



Whitworth Community High School

Supporting Students with Medical Conditions Policy

Date effective from:	January 2026
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Approved by:	C&S
Date approved:	TBA
Minute reference:	TBA
Date of next review:	January 2027

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Statement of intent

The governing board of Whitworth Community High School has a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Whitworth Community High School believes it is important that parents/carers of students with medical conditions feel confident that the school provides effective support for their child's medical condition, and that student's feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Students with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of students experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some students with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these students, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our students with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, students and their parents/carers.

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.1. This policy has due regard to the following guidance:

- DoE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DoE (2015) 'Supporting students at school with medical conditions'
- DoE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.2. This policy has due regard to the following school policies:

- **Administering Medication Policy**
- **SEND Policy**
- **Behaviour for Learning Policy**
- **Asthma Policy**
- **Allergen and Anaphylaxis Policy**
- **Complaints Procedure Policy**

2. The role of the governing board

2.1. The governing board:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support students with medical conditions.
- Ensures that students with medical conditions can access and enjoy the same opportunities as any other student at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that students with medical conditions receive a full education.

- Ensures that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each student and what support is required to support their individual needs.
- Instils confidence in parents/carers and students in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective student is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that students' health is not put at unnecessary risk. As a result, the board holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

2.2. The headteacher holds overall responsibility for implementation of this policy.

3. The role of the headteacher

3.1. The headteacher:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Has overall responsibility for the development of IHCPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the school nursing service where a student with a medical condition requires support that has not yet been identified.

4. The role of parents/carers

4.1. Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHCP.
- Carry out any agreed actions contained in the IHCP.
- Ensure that they, or another nominated adult, are contactable at all times.

5. The role of students

5.1. Students:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHCP.
- Are sensitive to the needs of students with medical conditions.

6. The role of school staff

6.1. School staff:

- May be asked to provide support to students with medical conditions, including the administration of medicines, but are not required to do so.
- Take into account the needs of students with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting students with medical conditions.
- Know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
- Appropriate forms can be found in appendix 14 and 15 of this policy.

7. The role of the school nurse

7.1. The school nurse:

- At the earliest opportunity, notifies the school when a student has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHCPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for students with medical conditions.

8. The role of clinical commissioning groups (CCGs)

8.1. CCGs:

- Ensure that commissioning is responsive to students' needs, and that health services are able to cooperate with schools supporting students with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for students with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for students who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable students.

9. The role of other healthcare professionals

9.1. Other healthcare professionals, including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHCPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

10. The role of providers of health services

- 10.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

11. The role of the LA

- 11.1. The LA:

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for students with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered.
- Works with the school to ensure that students with medical conditions can attend school full-time.

- 11.2. Where a student is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, such as home school, medical school.

- Under **section 436A Education Act 2006** (introduced by section 4 Education and Skills Act 2008), Local Authorities are under a duty to identify children not receiving an education. Local Authorities must make arrangements to identify children of compulsory school age in their area who are not registered pupils at a school and are not receiving suitable education otherwise than at school.
- The government has issued Statutory Guidance on this called “**Children Missing Education**” (Sept 2016), which states that children of compulsory school age who are not receiving a suitable education should be returned to full time education either at school or in alternative provision.

12. The role of Ofsted

- 12.1. Ofsted inspectors will consider how well the school meets the needs of the full range of students, including those with medical conditions.
- 12.2. Key judgements are informed by the progress and achievement of students with medical conditions, alongside students with SEND, and also by students’ spiritual, moral, social and cultural development.

13. Admissions

- 13.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 13.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

14. Notification procedure

- 14.1. When the school is notified that a student has a medical condition that requires support in school, the school nurse informs the headteacher. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the student, with a view to discussing the necessity of an IHCP (outlined in detail in [section 18](#)).
- 14.2. The school does not wait for a formal diagnosis before providing support to students. Where a student's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
- 14.3. For a student starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution (appendix 4 &5).
- 14.4. Where a student joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.
- 14.5. Appropriate forms can be found in appendix 3, 4 and 5 of this policy.

15. Staff training and support

- 15.1. Any staff member providing support to a student with medical conditions receives suitable training and a record of training is kept.
- 15.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 15.3. Training needs are assessed by the school nurse through the development and review of IHCPs, on a termly basis for all school staff, and when a new staff member arrives.
- 15.4. Through training, staff have the requisite competency and confidence to support students with medical conditions and fulfil the requirements set out in IHCPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 15.5. The school nurse confirms the proficiency of staff in performing medical procedures or providing medication.

- 15.6. A first-aid certificate does not constitute appropriate training for supporting students with medical conditions.
- 15.7. Whole-school awareness training is carried out on an annual basis for all staff, and included in the induction of new staff members.
- 15.8. The school nurse identifies suitable training opportunities that ensure all medical conditions affecting students in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 15.9. Training is commissioned by the school business manager and provided by the following bodies:
- Commercial training provider
 - The school nurse
 - Parents/carers of students with medical conditions
- 15.10. Parents/carers of students with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 15.11. The governing board will provide details of further CPD opportunities for staff regarding supporting students with medical conditions.
- 15.12. Appropriate forms can be found in appendix 8 and 9 of this policy.

16. Self-management

- 16.1. Following discussion with parents/carers, students who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHCP.
- 16.2. Where possible, students are allowed to carry their own medicines and relevant devices such as asthma inhalers and epi-pens.
- 16.3. Where it is not possible for students to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- 16.4. If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the student's IHCP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.
- 16.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our **Behaviour for Learning Policy**.

17. Supply teachers

- 17.1. Supply teachers are:
- Provided with access to this policy.
 - Informed of all relevant medical conditions of students in the class they are providing cover for.

- Covered under the school's insurance arrangements.

18. Individual healthcare plans (IHPs)

- 18.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHCP is required for a student, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher makes the final decision.
- 18.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHCPs. Where appropriate, the student is also involved in the process.
- 18.3. IHCPs include the following information:
 - The medical condition, along with its triggers, symptoms, signs and treatments.
 - The student's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
 - The support needed for the student's educational, social and emotional needs.
 - The level of support needed, including in emergencies.
 - Whether a child can self-manage their medication.
 - Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
 - Cover arrangements for when the named supporting staff member is unavailable.
 - Who needs to be made aware of the student's condition and the support required.
 - Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the student.
 - Separate arrangements or procedures required during school trips and activities.
 - Where confidentiality issues are raised by the parent/carer(s) or student, the designated individual to be entrusted with information about the student's medical condition.
 - What to do in an emergency, including contact details and contingency arrangements.
- 18.4. Where a student has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHCP.
- 18.5. IHCPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

- 18.6. IHCPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 18.7. Where a student has an EHC plan, the IHCP is linked to it or becomes part of it.
- 18.8. Where a child has SEND but does not have an EHC plan, their SEND should be mentioned in their IHCP.
- 18.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.
- 18.10. Appropriate forms can be found in appendix 1, 2, 3, 4, 5, 12, 13, 16, 17, 18 and 19 of this policy.

19. Managing medicines

- 19.1. Medicines are only administered at school when written and/or verbal consent has been given and it would be detrimental to a student's health or school attendance not to do so.
- 19.2. Students under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the student without the parent/carer's knowledge. In such cases, the school encourages the students to involve their parents/carers, while respecting their right to confidentiality.
- 19.3. Non-prescription medicines may be administered in the following situations:
 - When it would be detrimental to the student's health not to do so
 - When instructed by a medical professional
- 19.4. No student under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
- 19.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 19.6. Parents/carers are informed any time medication is administered that is not agreed in an IHCP.
- 19.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exceptions to this are:
 - Insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
 - Epi-pens, this is only as a temporary measure when there's a problem with the supply of new epi-pens. Parents must ensure that they obtain up-to-date batches as soon as possible.

- 19.8. All medicines are stored safely. Students know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, students are informed of who holds the key to the relevant storage facility.
- 19.9. When medicines are no longer required, they are returned to parents/carers or to the nearest pharmacy for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 19.10. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- 19.11. The school holds asthma inhalers for emergency use. The inhalers are stored in the medical room and their use is recorded.
- 19.12. Staff may administer a controlled drug to a student for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- 19.13. All medicines administered to individual students are recorded via Medical Tracker, some medicines also require a written record – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.
- 19.14. Appropriate forms can be found in appendix 6, 7, 10, 21, 23, 27 and 28 of this policy.

20. Adrenaline auto-injectors (AAIs)

- 20.1. The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the school's **Allergen and Anaphylaxis Policy**. The administration of AAIs will only be carried out in an emergency.
- 20.2. A Register of AAIs will be kept of all the students who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be shared with all staff electronically for easy access in the event of an allergic reaction.
- 20.3. Where a student has been prescribed an AAI, this will be written into their IHCP.
- 20.4. Students who have prescribed AAI devices are able to keep their device in their possession.
- 20.5. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 20.6. In the event of anaphylaxis, the student (if able to do so) will administer their AAI. If the student is unable to administer an AAI then the nearest trained member of staff will be located.
- 20.7. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

- 20.8. If necessary, other staff members may assist the designated staff members with administering AAI's, such as where the student needs restraining.
- 20.9. The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date and will be replaced when the expiry date approaches.
- 20.10. The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures.
- 20.11. The spare AAI will only be administered to students at risk of anaphylaxis and where written parental consent has been gained.
- 20.12. Where a student's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- 20.13. Where a student who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
- 20.14. Where a student appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 20.15. In the event that an AAI is used, the student's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the student's or the school's device.
- 20.16. Where any AAI's are used, the following information will be recorded on the AAI Record:
- Where and when the reaction took place
 - How much medication was given and by whom
- 20.17. For children aged 12 and older, a dose of 300 or 500 micrograms of adrenaline will be used.
- 20.18. AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 20.19. In the event of a school trip, students at risk of anaphylaxis will have 2 AAI's with them and the school will give consideration to taking the spare AAI in case of an emergency.
- 20.20. Appropriate forms can be found in appendix 21, 23, 25 and 31 of this policy.

21. Record keeping

- 21.1. In accordance with paragraphs 19.10, 19.11, 19.12 and 19.13, electronic and written records are kept of all medicines administered to students.
- 21.2. Proper record keeping protects both staff and students, and provides evidence that agreed procedures have been followed.

- 21.3. Appropriate forms for record keeping can be found in appendix 7, 21 and 28 of this policy.

22. Emergency procedures

- 22.1. Medical emergencies are dealt with under the school's emergency procedures.
- 22.2. Where an IHCP is in place, it should detail:
- What constitutes an emergency.
 - What to do in an emergency.
- 22.3. Students are informed in general terms of what to do in an emergency, such as telling a teacher.
- 22.4. If a student needs to be taken to hospital, a member of staff remains with the student until their parents/carers arrive.
- 22.5. When transporting students with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.
- 22.6. Appropriate forms can be found in appendix 11 of this policy.

23. Day trips, residential visits and sporting activities

- 23.1. Students with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- 23.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable students with medical conditions to participate. In addition to a risk assessment, advice is sought from students, parents/carers and relevant medical professionals.
- 23.3. The school will arrange for adjustments to be made for all students to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

24. Unacceptable practice

- 24.1. The school will never:
- Assume that students with the same condition require the same treatment.
 - Prevent students from easily accessing their inhalers and medication.
 - Ignore the views of the student and/or their parents/carers.
 - Ignore medical evidence or opinion.
 - Send students home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
 - Send an unwell student to the medical room or school office alone or with an unsuitable escort.

- Penalise students with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to students participating in school life, including school trips.
- Refuse to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

25. Liability and indemnity

- 25.1. The governing board ensures that appropriate insurance is in place to cover staff providing support to students with medical conditions.
- 25.2. The school holds an insurance policy with Zurich covering liability relating to the administration of medication. The policy has the following requirements:
 - All staff must have undertaken appropriate training.
- 25.3. All staff providing such support are provided access to the insurance policies.
- 25.4. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

26. Complaints

- 26.1. Parents/carers or students wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance.
- 26.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy.
- 26.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DoE.
- 26.4. Parents/carers and students are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

27. Home-to-school transport

- 27.1. Arranging home-to-school transport for students with medical conditions is the responsibility of the LA.
- 27.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for students with life-threatening conditions.

28. Defibrillators

- 28.1. The school has a **Mediana HeartOn A15** automated external defibrillator (AED) located in the medical room in an unlocked, alarmed cabinet. This can only be accessed during the daytime.
- 28.2. The school has a second **Mediana HeartOn A15** which is located in the sports hall office. This can be accessed during the daytime and evenings. This office is unlocked when the sports hall is in use.
- 28.3. All staff members and students are aware of the AED's location and what to do in an emergency.
- 28.4. A risk assessment regarding the storage and use of AEDs at the schools has been carried out.
- 28.5. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
- 28.6. The emergency services will always be called where an AED is used, or requires using.
- 28.7. Maintenance checks will be undertaken on AEDs on a **monthly** basis by **Mr Dan Crook or Miss Louise Rawstron**. Mr Dan Crook will undertake the check on the AED which can be found in PE. An online record of checks and maintenance work being kept up-to-date by the designated person (Mr Dan Crook).
- 28.8. Appropriate forms can be found in appendix 24 and 29 of this policy.

29. Policy review

- 29.1. This policy is reviewed on an annual basis by the named governor, school nurse and the headteacher.
- 29.2. The scheduled review date for this policy is September 2024.

- Appendix 1 - Individual Healthcare Plan

Name –		Health Care Plan	
D.O.B –			
<u>Medical needs</u>			<u>Medication and Dosage</u>
<u>Year group</u>		<u>Medication kept and used in school</u>	Review Date: YearParent's Evening or if anything changes with condition.

<u>Care and Physical Needs</u>	<u>Arrangements in school to meet care needs</u>

<u>GP Contact Details</u>	EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
	Mum -	Dad -
	Home: Work: Mobile:	Home: Work: Mobile:
Signed: Date:	Other contact	

Appendix 2 - Year 7/new students IHCP assessment form

Could you please complete and return to school with any medical evidence (letters from hospital, doctors, etc).

If you have any concerns then please contact me on 01706 343218, leave a message and I will get back to you as soon as I can, or you can email me at n.uddin@whitworth.lancs.sch.uk

Name of Student	
Year Group	

Medical Need	
Medication and Dosage	
Medication to be kept and used in school (if needed)	
Care and Physical Needs	

GP Contact Details	
Emergency Contact 1	
Emergency Contact 2	
How do you think we can help your child with their medical condition whilst they are at school? This could be a toilet pass if they have bladder/bowel problems	
Any other information you think school need to be aware about?	

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Please sign, date and return to school

Signed _____

Date _____

Appendix 3 - Medical Assessment Form for new conditions

Name of Student	
Year Group	

Medical Need - Please provide a brief description and the name of the condition that they have been diagnosed with. (Could you also please provide any hospital letters which have the diagnosis on so we can keep a copy in your child's file).	
Is your Child under the care of medical professionals? (If yes, please state)	
GP Contact Details	
Is your child on any medication? (If yes, please state)	
Is your child receiving any medical treatment? (If yes, please state)	

Any other information you think school need to know? This could be how you think we could help in school	
Emergency Contact 1	
Emergency Contact 2	

Please sign, date and return to Mrs N Uddin at school

Signed _____

Print Name _____

Date _____



Appendix 4 - Asthma Medical Information

Name: _____ DOB: _____

Date Created: _____ Review Date: _____

Updated on: _____

Medications taken at home (please provide name and dosage)

Name of Medication	Dosage	Time taken

Medications taken in school (please provide name and dosage)

Name of Medication	Dosage	Time taken

Warning signs of an asthma attack: (please circle)

Awakening at night	Difficulty breathing	Coughing, especially at night
Chest tightness	Feeling very tired	Itchy, watery or glassy eyes
Itchy nose	Itchy or sore throat	Need to use more of your rescue medication
Wheezing	Hot/flushed	Feeling that you can't catch your breath
Other (please state in the space provided)		

What a student should do if they are having an asthma attack in school:

- Use your blue inhaler (salbutamol) as directed by your GP/Asthma Nurse.
- Let your teacher know (if possible) or let the person know who you are sitting next so they can do this.
- Continue to use your Blue inhaler as and when you need it.
- Your class teacher will do a medical support call.
- Your Parents/Carers will be notified.

Parent/Guardian signature _____

Date _____

Appendix 5 - ADHD Form

Name: _____

DOB: _____

Date Created: _____

Review Date: _____

Updated on: _____

Health Condition (please circle)

ADHD

ADD

Medications taken at home (please provide name and dosage)

Name of Medication	Dosage	Time taken

Medications taken in school (please provide name and dosage)

Name of Medication	Dosage	Time taken

Potential side effects of medications, these may include: (please circle)

Seizures	Nervousness	Dizziness	Unpleasant Taste
Headache	Talkativeness	Constipation	Rapid or Irregular heartbeat
Tremor	Dry Mouth	Twitching	Difficulty sleeping
Stomach Ache	Tics	Weight Loss	Loss of Appetite

Suggestions for classroom modifications/accommodations may include, but not limited to:

- **ATTENTION:** seating (quiet away from distractions); breaks as appropriate; division of work into smaller components, with reinforcement for staying on task and staying actively involved in learning process.
- **IMPULSIVENESS/EXCESSIVE MOTOR ACTIVITY:** rewards for positive behaviour; scheduled time for movement; predetermined cues to signal appropriate behaviour; clear understanding of class rules validated.
- **ORGANIZATION/PLANNING:** encouragement for use of organizational strategies such as planners, assignment books, etc., as well as possible pairing with positive role model.
- **MOODS/SOCIALIZATION:** opportunities to succeed provided with frequent reassurance and encouragement; assistance with stress/frustration management.
- **ACADEMIC SKILL:** accommodations in areas of weakness (reading, math, writing, etc.) with allowances for different modes of expression (written versus oral, etc.); extra completion time, etc.

Parent/Guardian signature _____

Date _____

Appendix 6 - Parental Agreement for the School to Administer Medicine

Form for parents to complete if they wish the school to administer prescription medication.
The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname M/F Date of Birth
Forename(s) Class

Condition or illness
.....

MEDICATION

Name/Type of Medication (as described on the container)
.....
.....

For how long will your child take this medication
.....
.

Date dispensed

Full directions for use. Dosage, method and timing
.....
.....

Known side effects
.....

Procedure to take in an emergency
.....
.....

CONTACT DETAILS

Name Daytime Telephone No.

Relationship to student

I understand that I must deliver the medicine personally to Mrs Uddin.

Signature Date

Relationship to student
.....

Appendix 7 - Record of Medicine Administered - Paracetamol

[illegible]

Appendix 8 - Administering Medication for staff

- The student will come to the office window and ask for their medication.
- You will need to find the correct box for their year and then their medication will be in a labelled A5 plastic wallet.
- Take the medication out of the wallet and check that the the pharmacy label matches the information on the consent form, you are checking:
 - students name
 - Dosage
 - any special instructions on how to take the medication.
- You should then check the information with the student, you should ask them to tell you:
 - their name
 - date of birth
 - name of their medication.
- Check that the consent form to administer medication has been completed and is with the students medication. If there is no consent form then verbal consent will need to be given.
- The student should be able to administer their own medication.
- Complete a Medical Tracker form, these can be found in the Reception.
- Leave the completed form in the Reception for Mrs Uddin to collect and upload to medical tracker.

Medication Use		MEDICAL TRACKER CALL US ON: 020 3743 9599	
Child's Name		Medication administered by:	☐ Student Staff member
Medication use date		Name of staff member(s) who administered	1: 2:
Medication use time	00:00 am / pm	Any side effects experienced?	
Name of medication		OFFICE USE ONLY:	
Exact dosage administered		RECORDED ON MEDICAL TRACKER: ☐	
		NAME: _____ DATE: _____	

Appendix 9 - Staff Training Record

Name of School	Whitworth Community High School
Staff Name	
Type of training received	
Date training was completed	
Training provided by	
Profession and title	

I confirm that has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated every year.

Trainer's signature

Date

I CONFIRM THAT I HAVE RECEIVED THE TRAINING DETAILED ABOVE.

Staff signature

Print name

Date

Suggested review date

Appendix 10 - Medication Returns

Students Name

Medicine details

Name of medicine	
Quantity to be returned	
Reason for the return of medication	

Return details

Staff Name (WCHS)	
Signature	
Date	

Complete the box below if handing medication to a parent/carer.

Parent/Carers name	
Signature	
Date	

Complete the box below if medication is being returned to a pharmacy.

Pharmacy name and address	
Staff name	
Signature	
Date	

To be stored by phones in the school

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- The telephone number: **01706 343218**
- Your name.
- Your location as follows: **Whitworth Community High School, Hallfold, Whitworth, Rochdale, Lancashire, OL12 8TS**
- The satnav postcode: **OL12 8TS**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

Appendix 12 - Letter Individual Healthcare Plan Year 7

Date

Dear Parent/Carer,

Firstly, I would like to take this opportunity to welcome your child to Whitworth Community High School.

As a school we record all medical information via Medical Tracker as well as an Individual Health Care Plan; this is in line with the school's medical policy.

To ensure that our records are fully up to date, please could you please take time to read over your child's Individual Health Care Plan, I would appreciate it if you could complete the following sections:

- Medicine and Dosage
- Medication kept and used in school
- GP Details
- Please feel free to add any other information you think is necessary or make any changes.

If you require any additional information or there are any other changes that you think are necessary for us to make, please don't hesitate to contact either myself or Mrs Uddin on 01706 343218 or a.kewin@whitworth.lancs.sch.uk or n.uddin@whitworth.lancs.sch.uk

Appendix 13 - Letter Individual Healthcare Plan - Review

Date

Dear Parent/Carer,

As you are aware your child currently has an Individual Health Care Plan. All of their medical information is recorded via a secure online programme known as Medical Tracker; this is as per the school's medical policy.

To ensure that our records are fully up to date, please could you take time to read over your child's Individual Health Care Plan and make any amendments that may be needed. If possible, could you also provide any new medical information for their ongoing medical condition.

I would appreciate it if you could hand this in at the end of parents evening or send this back to school as soon as possible to ensure that your child's Individual Health Care Plan can be updated.

If you require any additional information or have any questions, please don't hesitate to contact either myself or Mrs Uddin on 01706 343218 or a.kewin@whitworth.lancs.sch.uk or n.uddin@whitworth.lancs.sch.uk

Appendix 14 - Incident Reporting Form

Injury Incident Report

MEDICAL TRACKER

CALL US ON: 020 3743 9599

Child's Name

Date of Incident

Time of Incident

Location of incident

Injury description & how it happened?

Treatment administered

Injury Type (tick one box):

- | | |
|---|-------------------------------------|
| ☐ Head Injury | ☐ Chest |
| ☐ Right Shoulder | ☐ Stomach |
| ☐ Left Shoulder | ☐ Right Hip |
| ☐ Right Arm | ☐ Left Hip |
| ☐ Left Arm | ☐ Groin Area |
| ☐ Right Hand | ☐ Right Knee |
| ☐ Left Hand | ☐ Left Knee |
| ☐ Right Elbow | ☐ Right Leg |
| ☐ Left Elbow | ☐ Left Leg |
| ☐ Upper Back | ☐ Right Foot |
| ☐ Lower Back | ☐ Left Foot |

Name of first aider

What happened next (tick one box):

- ☐ Student stayed at school
☐ Student went home
☐ Student went to hospital

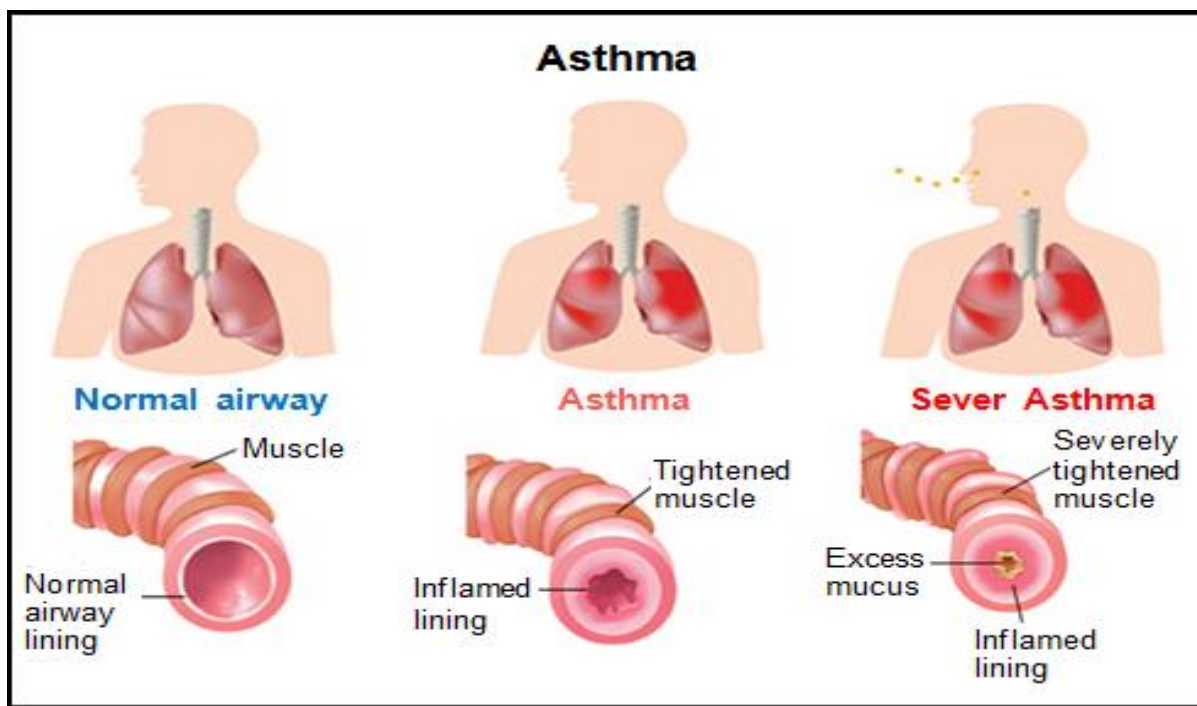
OFFICE USE ONLY:

RECORDED ON MEDICAL TRACKER: ☐

Appendix 15 - Management of asthma

What is asthma ?

Asthma is a long term condition that affects the airways, and varies in severity.



How to treat a student who is having an asthma attack

First initial symptoms could include:

- Coughing more than usual
- More breathless than usual
- Chest feeling tight
- Slight wheeze - may or may not be heard
- No difficulty speaking]Not distressed

SEVERE/LIFE threatening symptoms could include:

- Persistent cough
- Breathing very quickly or struggling for breath
- Difficulty talking
- Quiet/pre-occupied behaviour
- Restless/agitated
- Sleepy
- Pale and sweaty
- Blue/grey around the lips
- Wheeze may or may not be heard

An adult **MUST** stay with the student and support/direct them to:

- Breathe slowly
- Sit upright and lean slightly forward - this is so that the chin is not tucked into the chest.
- Take **2 initial puffs** of their reliever inhaler (**BLUE**), preferably through a spacer (if available), one at a time.
- Stay with the student and encourage them to relax and rest for a few minutes.

Are the symptoms improving?

Yes	No
• If the students symptoms improve following their attack, then they can return to lessons. Ensure that all other staff in contact with the student are aware of the incident and that they continue to monitor/support them. • Parents/carers to be informed. • Incident recorded on CPOMS.	• Give 1 puff per minute of their reliever inhaler (BLUE), up to 10 puffs preferably through a spacer. • If no improvement then DIAL 999 FOR AN AMBULANCE and follow the instructions given by the emergency operator (use the contact emergency services sheet which is located by the phones in school). • Continue to reassure the student whilst you wait for the ambulance. • Contact parent/carers.

Asthma can kill - do not hesitate to call for medical help at any point.

Appendix 16 - Asthma letter Year 7

Date

Dear Parent/Carer,

Firstly, I would like to take this opportunity to welcome your child to Whitworth Community High School.

As a school we record all medical information via Medical Tracker as well as an Individual Health Care Plan; this is in line with the school's medical policy.

To ensure that our records are fully up to date, please could you please take time to read over your child's Asthma Plan, I would appreciate it if you could complete the following sections:

- Medicine, Dosage and Time taken
- Medication used in school
- Warning signs of an asthma attack
- Please feel free to add any other information you think is necessary or make any changes.

I would appreciate it if you could send this back to school as soon as possible to ensure that your child's Asthma Plan can be updated.

If you require any additional information or there are any other changes that you think are necessary for us to make, please don't hesitate to contact either myself or Mrs Uddin on 01706 343218 or send@whitworth.lancs.sch.uk or n.uddin@whitworth.lancs.sch.uk

Appendix 17 - Asthma letter Review

Date

Dear Parent/Carer,

As you are aware your child currently has an Asthma Plan. All of their medical information is also recorded via a secure online programme known as Medical Tracker; this is as per the school's medical policy.

To ensure that our records are fully up to date, please could you take time to read over your child's Asthma Plan and make any amendments that may be needed. If possible, could you also provide any new medical information for their ongoing medical condition.

I would appreciate it if you could hand this in at the end of parents evening or send this back to school as soon as possible to ensure that your child's medical information can be updated.

In the new school year, I will be making changes to the review process of all student Individual Health Care Plans. From September Asthma forms will be reviewed at your child's parents evening, you will be handed their plan when signing in. This will give you time to look over it in between seeing your child's teachers, you will be able to make any amendments needed before handing it back in before leaving school at the end of the evening.

If you require any additional information or have any other changes that you think are necessary for us to make, please do not hesitate to contact myself or Mrs Uddin on 01706 343218 or send@whitworth.lancs.sch.uk or n.uddin@whitworth.lancs.sch.uk

Appendix 18 - ADHD letter Year 7

Date

Dear Parent/Carer,

Firstly, I would like to take this opportunity to welcome your child to Whitworth Community High School.

As a school we record all of your child's medical information on the school's medical system, Medical Tracker; this is in line with the school's medical policy.

You have made the school aware that your child has been diagnosed with ADHD or ADD. To help us ensure that your child can learn to their full potential, I would appreciate it if you could please take the time to complete the attached form. If possible, could you also provide any new medical information for their ongoing medical condition.

I would appreciate it if you could send this back to school as soon as possible to ensure that your child's medical information can be updated.

If you require any additional information or have any other changes that you think are necessary for us to make, please do not hesitate to contact myself or Mrs Uddin on 01706 343218 or a.kewin@whitworth.lancs.sch.uk or n.uddin@whitworth.lancs.sch.uk

Appendix 19 - ADHD letter Review

Date

Dear Parent/Carer,

As you are aware your child currently has an ADHD Plan. All of their medical information is also recorded via a secure online programme known as Medical Tracker; this is as per the school's medical policy.

To ensure that our records are fully up to date, please could you take time to read over your child's ADHD Plan and make any amendments that may be needed. If possible, could you also provide any new medical information for their ongoing medical condition.

I would appreciate it if you could hand this in at the end of parents evening or send this back to school as soon as possible to ensure that your child's medical information can be updated.

In the new school year, I will be making changes to the review process of all student Individual Health Care Plans. From September ADHD forms will be reviewed at your child's parents evening, you will be handed their plan when signing in. This will give you time to look over it in between seeing your child's teachers, you will be able to make any amendments needed before handing it back in before leaving school at the end of the evening.

If you require any additional information or have any other changes that you think are necessary for us to make, please do not hesitate to contact myself or Mrs Uddin on 01706 343218 or a.kewin@whitworth.lancs.sch.uk or n.uddin@whitworth.lancs.sch.uk

Appendix 20 - Record of administration of AAI

[illegible]

Appendix 21 - Allergy Declaration Form

Name of pupil:			
Date of birth:		Year group:	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Appendix 22 - Parent/carer consent to administer emergency AAI

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Name of child:

Date of Birth:

Yes	☐	No	☐
------------	--------------------------	-----------	--------------------------

Name of parent:	
Relationship to child:	
Contact details of parent:	
Parental signature:	

Appendix 23 - Maintenance of AEDs

Weekly maintenance check for AED located in the **medical room and PE.**

[illegible]

Appendix 24 - Maintenance of emergency asthma inhaler

Weekly maintenance check for emergency asthma inhaler located in the **medical room**.

[illegible]

Appendix 25 - Maintenance of emergency AAI

Weekly maintenance check for emergency AAI located in the **medical room**.

[illegible]

Appendix 25 - Parent/carer consent to administer emergency Asthma Inhaler (salbutamol)

I understand that the school may purchase spare Asthma Inhalers (salbutamol) to be used in the event of an emergency asthma attack. I also understand that, if my child doesn't have their asthma inhaler (salbutamol) or if it has run out, it may be necessary for the school to administer a spare asthma inhaler (salbutamol), but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare asthma inhaler (salbutamol) to my child.

Name of child:

Date of Birth:

Yes	☐	No	☐
------------	--------------------------	-----------	--------------------------

Name of parent:	
Relationship to child:	
Contact details of parent:	
Parental signature:	

Appendix 26 - Record of administration of Asthma Inhaler (salbutamol)

[illegible]

Location 1: Medical Room

Daytime use ONLY

Location 2: PE Office

Daytime and evenings

Both of these AEDs give verbal instructions when being used.

ONLY to be used in an
EMERGENCY!

Appendix 30 - Administering Paracetamol in School

Date

Dear parent/carers,

We are unable to administer ibuprofen or any medication that contains aspirin to students at school unless prescribed by a doctor. However, to best support our students we have recently reviewed our school medications policy to enable our students to be given a dose of paracetamol if necessary; after other efforts have been made to ease their pain.

If a student still complains of pain, even after having a drink, sitting quietly or lying down, we will contact you by phone to ask permission to give one 500mg dose of paracetamol. An electronic record will be kept of this on medical tracker and a sticker will be placed in their planner for your information, this will show the date and time that the 500mg dose of paracetamol was administered.

If a student has an ongoing medical condition and they require regular paracetamol, then you will need to send a box of paracetamol into school. The box must have the student's name and date of birth written on the front of the box. The box must then be handed into the main office where it will be stored in a locked medical cabinet.

It is a legal requirement that the school has written permission from parents/carers before a child is given paracetamol. Therefore, please complete the slip at the end of this letter and return to your child's form tutor, which asks you to indicate your consent to the school giving paracetamol in the event of headache, toothache, period pain etc. The school will contact you by phone before any paracetamol is given, to obtain your verbal consent and to confirm whether your child has taken any medicines before attending school. Please ensure that we always have your up to date contact number and make sure you inform us of any changes. Please note paracetamol will not be issued without written and verbal consent.

Administration of Paracetamol - Parental Consent

I,(parent/carers) give/do not give permission for 1 dose of paracetamol (500mg) to be given to my child in the event of headache, toothache, period pain etc following a telephone call from the school.

Child's Name

Child's Form

Signed..... Parent/Carer

Date.....

*Please return this form, to your form tutor, no later than *****DATE*****

Appendix 31 - Management of Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is a severe, potentially, life-threatening generalised allergic reaction characterised by:

- Skin changes such as redness and itching
- Falling blood pressure
- Oedema (swelling below the skin surface)
- Swallowing and breathing difficulties
- Rapid breathing
- Rapid heart rate

There are varying degrees of allergic reaction however Anaphylaxis is at the extreme end of the allergic spectrum.

The whole body is affected usually within minutes of exposure to the allergen however some reactions can develop after several hours.

Signs and Symptoms

Signs and symptoms can include:

- Mouth or throat oedema (swelling)
- Reduced ability to speak or swallow
- Allergic type rash (hives) on any area of the body
- Stomach cramps/vomiting
- Feeling faint/weak
- Breathing difficulties
- Collapse/unconscious

Types of reactions

Uni-phasic – rapidly developing severe reaction involving the airway or circulation.

Bi-phasic – early symptoms as above, then a symptom-free period of 1–2 hours, followed by increasing symptoms involving breathing and circulation.

Different types of Allergens

Peanuts	Eggs	Fish	Kiwi	Penicillin
Tree nuts	Cow's Milk	Wasp	Lupin	Drugs
Sesame	Shellfish	Latex	Bee	

Crisis Management

- Stay calm
- Assess the child's reaction
- Call for help
- Give emergency treatment
- Monitor closely until the ambulance arrives
- Do not move the child and consider the immediate environment

Treatments

Adrenaline auto injector devices:

- Reverses swelling
- Relieves asthma
- Constricts the blood vessels
- Stimulates the heart

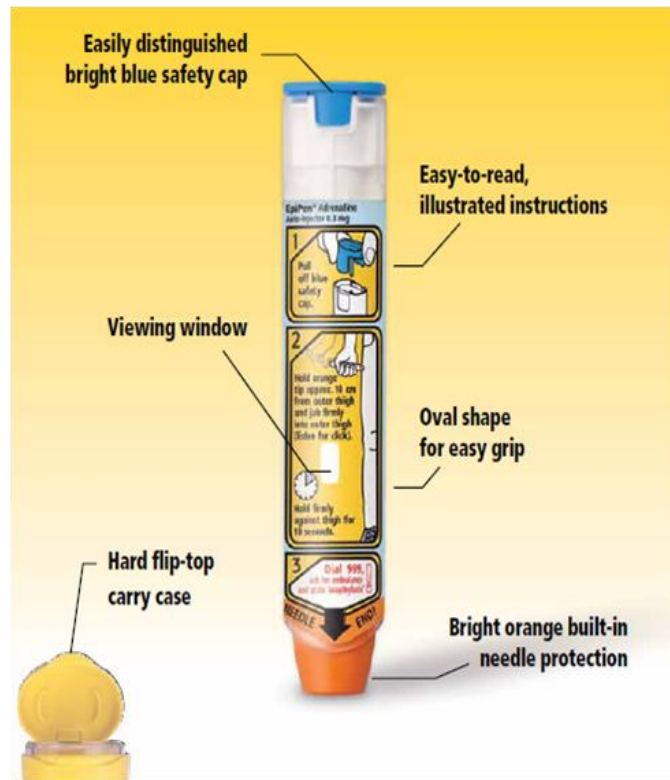
Other treatments include:

- Anti-histamines

- Asthma inhalers

Types of Auto Injector Pen

This is an epi-pen. Every pen comes with a set of illustrated instructions on the outside of the pen.



This is a Jext epi-pen. Every pen comes with a set of illustrated instructions on the outside of the pen.



How to use an Auto Injector Pen

 1	Grasp the auto injector pen in your dominant hand (the one you use to write with).
 2	Pull off the yellow cap.
 3	Place the injector tip against the outer thigh, holding the injector at a right angle (approx 90) to the thigh.
 4	Push the tip firmly into the thigh until you hear a 'click' confirming the injection has started, hold, keeping it pushed in for 10 seconds (a slow count to 10) then remove.
 5	Massage the injection area for 10 seconds. Seek immediate medical help.

