



## **Locks Heath Junior School Safeguarding Policies**

### **3.8 Supporting Pupils with Medical Conditions**

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Signed on Behalf of the Governing Body	Name	Date

<b>Revision Status</b>					
Rev	Issue Date	Reason for Issue	Prepared	Approved	
02	23.3.18	2018 review and issue	NF	FGB	
03	5.4.20	2019 review and issue	KC		
04	21/03/23	2023 review and issue	DC	FGB	

<b>List of Changes to previous revision</b>	
P6	Added the word 'exceptional' to the penultimate paragraph.
P6	Added reference to seeking GP letter.
P8	Added details of annual audit.

# Supporting Pupils with Medical Conditions

This policy should be read in conjunction with:

- Safeguarding Policy\* (3.1)
- Child Protection Policy\* (3.2)
- Anti-Bullying Policy (3.3)
- Drugs Policy (3.4)
- Staff Code of Conduct\* (3.5)
- Health and Safety Policy\* (3.6)
- School Risk assessments
- First Aid Policy (3.7)
- Procedures for Protected Disclosures (3.9)
- Keeping Children Safe in Education (DFE 2016)

(\*indicates a Statutory Policy for the Governing Body)

## Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children at their premises with medical conditions. The Department of Education has produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their 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 fully.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the DfE document: Supporting Pupils with Medical Needs, April 2014. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

## Key Roles and Responsibilities

The Governing Body is responsible for:

- Ensuring arrangements are made to support pupils with medical conditions in school, including developing and implementing a policy for supporting pupils with medical conditions in school.
- Ensuring sufficient staff have received suitable training and are competent before taking on responsibility to support children with medical conditions.
- Ensuring the Health & Safety Governor carries out monitoring and produces a report for the Governing Body annually.

The Headteacher is responsible for:

- Ensuring the school's policy is developed and effectively implemented with partners.
- Ensuring all staff are aware of the policy of supporting children with medical conditions and understand their role in its implementation.
- Ensuring school staff are insured and aware that they are insured to support pupils in this way.

The Business Manager is responsible for:

- Ensuring sufficient trained members of staff are available to implement the policy and deliver the requirements of all Individual Health Care Plans.

The Child and Family Support Worker:

- Ensuring contact is made with the school nursing team to alert them to children who have a medical condition.
- Meeting with parents and health professionals to devise Individual Health Care Plans.
- Ensuring that all staff, who need to know, are made aware of children's conditions.
- Ensuring that the 'Red Book' is kept up to date and is distributed to all staff annually and to supply staff daily.
- Monitoring Individual Health Care Plans half-termly by cross checking medication with documentation and carrying out 'spot checks'.

Teachers and Support Staff are responsible for:

- Providing support to pupils with medical conditions, including the administering of medicines (although they cannot be required to do so).
- Taking into account the needs of pupils with medical conditions.
- Receiving sufficient and suitable training, and achieve the necessary level of competency before taking on responsibility to support children with medical conditions.
- Being aware and know what to do, and responding accordingly when a pupil with a medical condition needs help.
- Ensuring that the needs of children with medical conditions are recorded on risk assessments for specific activities and trips.

The School Nursing Service is responsible for:

- Being accessible to every school.
- Being responsible for notifying the school when a child has been identified as having a medical condition which will require support in school (wherever possible before the child starts school).
- Supporting staff, as necessary, on the implementation of the child's IHCP and provide advice and liaison, for example, on training.
- Liaising with lead clinicians locally on appropriate support for the child and associated staff training needs.
- Being a resource for a school seeking advice and support in relation to children with a medical condition.

## Local Arrangements

### Identifying children with health conditions

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' (Appendix 1) to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

### Individual Healthcare Plans

We recognise that Individual Healthcare plans (IHCP) are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an IHCP, it will be the responsibility of the Child and Family Support Worker, in consultation with the Headteacher, to work with parents and relevant healthcare professionals to write the plan.

An IHCP (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Child and Family Support Worker will work in partnership with the parents/carer, and a relevant healthcare professional eg: school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan.

Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the IHCP will be linked to or become part of that statement or EHC plan. We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the IHCP.

We will use the IHCP template at Appendix 2 of this policy.

Additional Information for Supporting Pupils with Asthma and Supporting Pupils with Allergies is appended to this policy.

An IHCP should contain the following information:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues eg: crowded corridors, travel time between lessons etc.

- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.
- The level of support needs (some children will be able to take responsibility for their own health needs) including in emergencies. (If a child is self-managing their medication this should be clearly stated with appropriate arrangements for monitoring)
- Who will provide this support, their training needs and expectations of their role and confirmation of proficiency to provide support for the child's medical condition from the healthcare professional; and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg: risk assessments.
- Where confidentiality issues are raised by the parent / child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHCP.
- A review date, which should be annual or when there are changes to the medication and/or support in school.

### Location of IHCPs

IHCPs are stored in a folder in the medical room. Class teachers have a duplicate copy in a folder in their classroom.

### Staff Training

In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, having taken into consideration the training requirements as specified in the pupil's IHCP.

All new staff will be inducted on the policy when they join the school through the health and safety briefing. Records of this training will be stored in the individual's personnel folder.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions, which will include what their role is in implementing the policy. This training will be carried out annually. This awareness training will be provided to staff by the Child and Family Support Worker or by the School Nursing Service. In some instances the school may use a recommended training provider. Evidence of training will be recorded using a signing sheet.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

## The child's role

Where possible and in discussion with parents, children who are competent will be encouraged to take some responsibility for managing their own medicines and procedures. This will be recorded in their IHCP.

## Managing Medicines on School Premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible, we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carer's written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered by two people. Care should be taken to ensure that the prescription label on the box matches the prescription label of the bottle and that the medication is actually what has been prescribed and that it is for the named child.

On occasions where a child refuses to take their medication, the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container. Children who are Asthmatic will have their own inhaler in school, this will be stored in their class medical bag. Staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer certain non-prescribed medicines in certain exceptional circumstances. One example is for children who have been identified through Inclusion Team Meetings, where this might be beneficial (eg a child with low attendance, a child with

recurrent ear infections) and then only when written consent has been received in advance from the parent/carer. We would also seek written confirmation from the child's GP that the administration of the non-prescribed medicine was appropriate. Another circumstance would be during residential visits where consent has been given by the parent/carer for specified homely remedies.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

### Emergency Procedures

Where a child has an IHCP, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie, informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parent arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

### Day trips/off-site activities

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

### Other issues

#### Home-to-School Transport.

This is the responsibility of the local authority, who may find it helpful to be aware of the pupil's IHCP, and what it contains, especially in respect of emergency situations.

### Responsibility of all staff

Staff are expected to use their discretion and judgement in supporting children with their medical needs. Staff must ensure that:

- they understand the needs of each child with a medical condition, with whom they work;
- children can access their inhalers and medication, and administer their medication when and where necessary;
- the views of the child or their parents or medical evidence or opinion must be embraced;
- help children to manage their medical conditions effectively in school and to be fully included in school activities, unless this is in contravention of their IHCP;
- if a child becomes ill, they must be escorted to the medical room;

- ensure that pupils are allowed to eat, drink or take toilet or other breaks whenever they need to in order to manage their medical condition effectively.

### Liability and Indemnity

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

### Monitoring

Individual Health Care Plans will be monitored by either the Deputy Headteacher or Child and Family Support Worker termly or whenever there is a change to a child's regime.

Staff will be informed of any changes that will impact on a child's support in school.

An audit of the procedures outlined in this policy will be carried out annually by the HT and a Governor.

### Complaints

Should parents or children be dissatisfied with the support provided, they can discuss their concerns directly with the Headteacher. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.



### APPENDIX 1



# Locks Heath Junior School

Please complete this questionnaire and return it to school.

It is important we support all children with medical conditions to access their education. Some children with medical conditions may need support or medication during school. Could you complete this questionnaire and return it to school as soon as possible so we can arrange any support needed.

Name of child ..... Date of birth .....

Home address .....

.....

Does your child have a medical condition/health concern? If yes, give details:  Yes  No

Does this medical condition/health concern need to be managed during the school day? If yes, give details:  Yes  No

Does your child take medication during the school day? If yes, give details:  Yes  No

Does your child have a healthcare plan that should be followed in a medical emergency? If yes, give details:  Yes  No

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school to discuss this information with the School Nursing Service or other professionals involved in my child's care.

Signed ..... Print Name .....  
(Parent/carer with parental responsibility)

Date ..... Contact Number .....



## HEALTH CARE PLAN

<b>Name of child:</b>	
<b>Class No.</b>	
<b>Date of Birth:</b>	
<b>Address of child:</b>	
<b>Medical Conditions:</b>	
<b>Medical needs/symptoms, triggers, signs, equipment or devices, environmental issues etc</b>	
<b>Name of medication, dose method of administration, when to be taken, side effects, administration/supervision:</b>	
<b>Daily Care Requirements:</b>	
<b>What constitutes an emergency and what action should be taken:</b>	
<b>Specific support for the child's education, social and emotional needs:</b>	
<b>Arrangements for school visits/trips:</b>	
<b>Emergency Contact details (1)</b> <b>Home:</b> <b>Mobile:</b> <b>Work:</b>	
<b>Emergency Contact details (2)</b> <b>Home:</b> <b>Mobile:</b> <b>Work:</b>	
<b>GP Name and telephone No.</b>	
<b>Hospital clinic contacts:</b>	
<b>Persons responsible for providing support in school:</b>	
<b>Plan developed with:</b>	



## HEALTH CARE PLAN

### Staff Indemnity

Hampshire County Council fully indemnifies its staff against claims for alleged negligence providing they are actioned within the scope of their employment.

### Agreement and Conclusion

1. A copy of these notes will be held by the school and parents.
2. Any necessary revisions will be subject of further discussions between the school and parents.
3. On a termly basis, any change of routine will be noted and circulated.

### AGREED AND SIGNED

On behalf of the School

.....	Headteacher	Date .....
.....	Class Teacher	Date .....
.....	Parents	Date .....

Review Date –

## **Supporting Pupils with Asthma**

### **Introduction**

Asthma affects one in eleven children in the UK and it is the most common long-term medical condition. On average, there are three children with asthma in every classroom and the UK has among the highest prevalence rates of asthma symptoms in children worldwide.

### **Key Roles and Responsibilities**

In line with the schools policy of Supporting Pupils with Medical conditions all stakeholders are responsible for ensuring that any child with asthma is fully supported in school.

### **Identifying children with Asthma**

We will aim to identify children with asthma on entry to the school by working in partnership with parents/carers and through receipt of a completed school Medical Questionnaire (Appendix 1).

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

### **Individual Healthcare Plans**

All children with asthma will require an Individual Healthcare Plan (IHCP) .

The Child and Family Support Worker will work in partnership with the parents/carer, and a relevant healthcare professional eg: school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the IHCP. Parental permission must be sought prior to seeking relevant advice or guidance from the School Nursing Team.

Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the IHCP will be linked to or become part of that statement or EHC plan. We will use the My Asthma Plan template at Appendix 4 of this policy. In addition a Parental Agreement for School to Administer Medicine will be completed.

The Asthma Plan for each child must contain the following information:

- Triggers, signs and symptoms
- Treatment for asthma – preventer and reliever.
- Consent form for the use of emergency salbutamol inhaler.

### **Staff Training**

All named staff will undertake Supporting Pupils with Asthma in Schools course.

### **The child's role**

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their IHCP.

Where possible we will endeavour to ensure that children will have easy access to their own inhalers to allow for quick self-medication.

### Emergency Procedures

In the event of an asthma attack where the reliever is not having any effect an ambulance would be sought.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

### Day trips/off-site activities

We will ensure that teachers are aware of how a child's asthma will impact on their participation in any off site activity or day trip.

The child's inhaler will be taken on the trip in the same vehicle in which the child is travelling along with a School Emergency Inhaler.

### Responsibility of all staff

Teaching staff are expected to:

- know who in their class has asthma.
- allow children with asthma to access their inhalers to administer when and where necessary and encourage the children to record their inhaler usage;
- help children to manage their medical conditions effectively in school and to be fully included in school activities, unless this is in contravention of their IHCP;
- if a child with becomes ill, the office must be contacted immediately, they must remain where they are.

### Use of School Emergency Salbutamol Inhaler

As part of the Parental Agreement for School to Administer Medicine, parents will be asked to give consent for use of the school dedicated emergency inhaler in the even that their child's inhaler is either unusable or inaccessible.

Use of the emergency inhaler should be recorded on the reverse of the 'Individual Asthma Inhaler Record' stored in the 'Individual Asthma Records' folder located in the Medical Room. This should include where and when the attack took place (eg PE, playground, classroom, breaktime, lunchtime or lesson time), how much was given and by whom. The parents will be informed in writing using the proforma at Appendix 5.

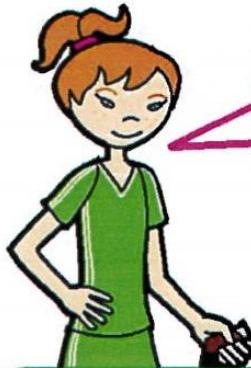
### Monitoring

Asthma Plans will be monitored by the Child and Family Support Worker half termly or whenever there is a change to a child's regime.

As part of this monitoring process expiration dates of inhalers held in school will be checked. Staff will be informed of any changes that will impact on a child's support in school.



# My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.

Name: \_\_\_\_\_



## 1. My daily asthma medicines

- My preventer inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_
- I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:  
\_\_\_\_\_  
\_\_\_\_\_
- My reliever inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_. I take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is \_\_\_\_\_

## 2. When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than \_\_\_\_\_

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

I also take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) every four hours.

If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?

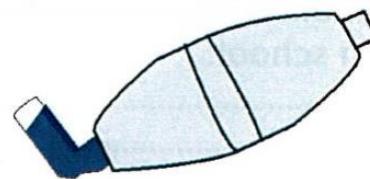


If YES  
I take:

\_\_\_\_\_ puff/s of my reliever inhaler (usually blue) beforehand.



Remember to use my inhaler with a spacer (if I have one)





# My Asthma Plan

## 3. When I have an asthma attack

I'm having an asthma attack if:

- My reliever inhaler (usually blue) isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than \_\_\_\_\_

**My asthma triggers** (things that make my asthma worse)

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Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

### When I have an asthma attack, I should:

Sit up – don't lie down. Try to be calm.

Take one puff of my reliever inhaler **every 30 to 60 seconds** up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.



If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) every 30 to 60 seconds (up to 10 puffs).



**I need to see my asthma nurse every six months**

Date I got my asthma plan:

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Date of my next asthma review:

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Doctor/asthma nurse contact details:

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**Parent/Carer's Signature:**

I agree to my child being administered an emergency inhaler (blue), should their inhaler be mislaid or not in school:

.....

Date .....

**Parents – get the most from your child's action plan**

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitter (a printout or a photo).



## USE OF EMERGENCY SALBUTAMOL INHALER

Name: ..... Class .....

Date: ..... Time: .....

Dear Parent/Guardian

Your child had problems with his/her breathing today. This happened during:

PE

Breaktime

Lunchtime


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

They were given .....puffs.

Although they soon felt better, we would strongly suggest that you have your child seen by your GP as soon as possible.

Yours sincerely

Office Staff/Lunchtime Supervisor

## Supporting Pupils with Allergies

### Introduction

In the UK, there are about 20 deaths a year from severe allergies (anaphylactic reactions). Every school is likely to have at least one pupil who is severely food-allergic.

### What is an allergy?

An allergy (or allergic reaction) occurs when the body's immune system overreacts to a substance that it perceives to be a threat. Allergic reactions can be mild, moderate or severe (anaphylactic reaction).

### Key Roles and Responsibilities

In line with the schools policy of Supporting Pupils with Medical conditions all stakeholders are responsible for ensuring that any child with allergies is fully supported in school.

### Identifying children with Allergies

We will aim to identify children with allergies on entry to the school by working in partnership with parents/carers and through receipt of a completed school Medical Questionnaire (see Appendix 1).

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

### Individual Healthcare Plans

All children with allergies will require an Individual Healthcare Plan (IHCP). The Child and Family Support Worker will work in partnership with the parents/carer, and a relevant healthcare professional eg: school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the IHCP. Parental permission must be sought prior to seeking relevant advice or guidance from the School Nursing Team or other healthcare professional.

Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the IHCP will be linked to or become part of that statement or EHC plan.

We will use the allergy specific IHCP template at Appendix 7 of this policy. The IHCP for a child with allergies must contain the following information:

- Triggers, signs and symptoms.
- Treatment of a mild allergic reaction.
- Treatment for a severe allergic reaction including whether an auto-injector adrenalin pen is held in school
- Whether a severe allergic reaction could include asthma.

### Staff Training

All named staff will undertake Supporting Pupils with Allergies in Schools course.

### The child's role

Any child with a known allergy is encouraged to report the mildest of allergic reactions to their teacher or school first aid staff as soon as possible.

### Emergency Procedures

In the event of a severe allergic reaction an ambulance will be sought. Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds). Any used adrenaline pens should also be taken.

### Day trips/off-site activities

We will ensure that teachers are aware of how a child's allergies may impact on their participation in any off site activity or day trip.

The child's medicines (anti-histamine, adrenaline pen and inhaler) will be taken on the trip, in the same vehicle that the child travels in, including the school Emergency Inhaler.

### Responsibility of all staff

Teaching staff are expected to:

- Know who in their class has a severe allergy.
- If a child is experiencing a mild reaction they will be escorted to the school office immediately and their protocol followed.
- If a child is experiencing a severe reaction, the office must be contacted immediately, they must remain where they are and their protocol followed.

### Monitoring

Individual Healthcare Plans will be monitored by the Child and Family Support Worker half termly or whenever there is a change to a child's regime.

Staff will be informed of any changes that will impact on a child's support in school.



Insert Photo	<b>HEALTH CARE PLAN FOR CHILDREN WITH ALLERGIES</b>
NAME:	
CLASS:	
DATE OF BIRTH:	
HOME ADDRESS:	
<b>LIFE THREATENING FOOD ALLERGIES TO:</b>	
<b>OTHER ALLERGIES:</b>	
<b>MILD REACTION:</b>	
<b>Treatment for Mild Reaction:</b>	
<b>SEVERE REACTION – Anaphalaxis:</b>	
<b>FOOD ALLERGY: SEVERE FOOD REACTION TREATMENT</b>	

<b>Daily Care Requirements</b>	
<b>Specific support for the pupils education, social and emotional needs</b>	
<b>Arrangements for school visits/trips</b>	
<b>Staff training needed/undertaken who/what/when</b>	
<b>Emergency Contact Details (1)</b> Home: Mobile: Work:	
<b>Emergency Contact Details (2)</b> Home: Mobile: Work:	
<b>GP Name and Telephone No.</b>	
<b>Hospital Clinic Contacts:</b>	
<b>Persons responsible for providing support in school:</b>	
<b>Plan developed with:</b>	

### Staff Indemnity

**Hampshire County Council fully indemnifies its staff against claims for alleged negligence providing they are actioned within the scope of their employment.**  
**Agreement and Conclusion**

1. **A copy of these notes will be held by the school and parents.**
2. **Any necessary revisions will be subject of further discussions between the school and parents.**
3. **On a termly basis, any change of routine will be noted and circulated.**

**AGREED AND SIGNED**  
**On behalf of the School**

.....	Headteacher	Date
.....	Class Teacher	Date
.....	Parents	Date

Review Date –