Medical_Conditions_In_Schools_Policy_Secondaries

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Medical Conditions in School (Secondary)

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Policy statement

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

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

We will help to ensure they can through the following:

+ The Trust ensures all staff understand their duty of care to children and young people (See appendix 6) in the event of an emergency.
+ All staff feel confident in knowing what to do in an emergency. (See appendix 6)
+ The Trust understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
+ The Trust understands the importance of medication being taken as prescribed.

+ All staff understand the common medical conditions that affect children within the Trust. Clifton Bridge Education
Trust allows adequate time for staff to receive training on the impact medical conditions can have on
students.
+ Staff receive additional training about any children they may be working with who have complex
health needs supported by an Individual Health Plan (IHP).
+ This policy is followed and understood by our school community, the Local Authorities and NHS
Stockport, Tameside and Manchester.
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1. The Clifton Bridge Education is an inclusive community that aims to
support and welcome students with medical conditions
a. The Clifton Bridge Education understands that it has a responsibility to make our schools welcoming and
supportive to students with medical conditions who currently attend and to those who may enroll in the
future.

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

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

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

d. The Clifton Bridge Education aims to include all students with medical conditions in all school activities.

e. Parents/carers of students with medical conditions are aware of the care their children receive at
the Clifton Bridge Education.

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

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

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

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

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

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

2. The medical conditions policy is supported by a clear
communication plan for staff, parents/carers and other key
stakeholders to ensure its full implementation
a. Students are informed and reminded about the medical conditions policy:
+ in personal, social and health education (PSHE) classes or Tutor time

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

+ by including a policy statement in the schools' prospectus and signposting access to the policy
+ at the start of the school year when communication is sent out about Individual Health Plans
+ when their child is enrolled as a new student
+ via the school's website, where it is available all year round

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

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

+ through scheduled medical conditions updates
+ through the key principles of the policy being displayed in several prominent staff areas throughout
the Trust and on the school's intranet
+ all supply and temporary staff are informed of the policy and their responsibilities including who is
the designated person, any medical needs or Individual Health Plans related to the children in their
care and how to respond in emergencies
+ Staff are made aware of Individual Health Plans as they relate to their
teaching/supervision groups.
This is a role for the designated person.
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3. Relevant staff understand and are updated in what to do
in an emergency for the most common serious medical
conditions at the Clifton Bridge Education.

a. Relevant staff at the Clifton Bridge Education are aware of the most common serious medical conditions.

b. Staff at the Clifton Bridge Education understand their duty of care to students both during, and at either side of
the school day in the event of an emergency. In an emergency situation school staff are required
under common law duty of care to act like any reasonably prudent parent/carer. This may include
administering medication.

c. Staff receive updates at least once a year for asthma and other medical needs, eg anaphylaxis,
and know how to act in an emergency. Additional training is prioritised for key staff members who
work with children who have specific medical conditions supported by an Individual Health Plan.

d. The action required for staff to take in an emergency for the common serious conditions at the
Clifton Bridge Education is displayed in prominent locations for all staff including classrooms and all departmental
work spaces.

e. The Clifton Bridge Education uses Individual Health Plans to inform the appropriate staff (including supply

teachers and support staff) of students with complex health needs in their care who may need
emergency help.

f. The Clifton Bridge Education has procedures in place so that a copy of the student's Individual Health Plan is
sent to the emergency care setting with the students. On occasions when this is not possible, the
form is sent (or the information on it is communicated) to the hospital as soon as possible.

g. If a student needs to be taken to hospital, a member of staff will always accompany them and will
stay with them until a parent/carer arrives. The Clifton Bridge Education will try to ensure that the staff member
will be one the student knows. The staff member concerned should inform a member of the school's
senior management and/or the schools critical incidents team.

4. The Clifton Bridge Education has clear guidance on the
administration of medication at school
Administration – emergency medication
a. The Clifton Bridge Education will seek to ensure that students with medical conditions have easy access to
their emergency medication.

b. The Clifton Bridge Education will ensure that all students understand the arrangements for a member of staff
(and the reserve member of staff) to assist in helping them take their emergency medication safely.

Administration – general
c. The Clifton Bridge Education understands the importance of medication being taken as prescribed.

d. All use of medication is done under the appropriate supervision of a member of staff at the Clifton Bridge Education
Trust unless there is an agreed plan for self-medication. Staff should be aware if students are using
their medication in an abnormal way and should discuss this with the child.

Important Note: If staff become aware that a student is using their reliever (usually blue) inhaler more
than they normally do, their asthma may not be under control and they maybe more at risk

of having
an asthma attack. If this is observed immediate action should be taken – alerting parents/carers and
actions/discussions should be recorded.

e. All staff are aware that there is no legal or contractual duty for any member of staff to administer
medication or supervise a student taking medication unless they have been specifically contracted to
do so or unless the situation is an emergency and falls under their regular duty of care arrangements.

f. Many other members of staff are happy to take on the voluntary role of administering medication.
For medication where no specific training is necessary, any member of staff may administer medication to students under the age of 16, but only with the consent of the students' parent. (See
form 3a). Medication should be primarily administered by 1st Aid and HOY. Other staff may be
required to do this should these staff not be available/students are on a school trip.

g. The Clifton Bridge Education will ensure that specific training and updates will be given to all staff members
who agree to administer medication to students if necessary.

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

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

j. Parents/carers of the Clifton Bridge Education understand that if their child's medication changes or is
discontinued, or the dose or administration method changes, that they should notify the school

immediately. Parents/carers should provide the school with any guidance regarding the administration
of medicines and/or treatment from the GP, clinics or hospital.
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k. If a student of the Clifton Bridge Education refuses their medication, staff will record this and follow the defined
procedures. Parents/carers will be informed of this non-compliance as soon as possible.

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

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

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

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

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

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

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

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

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

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

Guidelines for administering Paracetamol

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

The Local Authority, in consultation with health practitioners, has carefully considered the benefits and
dangers of administering this non-prescription drug in schools and settings. Administering paracetamol
to children under 5 is not usually recommended.
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For older students, it is sometimes appropriate to give paracetamol to control specific pain such as
migraine or period pain. Schools administering paracetamol to students should adhere to the following
conditions:

The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to
children. If a student complains of pain as soon as they arrive at school setting and asks for painkillers,
it is not advisable to give paracetamol until the amount given over the past 24 hours has been
established. No more than 4 doses should be given in a 24 hour period. There should be at

least 4
hours between any 2 doses of paracetamol containing medicines. No more than 4 doses of any remedy
containing paracetamol should be taken in any 24 hours. Always consider whether the student may
have been given a dose of paracetamol before coming to school. Many non-prescription remedies such
as Beechams Powders, Lemsip, Night Nurse etc. contain paracetamol. If paracetamol tablets are taken
soon after taking these remedies, it could cause an unintended overdose.

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

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

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

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

The pupil should be made aware that paracetamol should only be taken when absolutely necessary,
that it is an ingredient in many cold and headache remedies and that great care should be taken to
avoid overdosing.
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5. The Clifton Bridge Education has clear guidance on the storage of
medication at school
Safe storage – emergency medication
a. Emergency medication is readily available to students who require it at all times during

the school
day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked
up, the keys are readily available and not held personally by members of staff.

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

c. It is appropriate for a student to carry an adrenaline auto injector (epi pen/jext pen) on their person
in school after a risk assessment has been completed.

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

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

f. It is not appropriate for a student to carry insulin on their person in school. This should be stored in
a locked room.

Safe storage – general
g. The Clifton Bridge Education has an identified member of staff/designated person who ensures the correct
storage of medication at school.

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

i. The identified member of staff checks the expiry dates for all medication stored at school each term
(i.e. three times a year).

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

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

l. Medication is stored in accordance with the manufacturer's instructions, paying particular note to
temperature.

m. Some medication for students at the Clifton Bridge Education may need to be refrigerated. All refrigerated
medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage
of medication are inaccessible to unsupervised students or lockable as appropriate.

n. All medication (including blue inhalers) is sent home with students at the end of the school year.

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

Safe disposal
p. Parents/carers of the Clifton Bridge Education are asked to collect out-of-date medication.

q. If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication
is taken to a local pharmacy for safe disposal.

r. A named member of staff is responsible for checking the dates of medication and arranging for the
disposal of any that have expired. This check is done at least 3 times a year and is always documented.

s. Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the
child's GP or paediatrician on prescription. All sharps boxes in the Clifton Bridge Education are stored in a locked
cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

The temporary closure (safety catch on the sharps box) MUST be used when the box is not in use.

t. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible
for its safe storage and return to a local pharmacy, to school or to the students' parent.

u. Collection and disposal of sharps boxes is arranged with the local authority's environmental
services.
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6. The Clifton Bridge Education has clear guidance about record
keeping for students with medical conditions
Enrolment forms
a. Parents/carers of the Clifton Bridge Education are asked if their child has any medical conditions.

b. If a students has a short-term medical condition that requires medication during school hours
(e.g. antibiotics to cover a chest infection), a medication form plus explanation is sent to the students' parents/carers to complete. (Form 3a)

Individual Health Plans (Form 1)

Drawing up Individual Health Plans

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

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

The child has
• diabetes
• gastrostomy feeds
• a tracheostomy
• anaphylaxis

• a central line or other long term venous access
• severe asthma that has required a hospital admission within the last 12 months
• epilepsy

d. An Individual Health Plan, accompanied by an explanation of why and how it is used, is sent to all
parents/carers of students with a complex health need. This is sent:
+ at the start of the school year
+ at enrolment
+ when a diagnosis is first communicated to the school
+ transition discussions
+ new diagnosis

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

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

g. The Clifton Bridge Education ensures that a relevant member of school staff is present, if required, to help
draw up an individual health plan for students with complex health or educational needs.
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Medical Conditions Information Pathway

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

School
Nurse/First
Aider
School Nurse writes to parents either to review
Individual Health Plan (IHP) or start new plan if
needed
School
School collates response and identifies those
needing individual health plans * sent to school
nurse/ or first aider
School
Form sent out by school asking parents to identify
any medical conditions. *Form (see Annexe A) to be
sent out, depending on school's usual procedures
including:
• Transition discussions
• At start of school year
• New enrolment (during the school year)
• New diagnosis informed by parents
School
Nurse &
School
School nurse reviews the IHP, contacts parents if
necessary and discusses with school designated
person. Stored in school according to policy
Parents
Parents complete IHP – send to school nurse/first
aider for school. If no response from parents, school
nurse to inform school designated person. All
contacts to be documented and dated.
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School Individual Health Plan register

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

administration of medicines, condition, treatment or incidents of ill health in the school are updated on
the school's record system.

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

Ongoing communication and review of Individual Health Plans

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

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

Storage and access to Individual Health Plans

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

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

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

n. When a member of staff is new to a student's group, for example due to staff absence, the school

makes sure that they are made aware of the Individual Health Plans and needs of the students in
their care.

o. The Clifton Bridge Education ensures that all staff protect students' confidentiality.

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

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

Use of Individual Health Plans
Individual Health Plans are used by the school to:
+ inform the appropriate staff about the individual needs of a students with a complex health need in
their care
+ identify important individual triggers for students with complex health needs at school that bring on
symptoms and can cause emergencies. Each school uses this information to help reduce the impact of triggers
+ ensure the Clifton Bridge Education's emergency care services have a timely and accurate summary of a
students' current medical management and healthcare in an emergency
Consent to administer medicines
r. If a student requires regular prescribed medication at school, parents/carers are asked to provide
consent on their child's medication plan (form 3a) giving the students or staff permission to administer
medication on a regular/daily basis, if required. This form is completed by parents/carers for
students taking short courses of medication.

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

Residential visits

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

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

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

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

Record of Awareness Raising Updates and Training

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

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

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

z. School should risk assess the number of first aiders it needs and ensure the first aiders are suitably
trained to carry out their responsibilities.
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7. The Clifton Bridge Education ensures that the whole school
environment is inclusive and favourable to students with
medical conditions. This includes the physical
environment, as well as social, sporting and educational
activities
Physical environment
a. The Clifton Bridge Education is committed to providing a physical environment that is as accessible as
possible to students with medical conditions.

b. Schools should be encouraged to meet the needs of students with medical conditions to ensure
that the physical environment at The Clifton Bridge Education is as accessible as possible.
c. The Clifton Bridge Education's commitment to an accessible physical environment includes out-of-school
visits. The school recognises that this may sometimes mean changing activities or locations.
Social interactions
d. The Clifton Bridge Education ensures the needs of students with medical conditions are adequately
considered to ensure their involvement in structured and unstructured social activities, including
during breaks and before and after school.

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

f. All staff of The Clifton Bridge Education are aware of the potential social problems that students with medical

conditions may experience. Staff use this knowledge to try to prevent and deal with problems in
accordance with the school's anti-bullying and behaviour policies.
g. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise
awareness of medical conditions amongst students and to help create a positive social environment.
Exercise and physical activity
h. The Clifton Bridge Education understands the importance of all students taking part in sports, games and
activities.
i. The Clifton Bridge Education seeks to ensure all classroom teachers, PE teachers and sports coaches make
appropriate adjustments to sports, games and other activities to make physical activity accessible to
all students.
j. The Clifton Bridge Education seeks to ensure that all classroom teachers, PE teachers and sports coaches
understand that if a student reports they are feeling unwell, the teacher should seek guidance before
considering whether they should take part in an activity.

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

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

these triggers.

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

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

Education and learning
o. The Clifton Bridge Education ensures that students with medical conditions can

participate fully in all aspects
of the curriculum and ensures that appropriate adjustments and extra support are provided in
accordance with their needs and/or their IHP or EHCP.

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

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

r. Students of the Clifton Bridge Education learn how to respond to common medical conditions.

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

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

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

consent.
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8. The Clifton Bridge Education is aware of the triggers that can make
medical conditions worse or can bring on an emergency.
The school is actively working towards reducing these
health and safety risks.

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

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

9. Each member of the school and health community
knows their roles and responsibilities in maintaining an
effective medical conditions policy
a. The Clifton Bridge Education works in partnership with all interested and relevant parties including the school's
governing body, school staff, and community healthcare professionals and any relevant emergency
practitioners to ensure the policy is planned, implemented and maintained successfully.

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

Governors
have a responsibility to:
+ ensure the health and safety of their staff and anyone else on the premises or taking part in school
activities (this includes all students). This responsibility extends to those staff and others leading
activities taking place off-site, such as visits, outings or field trips
+ ensure the schools health and safety policies and risk assessments are inclusive of the needs of
students with medical conditions and reviewed annually.
+ make sure the medical conditions policy is effectively implemented, monitored and evaluated and
regularly updated
+ ensure that the school has robust systems for dealing with medical emergencies and

critical
incidents (see Tameside's Critical Incidents Guidelines), at any time when students are on site or on
out of school activities.

Head of School
has a responsibility to:
+ ensure the school is inclusive and welcoming and that the medical conditions policy is in line with
local and national guidance and policy frameworks
+ ensure the policy is put into action, with good communication of the policy to all staff, parents/carers
and governors
+ ensure every aspect of the policy is maintained
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+ ensure that if the oversight of the policy is delegated to another senior member of staff ensure that
the reporting process forms part of their regular supervision/reporting meetings
+ monitor and review the policy at regular intervals, with input from governors, parents/carers, staff
and external stakeholders
+ report back to governors about implementation of the health and safety and medical conditions
policy.
+ ensure through consultation with the governors that the policy is adopted and put into action.

All school staff
have a responsibility to:
+ be aware of the potential triggers, signs and symptoms of common medical conditions and know
what to do in an emergency
+ call an ambulance in an emergency
+ understand the school's medical conditions policy
+ know which students in their care have a complex health need and be familiar with the content of
the students' Individual Health Plan
+ know the schools registered first aiders and where assistance can be sought in the event of a
medical emergency
+ know the members of the schools Critical Incident Team if there is a need to seek assistance in the

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

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

School nurse or healthcare professional
has a responsibility to:
+ help provide regular updates for school staff in managing the most common medical conditions at
school at the schools request
+ provide information about where the school can access other specialist training.
+ update the Individual Health Plans in liaison with appropriate school staff and parents/carers

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

Special educational needs coordinators
have the additional responsibility to:
+ensure teachers make the necessary arrangements if a student needs special consideration or
access arrangements in exams or coursework.

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

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

Parents/carers
have a responsibility to:
+ tell the school if their child has a medical condition or complex health need
+ ensure the school has a complete and up-to-date Individual Health Plan if their child has a complex
health need
+ inform the school about the medication their child requires during school hours
+ inform the school/provider of any medication their child requires while taking part in visits, outings or
field trips and other out-of-school activities
+ tell the school about any changes to their child's medication, what they take, when, and how much
+ inform the school of any changes to their child's condition
+ ensure their child's medication and medical devices are labelled with their child's full name
+ensure that the school has full emergency contact details for them
22
+ provide the school with appropriate spare medication labelled with their child's name
+ ensure that their child's medication is within expiry dates
+ keep their child at home if they are not well enough to attend school
+ ensure their child catches up on any school work they have missed
+ ensure their child has regular reviews about their condition with their doctor or specialist healthcare
professional
+ if the child has complex health needs, ensure their child has a written Individual Health Plan for
school and if necessary an asthma management plan from their doctor or specialist healthcare
professional to help their child manage their condition.
+ have completed/signed all relevant documentation including form 3a and the Individual Health Plan
if appropriate
23
12. The medical conditions policy is regularly reviewed
evaluated and updated.
a. The Clifton Bridge Education's medical condition policy is reviewed, evaluated and updated in line with the
school's policy review timeline.

b. The views of students with various medical conditions are actively sought and considered central to
the evaluation process.
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Legislation and guidance
Introduction
+ Local authorities, schools and governing bodies are all responsible for the health and safety
of students in their care.
+ Areas of legislation that directly affect a medical conditions policy are described in more detail in Managing Medicines in Schools and Early Years Settings. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools,
to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968. This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.
The following local authority guidelines/policies need to be considered -

DFE SEND Code of Practice 0-25 years
CYPD Health and Safety Policies
Head of Schools Toolkit
Critical Incidents Guidelines
Visits and Journeys Guidelines
Records Management and Retention Policies
Reporting of Injuries, Diseases & Dangerous Occurrences Regulations. (R.I.D.D.O.R)

Supporting Pupils at school with medical conditions (2014)
This document replaces previous guidance on Managing medicines in schools and early years
settings published in March 2005 and provides guidance from the DfE with the aim to ensure that all
children with medical conditions, in terms of both physical and mental health, are properly supported in
school so that they can play a full and active role in school life, remain healthy and achieve their
academic potential.

The document includes the following key points:
• Pupils at school with medical conditions should be properly supported so that they have full
access to education, including school trips and physical education.
• Governing bodies must ensure that arrangements are in place in schools to support pupils at

school with medical conditions.
• Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions
are effectively supported.

The document covers the following points
• developing medicines policies
25
• Procedures
• roles and responsibilities
• managing medicines on school premises
• drawing up an Individual Health Plan
• relevant forms.
• Staff training and support
• Child's role in managing their own medical needs
• Emergency procedures
• Record keeping

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

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

Schools' responsibilities include:
+ not to treat any students less favourably in any school activities without material and sustainable
justification
+ to make reasonable adjustments that cover all activities – this must take into consideration factors
such as financial constraints, health and safety requirements and the interests of other students.
Examples of reasonable adjustments can be found in the DfES resource: Implementing the DDA in

Schools and Early Years Settings*
+ to promote disability equality in line with the guidance provided by the DCSF and CEHR through the
Disability Equality Scheme.

*DfES publications are available through the DCSF.

The Education Act 1996
Section 312 of the Education Act covers children with special educational needs, the provisions that
need to be made and the requirements local health services need to make to help a local authority
carry out its duties.

The Care Standards Act 2000
This act covers residential special schools and responsibilities for schools in handling medicines.

Health and Safety at Work Act 1974
This act places duties on employers for the health and safety of their employees and anyone else on
their premises. This covers the Head of School and teachers, non-teaching staff, students and
visitors.
Management of Health and Safety at Work Regulations
26
1999
These regulations require employers to carry out risk assessments, manage the risks identified and to
communicate these risks and measures taken to employees.

Medicines Act 1968
This act specifies the way that medicines are prescribed, supplied and administered.

Additional guidance
Other guidance resources that link to a medical conditions policy include:
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+ DFE SEND Code of Practice 2015
+ Equality Act 2010: Advice for Schools
+ Reasonable Adjustments for disabled pupils (2012)
+ The Mental Capacity Act Code of PracticeL Protecting the Vulnerable (2005)
+ Healthy Schools Programme – a medical conditions policy can provide evidence to help schools

achieve their healthy school accreditation
+ Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools
adhere to the five aims of the Every Child Matters agenda
+ National Service Framework for Children and Young People and Maternity Services (2004) –
provides standards for healthcare professionals working with children and young people including
school health teams
+ Health and Safety of Students on Educational Visits: A Good Practice Guide (2001) – provides
guidance to schools when planning educational and residential visits
+ Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication
and drugs
+ Home to School Travel for Students Requiring Special Arrangements (2004) – provides guidance
on the safety for students when travelling on local authority provided transport
+ Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).
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Further advice and resources
The Anaphylaxis Campaign
Alexandra Road
Farnborough
Hampshire GU14 6SX
Phone 01252 546100
info@anaphylaxis.org.uk
www.anaphylaxis.org.uk

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

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

info@diabetes.org.uk
www.diabetes.org.uk

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

The Kings Fund
11-13 Cavendish Square
London W1G 0AN
Phone 020 7307 2400
enquiry@kingsfund.org.uk

Department for Education
Piccadilly Gate
Store Street
Manchester M1 2WD
Phone 0370 000 2288
Textphone/Minicom 01928 794274
info@dcsf.gsi.gov.uk
www.dcsf.gov.uk

Council for Disabled Children
National Children's Bureau
23 Mentmore Terrace
Hackney
London E8 3PN
Phone 020 7843 6000
Fax 020 7843 6313
cdc@ncb.org.uk
www.ncb.org.uk/cdc

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

Form 1 - Individual Health Plan
For pupils with complex medical needs at school/ early years setting
Date form completed:
Date for review:
Reviewed by Date
(dd/mm/yyyy)
Changes to Individual
Health Plan
Yes No
Yes No
Yes No
Copies held by:
1. Pupil's Information
Name of school/ early years
setting :

Name of Pupil:
Class/Form
Date of Birth: Male
Female
2. Contact Information
Pupil's Address

Postcode:
Family Contact Information
a. Name:

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

Relationship with CYP:
GP
Name:
Phone:
Specialist Contact
Name:
Phone:
Medical Condition Information
3. Details of Pupil's Medical Conditions
Signs and symptoms of this
pupil's condition:

Triggers or things that make this
pupil's condition/s worse:

4. Routine Healthcare Requirements
(For example, dietary, therapy, nursing needs or before physical activity)
During school/ early years
setting hours:

Outside school/ early years
setting hours:

5. What to do in an Emergency
Signs & Symptoms
32

In an emergency, do the
following:

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6. Emergency Medication
(Please complete even if it is the same as regular medication)
Name/type of medication
(as described on the container):

How the medication is taken
and the amount:

Are there any signs when
medication should not be
given?

Are there any side effects that the school/ early years setting needs to know about?

Can the pupil administer the medication themselves?
(please tick box)
Yes No Yes, with supervision by:

Staff members name:
Is there any other follow-up care necessary?

Who should be notified?
(please tick box)
Parents Carers

Specialist GP
7. Regular Medication taken during School/ Early Years Setting Hours
Name/type of medication (As described on the container):

Dose and method of administration
(The amount taken and how the medication is taken, e.g. tablets, inhaler, injection)

When it is taken (Time of day)?
Are there any side effects that could affect this pupil at school/ early years setting?

Are there are any contraindications (Signs when this medication should not be given)?

Self-administration: can the pupil administer the medication themselves?
(Tick as appropriate)

Yes No Yes, with supervision by:
Staff member's name:
34

Medication expiry date:
8. Regular Medication taken outside of School/ Early Years Setting Hours
(For background information and to inform planning for residential trips)
Name/type of medication (as
described on the container):

Are there any side effects that
the school/ early years setting
needs to know about that could
affect school/ early years setting
activities?

9. Members of Staff Trained to Administer Medications for this Pupil
Regular medication:
Emergency medication:
10. Any Other Information Relating to the Pupil's Healthcare in School/ Early Years Setting?

Parental and Pupil Agreement
I agree that the medical information contained in this plan may be shared with individuals involved
with my/my CYP's care and education (this includes emergency services). I understand that I must
notify the school/ early years setting of any changes in writing.
Signed (Pupil)
Print Name:
Date:
Signed (Parent/Carer)
(If pupil is below the age of
16)

Print Name:
Date:
Healthcare Professional Agreement
I agree that the information is accurate and up to date.
Signed:
Print Name:
Job Title:
Date:

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

Signed (Parent/Carer)
Date
School/ Nursery Staff Agreement
It is agreed that (name of CYP):
will receive the above listed medication at the above listed time (see part 7).
will receive the above listed medication in an emergency (see part 6).
This arrangement will continue until:
(Either end date of course of medication or until instructed by the pupil's parents/carers).
Signed (Headteacher):
Print Name:
Date:
36

Form 1a

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

Contents:

This health care plan will capture the key information and actions that are required to support this
child or young person (CYP) in school/ early years setting. It will have the CYP best interests in mind
and ensure that school/ early years setting assesses and manages risks to the pupils' education, health
and social well -being and minimize disruption in the school/ early years setting day. It should be
reviewed at least annually.

1 Definitions
IHCP
CYP
HYPO
CHO
BG
Individual Health Care Plan
Child or Young Person
Hypoglycaemia
Carbohydrate

Blood Glucose
38

39
2 CYP'S INFORMATION
2a. Child / Young Person Details

Child's Name: Year group:
Hospital/NHS number: DoB:
Nursery/School/ early years setting /College:
Post code

Child's Address:
Town:
County:
Postcode
Type of Diabetes: Please select

Other medical conditions:

Allergies:
Date: Document to be Updated:
2b. Family Contact Information
Name
Relationship

Telephone Number
Home
Work
Mobile
Email
Name
Relationship

Telephone Number
Home
Work
Mobile

Email
Name
Relationship

Telephone Number
Home
Work
Mobile

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

Contacts Contact Number

Children's Diabetes Nurses:

Key Worker:
Consultant Paediatrician:
General Practitioner:
Link Person in Education:
School/ early years setting email
contact:

Class Teacher:
Health Visitor/School Nurse:
SEND Co-ordinator:
Other Relevant Teaching Staff:
Other Relevant Non-Teaching Staff:
Head teacher:
This CYP has DIABETES, requiring treatment with (check which applies):

Multi-dose regime i.e. requires insulin with all meals:

Insulin Pump Therapy: Please select
3 injections a day (no injections in school/ early years setting):

2 injections a day (no injections in school/ early years setting):

Other - please state:

Pupils with Diabetes will have to attend clinic appointments to review their condition. Appointments are typically
every 3 months, but may be more frequent .These appointments may require a full day's absence. Education authority
staff should be released to attend the necessary diabetes training sessions, in accordance with national guidance.
3 MONITORING BLOOD GLUCOSE
LEVELS
The CYP has a blood glucose monitor, so they can check their blood glucose (BG). BG monitoring is an essential part of
daily management; where ever possible CYP should be encouraged to take responsibility for managing their own
medicines and BG equipment in school/ early years setting. They should be allowed to carry their equipment with them
at all times and their equipment must not be shared.
Email
41
(Check which applies)

BG checks to be carried out by a trained adult, using a Fastclix / Multiclix device.

This CYP requires supervision with blood glucose monitoring.

This CYP is independent in BG monitoring.

This procedure should be carried out:
• In class or if preferred, in a clean private area with hand washing facilities.
• Hands to be washed prior to the test.
• Blood glucose targets pre meal - mmol/L and - mmol/L 2 hours after meals
(NICE guidelines 2015 recommend BG levels of 4-7 mmol/L pre meal and 5-9 mmol/L post meals)
• Lancets and blood glucose strips should be disposed of safely.
There are a wide range of different blood glucose meters available, some have a built in automated bolus calculator.

4 INSULIN ADMINISTRATION WITH
MEALS
Check if applies if not, go to section 5
(Check which applies)
Insulin to be administered by a suitably trained adult, using a pen needle that complies with national and local sharps policy

Supervision is required during insulin administration
This young person is independent, and can self-administer the insulin
This CYP is on an insulin pump (see further information below and section 8.2 page 8)
The child or young person requires variable amounts of quick acting Insulin, depending on how much they eat.
(Check which applies)
They have a specific Insulin to carbohydrate (CHO) ratio (I:C)
They are on set doses of insulin
This procedure should be carried out:
• In class, or if preferred in a clean private area with hand washing facilities
• Should always use their own injection device; or sets.
• All used needles should be disposed of in accordance with the school/ early years setting's local policy
5 INSULIN ADMINISTRATION
Delivered via pen device: Delivered via insulin pump:

Insulin Name Time Process
Please select
Other:

Insulin Name Time Process
42
Please select
Other :

Insulin Name Time Process
Please select
Other :

Insulin Name Time Process
Please select
Other :

Insulin Name Time Process
Please select
Other :

NOTE: See 8

6 SUGGESTED DAILY ROUTINE

Time Note
Arrive School/
early years
setting

Morning Break
Lunch

Afternoon Break
School/ early
years setting
finish

Other

Please refer to 'Home-school' communication diary
Please refer to School planner
43
7 SPORTING ACTIVITY/ DAY TRIPS
AND RESIDENTIAL VISITS
Governing bodies should ensure that risk assessments, planning and arrangements are clear to ensure this CYP has
the opportunity to participate in all sporting activities. School/ early years setting should ensure reasonable
adjustments as required.

Extra Snacks are
required:
PRE-EXERCISE

POST-EXERCISE

8 HYPOGLYCAEMIA
('Hypo' or 'Low Blood Glucose')
BG: Below 4 mmol/l.
INDIVIDUAL
HYPO-
SYMPTOMS
FOR THIS
CYP ARE:
Pale Poor Concentration Other:
Sudden Change of
personality Sleepy
Crying Shaking
Moody Visual changes
Hungry
How to treat a hypo:
• If possible, check BG to confirm hypo, and treat promptly: see 8a.
• Do not send this child or young person out of class unaccompanied to treat a hypo.
• Hypos are described as either mild/moderate or severe depending on the individual's ability to treat him/her.
• The aim is to treat, and restore the BG level to above mmol/L. (ISPAD guidelines recommend
5.6mmol/L) (See 8a).
Specific instructions If on Insulin
Pump therapy: During contact
sports the pump should be
disconnected
(NEVER exceed 60 minutes).
Please keep safe whilst

disconnected.
44
A Hypo box should be kept in school/ early years setting containing fast acting glucose and long
acting carbohydrate. Staff, and the CYP should be aware of where this is kept and it should be taken
with them around the school/ early years setting premises; if leaving the school/ early years setting
site; or in the event of a school/ early years setting emergency. It is the parent's/carers responsibility
to ensure this emergency box is adequately stocked; independent young people will carry hypo
remedies with them.

8a. Treatment of Hypoglycaemia
BG below 4mmol/l
Personalised Treatment
Plan
Follow steps 1-4
Step 1. Give fast acting
rapidly absorbed simple CHO
promptly.
Step 2. Re-measure BG 15
minutes later
Step 3. If BG still below
mmol/l:

Repeat step 1

If BG above mmol/l:
Step 4
For some CYP an extra
snack may be required
(especially if the next meal
is 1-2 hours away)
Step 4
Step 1 MILD/
MODERATE
Can he/she eat
& drink
independently?
45

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

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

• On recovery the CYP should be taken home by
parents/carers.

Additional information
regarding hypoglycaemia
for this CYP:

*** Consider what has caused the HYPO? ***
46
9 HYPERGLYCAEMIA
(High blood glucose)

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

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

If the CYP is well, there is no need for them to be sent home, but parents/guardian should be
informed at the end of the day that the CYP has had symptoms of high blood glucose
9a. Treatment of Hyperglycaemia For A CYP On Injections

BG above
mmol/l
No other symptoms
• Encourage
sugar free
fluids
• Allow free
access to
toilet
• No exercise
• If available
test blood
ketone levels
• Re-test BG in
1 hour
If correction dose is
required:
1 unit of insulin will
lower BG by
mmol/l
If still above
mmol/l:
Contact
Parents/carers, he/she
may well require extra
fast acting insulin,
consider a correction
dose.
BG above
mmol/l
Feels unwell?
Headache
Abdominal pain
Sickness or
Vomiting
• CONTACT
PARENTS/CARERS
IMMEDIATELY
• Check blood ketone
levels(see 9c) Ketones
• Will require extrariqsiunicgkor
acting insulin
•

Needs to be
taken home
immediately.
Symptoms
worsen
Dial 999
If now below
mmol/l:
Test BG before next
meal
47

Additional information
regarding hyperglycaemia
for this CYP:
48
9b. Treatment of Hyperglycaemia for a CYP on Pump Therapy

Dial
999 &
Contact
parents
CYP UNWELL
• Drowsy
• Vomiting
• Not drinking
• Breathing
Heavily
KETONES
ABOVE:
mmol/L
(See 9c)
BLOOD
KETONES
BELOW
0.6mmol/
APPEARS WELL
• Check blood ketones
• Give correction bolus
via the pump

• Encourage fluids
• Check pump and site
BG above
mmol/L
Give correction
dose via pump.

BG above mmol/L
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BG above:
mmol/L
• Contact parents/carers whom will advise.
• Give insulin injection via a pen device
• Re site insulin pump set and reservoir by parent or
in exceptional circumstances by, suitably trained
member of staff.
• Monitor closely until parents/carers take home
RE-TEST
BG IN ONE
HOUR

BG below
mmol/L and
falling
Continue to monitor 2
hourly.
50
9c. Blood β –Ketone monitoring Guide:
• Below 0.6mmol/L Normal range
• Between 0.6-1.5mmol/L Potential problems - SEEK ADVICE
• Above 1.5mmol/L High risk - SEEK UGENT ADVICE

• School/ early years setting to be kept informed of any changes in this child or young person's
management (see page 6-7).
• The CYP with diabetes may wear identification stating they have diabetes. These are in the form of a bracelet, necklace, watch or medical alert card.
• During EXAMS, reasonable adjustments should be made to exam and course work conditions
if necessary, this should be discussed directly with this CYP.
This CYP should be allowed to take into the exam the following: blood glucose meter, extra

snacks; medication and hypo treatment.
• Specific extra support may be required for the CYP who has a long term medical condition regarding educational, social and emotional needs- for example, during periods of instability, during exams, catching up with lessons after periods of absence, and counselling sessions.
Please use the box below for any additional information for this CYP, and document what is specifically important for him/her:

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

Name Signatures
Date
Young person
Parents/carers
Additional information
regarding β Blood –Ketone
monitoring for this CYP:
51
Parents/carers agreement
to administration of
medicine as documented
on page 3 and 4

Diabetes Nurse Specialist:
School/ early years setting
Representative:

Health visitor/ School
Nurse:

The following should always be available in school/ early years setting, please check:
Hypo treatment: fast acting glucose

Insulin pen and appropriate pen
needles.

Gluco gel/ Dextrogel

Cannula and reservoir for pump set

change

Finger prick device, BG monitor and strips

Spare battery

Ketone testing monitor and strips

Up to date care plan

Snacks

Governing bodies are responsible to ensure adequate members of staff have received suitable
training.
Training log:
Staff Name Training Delivered Trainer Date

**See Training Log in school/ early years setting **
53
10 References:
• Supporting pupils at school with medical conditions. Department of Education. September 2014.
• NICE clinical guideline NG18: Diabetes (type 1 and type 2) in children and young people, diagnosis and
management.. August 2015

• Managing Medicines in School and . Department of Health. 2005
• ISPAD Clinical Practice Consensus Guidelines. 2014
• Making Every Young Person With Diabetes Matter. Department of Health. 2007.

Winner of the Excellence in Diabetes Specialist Nursing Awards
At the Nurse Standard Nurse Awards 2015.
THIS CARE PLAN HAS BEEN DESIGNED BY A SUB-GROUP LEAD BY
Sandra Singleton, Children and Young People's Diabetes Specialist Nurse/ Team Leader.
With
Margot Carson, Children and Young People's Diabetes Network Coordinator - North West of England
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Oxford University Hospitals NHS Foundation Trust
Salisbury District Hospital

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Form 1b - Individual Health Plan - Epilepsy
For pupils diagnosed with Epilepsy at school/ early years setting who need rescue medication
Date form completed:
Date for review:
Reviewed by Date
(dd/mm/yyyy)
Changes to
Individual Health
Plan
Yes No
Yes No
Yes No
Copies held by:
1. Pupil's Information
Medical Condition:
Name of school/ early years
setting :

Name of Pupil:
Class/Form
Date of Birth:
Male
Female
2. Contact Information
Pupil's Address:

Postcode:
Family Contact Information
a. Name:
Phone (Day):
Phone (Evening):
Mobile:
Relationship with CYP:

b. Name:
Phone (Day):
Phone (Evening):

Mobile:
Relationship with CYP:
Specialist Contact
Name:
Phone:
Consultant
Name:
Phone:

Medical Condition Information
3. Details of Pupil's Medical Conditions - Seizure Description
Type 1
Type 2
Type 3
Triggers or things that make this
pupil's condition/s worse:

4. Routine Healthcare Requirements
(for example, dietary, therapy, nursing needs or before physical activity)
Routine Requirements
Record any seizures on the
daily seizure record

5. What to do in an Emergency
Emergency Procedures
6. Emergency Medication
(Please complete even if it is the same as regular medication)
Name/type of medication (as
described on the container):

Describe what signs or
symptoms indicate an
emergency for this pupil:

Dose and method of
administration (how the
medication is taken and the
amount)

Are there any contraindications
(signs when medication should
not be given)?

Are there any side effects that
the school/ early years setting
needs to know about?

Self-administration: Can the pupil administer the medication themselves?
(Tick as appropriate)

Yes No Yes, with supervision by:
Staff member's name:
Is there any other follow-up care
necessary?

Who should be notified? Parents Carers

Specialist GP
7. Regular Medication taken during School/ Early Years Setting Hours
Name/type of medication (As
described on the container):

Dose and method of
administration
(The amount taken and how the
medication is taken, e.g. tablets,
inhaler, injection)

When it is taken (Time of day)?
Are there any side effects that
could affect this pupil at school/
early years setting?

Are there are any
contraindications (Signs when
this medication should not be
given)?

Self-administration: can the
pupil administer the medication
themselves?
(Tick as appropriate)

Yes No Yes, with supervision by:
Staff member's name:

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Medication expiry date:
8. Regular Medication Taken Outside of School/ Early Years Setting Hours
(For background information and to inform planning for residential trips)
Name/type of medication (as
described on the container)

Are there any side effects that
the school/ early years setting
needs to know about that could
affect school/ early years setting
activities?

9. Any other information relating to the pupil's healthcare in school/ early years settings

Permission for Emergency Medication
I agree that I/my CYP can be administered my/their medication by a member of staff in an emergency
I agree that my CYP cannot keep their medication with them and the school/ early years setting
will make the necessary medication storage arrangements
I agree that I/my CYP can keep my/their medication with me/them for use when necessary.
Name of medication carried
by pupil:

Signed (Parent)
Date
School/ Nursery Staff Agreement
It is agreed that (name of CYP):
will receive the above listed medication at the above listed time (see part 6).
will receive the above listed medication in an emergency (see part 7).
This arrangement will continue until:
(Either end date of course of medication or until instructed by the pupil's parents/carers).
Signed
Print Name:
Date:
Parental and Pupil Agreement

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I agree that the medical information contained in this plan may be shared with individuals involved

with my/my child's care and education (this includes emergency services). I understand that I must
notify the school/ early years setting of any changes in writing.
Signed (Pupil)
Print Name:
Date:
Signed (Parent/Carer)
If pupil is below the age of
16)

Print Name:
Date:
Healthcare Professional Agreement

I agree that the information is accurate and up to date.
Signed:
Print Name:
Job Title:
Date:
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Medical Conditions in Schools – September 2019

Form 1d - Individual Health Plan - Asthma
For pupils with complex medical needs at school/ early years setting
Date form completed:
Date for review:
Reviewed by Date
(dd/mm/yyyy)
Changes to
Individual Health
Plan
Yes No
Yes No
Yes No
Copies held by:

1. Pupil's Information
Medical Condition:
Name of school/ early years
setting :

Name of Pupil:
Class/Form
Date of Birth: Male
Female
2. Contact Information
Pupil's Address

Postcode:
Family Contact Information
a. Name
Phone (Day)
Phone (Evening)
Mobile
Relationship with CYP
b. Name
Phone (Day)
Phone (Evening)

Mobile
Relationship with CYP
GP
Name
Phone
Specialist Contact
Name
Phone
Medical Condition Information
3. Details of Pupil's Medical Conditions
Signs and symptoms of this
pupil's condition:

Triggers or things that make this
pupil's condition/s worse:

4. Routine Healthcare Requirements
(For example, dietary, therapy, nursing needs or before physical activity)
During school/ early years
setting hours:

Outside school/ early years
setting hours:

5. What to do in an Emergency (Asthma UK Guidelines)
Common signs of an Asthma
attack:
˚ Coughing
˚ Shortness of Breath
˚ Being unusually quiet
˚ Wheezing
˚ Tightness in the chest
˚ Difficulty in speaking full sentences
KEEP CALM – DO NOT PANIC
ENCOURAGE THE CHILD TO SIT UP AND
FORWARD – DO NOT HUG THEM OR LIE THEM
DOWN
MAKE SURE THE PUPIL TAKES ONE PUFF OF
THEIR RELIEVER INHALER (USUALLY BLUE)
USING THEIR SPACER
ENSURE TIGHT CLOTHING IS LOOSENED
REASSURE THE PUPIL

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

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

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

6. Emergency Medication
(Please complete even if it is the same as regular medication)
Name / type of medication
(as described on the
container):

Describe what signs or
symptoms indicate an
emergency for this pupil:

Dose and method of
administration (how the
medication is taken and the
amount)

Are there any
contraindications (signs
when medication should not
be given)?

Are there any side effects
that the school/ early years
setting needs to know
about?

Self-administration: Can the pupil administer the medication themselves?
(Tick as appropriate)

Yes No Yes, with supervision by:
Staff member's name:
Is there any other follow-up
care necessary>

Who should be notified? Parents Carers

Specialist GP
7. Regular Medication taken during School/ Early Years Setting Hours
Name/type of medication
(As described on the

container):

Dose and method of
administration
(The amount taken and how
the medication is taken, e.g.
tablets, inhaler, injection)

When it is taken (Time of
day)?

Are there any side effects
that could affect this pupil at
school/ early years setting?

Are there are any
contraindications (Signs
when this medication should
not be given)?

Self-administration: can the
pupil administer the
medication themselves?
(Tick as appropriate)

Yes No Yes, with supervision by:
Staff member's name:
Medication expiry date:
8. Regular Medication Taken Outside of School/ Early Years Setting Hours
(For background information and to inform planning for residential trips)
Name/type of medication (as
described on the container)

Are there any side effects
that the school/ early years
setting needs to know about
that could affect school/
early years setting activities?

9. Any other information relating to the pupil's healthcare in school/ early years settings

Permission for Emergency Medication

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

Signed (Parent/Carer)
Date
School/ Nursery Staff Agreement
It is agreed that (name of Pupil):
will receive the above listed medication at the above listed time (see part 6).
will receive the above listed medication in an emergency (see part 7).
This arrangement will continue until:
(Either end date of course of medication or until instructed by the pupil's parents/carers).
Signed
Print Name:
Date:
Parental and Pupil Agreement
I agree that the medical information contained in this plan may be shared with individuals involved
with my/my child's care and education (this includes emergency services). I understand that I must
notify the school/ early years setting of any changes in writing.
Signed (Pupil)
Print Name:
Date:
Signed (Parent/Carer)
If pupil is below the age
of 16)

Print Name:
Date:
Healthcare Professional Agreement

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

Print Name:

Job Title:
Date:

Form 1e- Individual Health Plan – Cystic Fibrosis
Date form completed:
Date for review:
Reviewed by Date
(dd/mm/yyyy)
Changes to Individual Health
Plan
Yes No
Yes No
Yes No
Copies held by:

1. Pupil's Information
Name of School:
Name of Pupil:
Class / Form
Date of Birth: Male
Female
2. Contact Information
Pupil's Address

Postcode:
Family Contact Information
a. Name:
Phone (Day):
Phone (Evening):
Mobile:
Relationship with Child:

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

GP
Name:
Phone:
Specialist Contacts
Consultant Name:

Phone:
Specialist Nurse:

Phone:
Physiotherapist
Name:

Phone:
Dietitian Name:

Phone:

Medical Condition Information
3. Details of Pupil's Medical Conditions
Signs and symptoms of
this pupil's condition:
Cystic fibrosis is a genetic condition that mainly affects the lung and digestive system. It causes the mucous in the lungs and digestive system to be thicker and stickier than in people without the condition. In the lungs this mucous can block the smaller airways and cause repeated infections that damage the lungs. For most children CF also affects the digestive system. The thick mucous causes blockages which stop digestive enzymes getting

out of the pancreas. This back up of enzymes damages the pancreas and also means that children with CF need to take supplementary pancreatic enzymes called creon to help them digest and absorb nutrients from their food. There is no cure for CF and it is life shortening however improvements in modern CF care has led to increases in life expectancy. It is important that children with CF follow their treatment to ensure their best possible health.

Triggers or things that make this pupil's condition/s worse:

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

During school hours: Taking care of the lungs - Children with cystic fibrosis may cough in class. This is the body's natural way of trying to dislodge and remove mucus from the lungs and airways, and for children with CF coughing should never be discouraged. Some children might prefer to cough up the mucus in private, perhaps in the toilet, others may be comfortable to cough into a tissue in front of others. The cough is not infectious. If the child is coughing more than usual, please inform their parents.

Toilet - Sometimes children with CF need to go to the toilet quite urgently and may complain of having a sore tummy just before going to the toilet. To help reduce anxiety or embarrassment, it's helpful if the school can have a plan in place to ensure the child can quickly access the toilet when needed. They may also spend longer in the toilet than other children. Some children, especially older children, may appreciate access to an air freshener in the toilet.

Physical activity - Physical activity is really good for children's lungs because it helps to dislodge mucus, build lung capacity and help them to be generally fit and healthy

Infection Control - Children with CF can suffer worse effects from coughs and colds than other children. Minimising contact with children with streaming colds, encouraging frequent handwashing and reminding children to cough or sneeze into a tissue and then put it in the bin can help reduce infections for everyone and is particularly beneficial to children with cystic

fibrosis.
There are certain bugs, such as Pseudomonas and Aspergillus, which are found in the environment and can be harmful to people with cystic fibrosis; mud, rotting vegetation and stagnant water are all ideal environments for these bugs to thrive.
Children with cystic fibrosis may be prescribed antibiotics to treat a chest infection or to prevent a chest infection (prophylactic treatment). Sometimes antibiotics will need to be taken during the school day.
Creon - Most children with CF need to take supplementary pancreatic enzymes (called Creon) to help them digest and absorb fat, protein and starch from their food. Creon is needed with all fat-containing food, including milk, and will be required at mealtimes during the school day. It's useful if the school can provide parents with lunch menus and notification of events that involve extra/different food (e.g. parties or baking at school) to help them calculate Creon doses.
Diet - Children with CF may need a higher fat diet than other children and, because of the effect the condition has on their salt balance, might also need salt added to their food (especially in hot weather). This may be contrary to the school's healthy eating policy but is an essential part of the child's cystic fibrosis treatment. Children also need to have access to water to ensure

they are hydrated throughout the day, particularly during periods of warm weather.
School trips and outings - It's important that children with CF have access to the same new experiences and opportunities as other children. Risk assessments will be needed to highlight any necessary precautions or additional treatment. Each risk assessment should be drawn up with input from parents and the CF team. This should include infection risks and a plan for the additional treatment needs if the trip is longer than the usual school day
Child's understanding of CF - It's useful to discuss and record what the child understands about CF and how much information should be shared with other children.
School attendance - Most children with CF need to attend the CF clinic every 8-12 weeks for a routine review. These appointments are likely to be during school time. In addition, children may also require admissions to hospital if intravenous

antibiotics are needed. If known, it's helpful to plan for admissions and ensure that school work is available to do whilst in hospital. Children with medical conditions should not be penalised, or miss out on rewards, for their attendance where the absence is due to their medical condition. The school should discuss their policy on attendance rewards and consider amendments to ensure it is fair to those with medical conditions.

Communication - Communication between the school, parents and the CF team is essential to ensure a child with CF has the best possible experience at school.

Cross-infection Risk - People with CF can have bugs in their lungs which, while not harmful to the wider population, can be harmful to others with CF or other serious lung conditions. Staff, visitors or other children with CF should not meet or mix with your pupil with the condition.
Outside school hours: Physiotherapy - Children with CF usually have a programme of physiotherapy that is designed to keep their lungs clear from mucus.
6. Regular medication taken during school hours
Name / Type of medication (as described on the container):

How the medication is taken and the amount:

Are there any signs when medication should not be given?

Are there any side effects that the school needs to know about?

Can the pupil administer the medication themselves?

(please tick box)
Yes No Yes, with supervision by:
Staff members name:
Is there any other follow-up care necessary?

When it is taken (Time of day)?

Are there any side effects that could affect this pupil at school?

Are there are any contraindications (Signs when this medication should not be given)?

Self-administration: can the pupil administer the medication themselves? (Tick as appropriate)

Yes No Yes, with supervision by:
Staff member's name:
Medication expiry date:
8. Regular Medication taken outside of School Hours
(For background information and to inform planning for residential trips)
Name/type of medication (as described on the container):

Are there any side effects that the school needs to know about that could affect school activities?

9. Members of Staff Trained to Administer Medications for this Pupil
Regular medication:

Emergency medication:

10. Any Other Information Relating to the Pupil's Healthcare in School?

The information is taken from the Cystic Fibrosis Trust recommended Individual Healthcare plan. This can be downloaded and printed online at https://www.cysticfibrosis.org.uk/life-with-cystic-fibrosis/pre-school-and-primary-school

This plan can be used in both primary and secondary school.

It is recommended that The CF Trust Individual healthcare plan is completed alongside this Stockport Individual health Plan.

Specific other information relating to the Pupil's healthcare requirements in school:

Parent/ Carer and Pupil Agreement

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

Signed (Pupil)

Print Name:

Date:

Signed (Parent/ Carer)

(If pupil is below the age of 16)

Print Name:

Date:

Healthcare Professional Agreement

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

Signed:

Print Name:

Job Title:

Date:

Permission for Emergency Medication

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

I agree that my child cannot keep their medication with them and the school will make the necessary medication storage arrangements

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

Name of medication

carried by pupil:

Signed (Parent)
Date

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

Appendix 2 – Template Letter from
School Nurse to Parent

Dear Parent

Re: The Individual Health Plan

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

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

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

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

Thank you for your help.
Yours sincerely

School Nurse
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Medical Conditions in Schools – September 2019

Appendix 3 – Medical forms

Form 3a – Medication Permission & Record – Individual Pupil

Form 3a – Medication Permission & Record
– Individual Pupil
Name of school/ early years
setting :

Name of Pupil:
Class/Form:
Date medication provided by
parent:

Name of medication:
Dose and Method:
(how much and when to take)

When is it taken (time)
Quantity Received:
Expiry Date:
Date and quantity of
medication returned to parent:

Any other information:
Staff signature:
Print name:
Parent/Carer Signature:
Print name:
Parent/Carer Contact Number:

Form 3b – Record of Medication
Date Pupil's Name Time Name of Medication
Dose
Given
Any Reactions
Signature of Staff Member
Print Name

Appendix 4 – Staff training record

Form 4 – Staff Training Record
Name of school/ early
years setting :

Type of training

received:

Date training
completed:

Training provided by:
Trainer Job Title and
Profession:

I confirm that the people listed above have received this training
Name of people attending training
1.
2.
3.
4.
5.

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

I confirm that the people listed above have received this training
Headteacher signature:
Print Name:
Date:
Suggested date for
update training:

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Appendix 5 – Visits & Journey

Form 5 - for Visits and Journeys
This form is to be
returned by (date):

School/ Early Years
Setting or Youth
Centre:

Course or Activity
Date of
Course/Activity:

Student Details
Surname:
Forename(s):
Date of Birth

Medical Information
Please
indicate

Does your son/daughter suffer from
any illness or physical disability?
Yes
No
If so, please describe:
If medical treatment is required,
please describe:

To the best of your knowledge has
she/he been in contact with any
contagious or infectious disease
during the past four weeks?
Yes
No
If so, please give brief details:
Is he/she allergic to any
medication:
Yes
No

If so, please give brief details:
*Has your son/daughter received a tetanus injection in the last 5 years?
Yes
No
Please indicate any special dietary requirements due to medical, religious or moral reasons:

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

Parental Declaration
I give permission for my daughter/son (insert name) to take part in the above activity as described, including all organised activities.

I undertake to inform the visit organiser or the Headteacher as soon as possible of any relevant change in medical circumstances occurring before the journey.

I hereby authorise any accompanying member of staff of the school/ early years setting to give consent to such medical treatment as is considered necessary for my CYP by a qualified medical practitioner during the visit.

I understand the extent and limitations of the insurance cover provided.
Contact Information
Address:
Home Telephone No.
Work Telephone No.
Emergency contact address if different from that above
Address:
Tel No.
Name of Family Doctor:
Telephone Nos.
Address:
Signed:
Parent/Guardian

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Appendix 6 – Contacting Emergency Services

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

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

Speak clearly and slowly

EQUALITY IMPACT STATEMENT

Names and titles of people involved with this assessment

Title of Policy – Medical Conditions in School

Rachel Robinson
Assistant Trust Director of Inclusion

Impact assessment carried out with regard to identified characteristics

Race

Disability

Sex

Age

Religious belief

Sexual orientation

Gender Reassignment

Summary of any issues/proposed changes
Removed ‘Managing Medicines in Schools & Early Years Settings section’ on page 24 and replaced with replacement guidance ‘Supporting pupils at school with medical conditions’.

Date
September 2025

Date of next review
September 2028
✓

✓

✓

- ✓
- ✓
- ✓
- ✓