medical conditions

Part B: Ruislip High School

March 2025

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Supporting Students at School with a Medical Condition

Ruislip High School (RHS) is an inclusive community that welcomes and supports students with medical conditions. No student will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

The school will help to ensure that students can:

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

The staff at RHS understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

a. Policy Framework

The policy framework describes the essential criteria for how the school can meet the needs of students and young people with long-term conditions including asthma, diabetes and epilepsy. It is based upon the Department for Education supporting students at school with medical conditions, statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015).

Staff understand that the medical conditions of students may be serious, adversely affect a student's quality of life and impact on their ability to learn.

The named member of school staff responsible for this medical conditions policy and its implementation is Marie Coltman (Deputy Headteacher).

b. Roles and Responsibilities (from DfE guidelines)

Please see Appendix C which sets out the guidelines.

These guidelines have been considered as part of this policy; however, it is important to note that these are purely guidelines.

c. Inclusive Environment

RHS ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities. RHS makes sure the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

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

Notification of a Medical Condition

Parents must provide medical information for the school on the application to school form. It is parents' responsibility to provide the school with updated information as and when it is necessary or if circumstances change.

Care Plans

It is parents' responsibility to ensure a Care Plan is supplied to the school from either their doctor or hospital if their child has a known medical condition.

Where possible, the care plan will accompany a student should they need to attend hospital. If a student needs to attend hospital, a member of RHS staff (preferably known to the student) will stay with them until a parent arrives, or, where possible, accompany a student taken to hospital by ambulance. Staff will not take students to hospital in their own car unless there are exceptional circumstances.

Staff Training and Support

Staff training will ensure that there is always a member of RHS staff that has an understanding of the specific medical conditions outlined in the student's Care Plan. Staff must not give prescription medicines or undertake health-care procedures without appropriate training or written instruction.

The Student's Role in Managing their own Medical Needs

After discussion with parents, students who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within the Care Plan.

Wherever appropriate, eg. sixth form, students should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, relevant staff should help to administer medicines and manage procedures for them.

If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Care Plan. Parents should be informed so that alternative options can be considered.

Storing and Managing of Medication and Equipment

RHS has clear guidance on the storage of medication and equipment at school and will not give medication (prescription or non-prescription) to a student under 16 without a parent's written consent except in exceptional circumstances. Every effort will be made to encourage the student to involve their parents, while respecting their confidentiality.

- medicines should only be administered at school when it would be detrimental to a student's

- health or school attendance not to do so
- no student under 16 should be given prescription or non-prescription medicines without their parent's written consent (Appendix A) – except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, every effort should be made to encourage the student or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
 - a student under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
 - where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
 - RHS will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
 - all medicines should be stored safely. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to students and not locked away. This is particularly important to consider when outside of school premises, eg. on school trips
 - when no longer required, parents should contact the school and arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. If parents do not collect the medication it will be disposed of by the school
 - RHS allows students to carry their own Epipens, inhalers, insulin and buccal medication. All other medication is kept in the medical room.
 - RHS staff may administer a controlled drug to a student for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. RHS keeps a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school

If a student misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

RHS staff make sure that emergency medication/equipment is readily available wherever the student is in the school and on off-site activities. It is parents' responsibility to ensure that their child also carries their emergency medication (e.g. auto-injectors, inhalers, insulin and buccal) with them at all times.

RHS disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and any necessary arrangements are individually made for students on off-site visits. They are collected and disposed of in line with local authority procedures.

Record Keeping

RHS has clear guidance about record keeping and parents / guardians are asked if their child has any medical conditions on the enrolment form.

RHS makes sure that the student's confidentiality is protected and permission is sought from parents and the student before sharing any medical information with any third party with the exception of relevant healthcare professionals.

All medicine administered is recorded on the school's medical online system 'Evolve'.

Emergency Procedures

Where a student has a Care Plan, this should clearly define what constitutes an emergency and explain what to do. If a student needs to be taken to hospital, staff should stay with the student until the parent arrives, or accompany, where possible, a student taken to hospital by ambulance.

Day Trips, Residential Visits and Sporting Activities

RHS staff should consider what reasonable adjustments they might make to enable students with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to support students with medical conditions. This will require consultation with parents and students and advice from the relevant healthcare professional to ensure that students can participate safely. The Health and Safety Executive (HSE) guidance on school trips is consulted where required.

Unacceptable Practice

RHS staff should understand that it is not generally acceptable practice to:

- prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every student with the same condition requires the same treatment;
- ignore the views of the student or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their Care Plans;
- if the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise students for their attendance record if their absences are related to their medical condition, eg. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips

Liability and Indemnity

RHS has an appropriate level of insurance in place via its public liability insurance policy.

Complaints

Should parents or students be dissatisfied with the support provided they should contact Ms Coltman, Deputy Headteacher, via the school office. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Managing Specific Medical Conditions

Anaphylaxis (Allergy)

Background

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic scale. The most common cause is food, in particular nuts, fish and dairy products. Wasp and bee stings can also cause an allergic reaction. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life threatening but it can be treated with medication, such as antihistamine, or adrenaline injection depending on the severity of the reaction.

Medication and control

It is vital that parents/guardians inform the school if their child is diagnosed as having allergies of any sorts. It is also their responsibility to notify the school of any changes. The school will require written confirmation from the parents/guardians regarding medical instructions, treatment and consent and a copy of the Care Plan, which is issued by medical staff upon diagnosis.

The school will require all students who have been prescribed an adrenaline injector to carry their emergency medication on them at all times. The school will also require a spare adrenaline injector to be provided by the parent/guardian to be kept in an accessible cupboard within the welfare room, as well as any anti-histamines or inhalers.

Trips

All students will be required to carry their medication on all trips away from the school. Any spare medication (kept in the medical welfare office) will be handed over to a member of staff on the trip for emergencies. A student will **NOT** be permitted to go on a school trip unless they have their medication on them **AND** a spare has been given to school.

School's procedure

Designated staff will receive training on a regular basis; this will include a practical supervised session on the administration of adrenaline injection. The school will arrange staff training with the school nursing service.

It will be the parent/guardian's responsibility to liaise with the school to check expiry dates on any medication and the parent/guardian's responsibility to replace any which is due to expire or has been used.

Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not feasible, however the school bears in mind the risk to such students at break,

lunch times and in food technology and science classes and seeks to minimise the risks whenever possible.

In the event of a minor reaction the school will treat the student with prescribed antihistamines as outlined in the Care Plan, where available and notify parents. If no antihistamines are available the parent will be contacted before any further action is taken.

Minor reaction:

- Face – Swollen Lips & eyelids
- Skin – Flushed, itchy, rash, wheals
- Gut – abdominal pain, nausea

Severe reaction:

- Swollen tongue
- Swollen throat – hoarse voice, difficulty swallowing
- Difficulty talking
- Swollen airways – cough, wheeze, difficulty in breathing
- Nausea and vomiting
- Collapse

In the event of a severe reaction to a student with a known allergy the treatment will be as outlined in the student's IHP. However, the standard procedure is

- Stay calm and shout for help
- Stay with the student and reassure them – DO NOT MOVE THE STUDENT

Send someone to dial 999 and state that:

1. A student with a known allergy has had an anaphylactic reaction
2. Name and address of school
3. Access to school

Give entire contents of Adrenaline Injector into thigh (note time given)

1. Take adrenaline injector out of case
2. Remove safety shield or cap.
3. Place injector into outer thigh at a right angle to leg.
4. Press firmly into thigh until you hear or feel the injection function. Hold for 10 seconds.
5. Remove the injector from outer thigh. Place back into case. Give to the ambulance crew to dispose of.

Keep the student sitting down or in the recovery position until the ambulance arrives. DO NOT leave the student alone. Inform the paramedics of the time the adrenaline was given.

CALL AND ADVISE PARENT/GUARDIAN.

Disclaimer:

The school will not accept responsibility for any student who does not have an adrenaline injector with them, where a spare adrenaline injector has not been provided for school back-up, or whose medication has expired.

Asthma

Background

The school recognises that asthma is a widespread, serious but controllable condition affecting many students at the school. The school positively welcomes all students with asthma. This school encourages students with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, parents/guardians and students.

Record keeping

When a student joins the school, parents/guardians are asked if their child has any medical conditions including asthma on their enrolment form.

All parents/guardians of students with asthma are sent an *Asthma UK School Asthma Card* (Appendix B) to give to their child's doctor or asthma nurse to complete. Parents/guardians are asked to return them to the school. The school expects parents/guardians to update or exchange the card for a new one if their child's medicine, or how much they take, changes during the year.

Asthma medicines

Immediate access to reliever medicines is essential. Students with asthma must carry their reliever inhaler at all times. Spot checks will be undertaken on a regular basis throughout the academic year.

The Department of Health has released guidance on the use of emergency salbutamol inhalers in schools for students who have been diagnosed with asthma and prescribed an inhaler. In line with this guidance, the school has a number of spare salbutamol inhalers and volumatic spacers to use in an emergency (with parental consent) if a student's own inhaler is empty, broken or unavailable. All students with asthma must still have their own inhaler and spacer (prescribed by their General Practitioner) on their person at all times. If an emergency inhaler and spacer has been used the parent will be informed.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all students. All teachers know which students in their class have asthma and all PE teachers at the school are aware of which students have asthma from the school's asthma register.

Students with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each student's inhaler will be labelled and kept in the vicinity of the lesson. If a student needs to use their inhaler during a lesson they will be encouraged to do so.

Out-of-hours sport

There has been a large emphasis in recent years on increasing the number of students and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for students and young people with asthma. It is therefore important that the school involve students with asthma as much as possible in after school clubs.

School environment

The school does all that it can to ensure the school environment is favourable to students with asthma. The school has a definitive no-smoking policy.

School Trips

All students with asthma **must** carry their inhaler on school trips. They will be asked to show them to a member of staff before leaving the school premises. As a backup one of the school's spare generic inhalers and spacers held in the welfare room will be taken on trips and held by a member of staff. It is important to note that only one back up/generic inhaler will be taken per group of students, not per individual student.

If a student does not have their inhaler on them, they will **NOT** be permitted to go on the trip.

Disclaimer

The school will not accept responsibility for any student whose parent/guardian has not provided an inhaler for use by the student during the school day or whose inhaler has expired. The school will contact parents/guardians of those students whose inhaler has not been provided if/when the student has an asthma attack during the school day.

In these instances the school will telephone for an ambulance and where possible parents/guardians will need to accompany their student to the hospital in the ambulance.

Diabetes

Background

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About 1 in 700 school age students is diabetic. Diabetics normally need to monitor their blood glucose levels, have daily insulin injections and eat regularly.

If a student is newly diagnosed with diabetes, their parents and the Diabetic team should inform the school as soon as possible so arrangements can be made. If starting a new school, it should be as soon as the place has been confirmed. When a student is first diagnosed, the relevant school staff, with the parents and any required medical practitioners will meet to discuss the Care Plan.

Medication and Control

Students with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. This is usually done using a finger prick device (with a self-contained drum of lancets), however, there are other devices that can be used. These devices are intended for self-monitoring on an individual person only. A log of all medication supplied/used is kept.

A record will be kept of all readings taken in the welfare room and will be supplied to parents/guardians on request. The school advises that any readings taken outside of the medical welfare room are recorded by the student, however, this is not monitored by the school. The school will require any back up medication and equipment to be supplied by parents/guardians. Where parents deem necessary, glucose tablets, food or drink items can be kept in the welfare room, but these will need to be supplied by parents/guardians.

Trips

All students will be required to carry their medication and working equipment on all trips away from the school. It will be the responsibility of the parents/guardians to ensure the student has enough medication and the relevant working equipment. When required, glucose tablets/food/drinks should also be provided by the parent/guardian to support them through the trip. Students will **NOT** be permitted to go on a school trip unless they have their medication and equipment with them.

School Procedure

All medication given to the office manager will be kept securely in the welfare room with their Care Plan. The students will have access to this at any time. They are able to do any testing and injections within the welfare room and a privacy screen is available should they need it. It is the parent/guardian's responsibility to ensure that medication is in date and working. This is for both the medication/equipment that the student carries around and the emergency medication/equipment kept in the medical welfare room.

Disclaimer

The school will not accept responsibility for any student who runs out of insulin or whose medication has expired.

Epilepsy

Background

Epilepsy is a very individual condition. An epileptic seizure, sometimes called a fit, blackout or episode, can happen to anyone at any time. It is recognised that epilepsy can be treated/managed successfully to the point that seizures occur rarely and almost never during the school day. It is therefore desirable that any student is encouraged to take a full and active involvement in the life of RHS.

Care plans

It is vital that parents/guardians inform the school if their child is diagnosed as epileptic. Once the school has been made aware, a current Care Plan must be provided to the school by the parent/guardians and should be updated annually by the doctor or hospital. The plan will be held centrally in the welfare room. A copy of any treatment plan, from the hospital or doctor, given to the parents/guardians must also be given to the school. The Care Plan must include details of emergency telephone numbers for parents/guardians, emergency services, likely symptoms and what to administer (if applicable).

Trips

All students will be required to carry their medication (if applicable) on all trips away from the school. Any spare medication (kept in the welfare room) and Care Plan will be handed over to a member of staff on the trip for emergencies.

Risk reduction

Additional special measures are likely to be deemed necessary when:

- Activities involve being on or in the water;
- Any activity involves height off the ground;
- They use of machinery

It is worth noting that this is not an exhaustive list and any activity should have a risk assessment before the trip/activity begins.

Management of a convulsive epileptic seizure

Most episodes happen without warning, last only a short time and stop without any special treatment. In managing a seizure, staff should:

- stay calm and prevent others from crowding around;
- make a note of the time it has started and finished;
- put something soft (like a jumper or jacket) under the head of the person to prevent injury;
- only move the person if they are in a dangerous place eg. the top of stairs;
- move things away from the person if there is a risk of injury.
- not attempt to restrain the person's movements.
- Once the episode has run its course, if possible place the person in the recovery position. It may be necessary to wipe away any excess saliva and if their breathing is laboured check that nothing is blocking the airway (dentures/food). It is possible that the person has been incontinent, please deal with this as privately as possible to avoid embarrassment. Stay with them until they are fully recovered. In most cases it is not necessary for the person to go to hospital, but most people will want to sleep. Parents/Guardians will be contacted.

It is a medical emergency, and assistance should be sought if:

- someone has injured themselves badly in an episode
- they have trouble breathing
- one episode immediately follows another or the episode lasts longer than 5 minutes and you do not know how long they usually last
- the episode continues for longer than usual for that person
- this is the first episode this person has had
- There is a sudden change in the student's normal behaviour.

Disclaimer

The school will not accept responsibility for any student who runs out of medication or whose medication has expired.

Mental Health

Background

RHS aims to promote positive mental health for every member of our staff and student body. In addition, the school aims to recognise and respond to mental ill health.

Any member of staff who is concerned about the mental health or wellbeing of a student should inform the Designated Safeguarding lead and the Pastoral Director. If there is a fear that the student is in danger of immediate harm then the normal student protection procedures should be followed with an immediate referral to the Designated Safeguard Lead using the school's safeguarding protocol.

If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS (Children's, Adolescent Mental Health Service) is appropriate, this will be led and managed by the Pastoral Director.

Medication and control

It is vital that parents/guardians inform the school if their child is diagnosed as having mental illness. It is also their responsibility to notify the school of any changes. The school will require written confirmation from the parents/guardians regarding medical instructions and treatment.

Appendix A: Parental Agreement for the School to Administer Medicine

Date	
Name of student	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to student	
Address	
I understand that I must deliver the medicine personally to	Office manager

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 policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s).....
.....

Date

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk



Appendix C – Roles and Responsibilities – Department for Education Guidelines

The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

Further advice: Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively. Some of the most important roles and responsibilities are listed below, but schools may additionally want to cover a wider range of people in their policy.

Governing bodies must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Further advice on the role of governing bodies:

Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Advice on the role of headteachers:

Headteachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Advice on the role of parents:

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.

Advice on the role of pupils:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Advice on the role of school staff:

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Advice on the role of school nurses:

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 18 to 20 below about training for school staff.

Advice on the role of other healthcare professionals:

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).